

Food Establishment Inspection Report

Score: 97.5

Establishment Name: FOOD LION #334 DELI

Establishment ID: 3034020508

Date: 10 / 22 / 2012 Status Code: A

Time In: 12 : 30 am pm Time Out: 02 : 40 am pm

Total Time: 2 hrs 10 minutes

Category #: III

Establishment Type: _____

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 617 N MAIN STREET

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: FOOD LION LLC

Telephone: _____

Inspection
 Re-Inspection

Wastewater System:
 Municipal/Community
 On-Site System

Water Supply:
 Municipal/Community
 On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".
 IN= In Compliance, OUT= Not in compliance
 N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.
 CDI= Corrected During Inspection
 R= Repeat Violation
 VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions												
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.												
Compliance Status								OUT	CDI	R	VR	
Supervision .2652												
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
Employee Health .2652												
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
Good Hygienic Practices .2652, .2653												
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	No discharge from eyes, nose, and mouth					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	
Preventing Contamination by Hands .2652, .2653, .2655, .2656												
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hands clean & properly washed					<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Handwashing sinks supplied & accessible					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
Approved Source .2653, .2655												
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe & unadulterated					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Protection from Contamination .2653, .2654												
13	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected					<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
Potentially Hazardous Food Time/Temperature .2653												
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
18	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooling time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Time as a public health control: procedures & records					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Consumer Advisory .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
Highly Susceptible Populations .2653												
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	
Chemical .2653, .2657												
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Food additives: approved & properly used					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	
Conformance with Approved Procedures .2653, .2654, .2658												
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	



Food Establishment Inspection Report, continued

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Establishment ID: 3034020508

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

CDI= Corrected during Inspection
R= Repeat Violation
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Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Kevin Scott
Person in Charge (Print)

Kevin Scott
Person in Charge (Signature)

Greg Gartner REHS
Regulatory Authority (Print)

Greg Gartner REHS
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3383

Verification Required Date: ___ / ___ / ___

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/
Intervention
Violations: 4

No. of Repeat Risk
Factor/Intervention
Violations: _____

Good Retail Practices									
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Compliance Status					OUT	CDI	R	VR	
Safe Food and Water .2653, .2655, .2658									
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654									
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	1	0.5	0	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	1	0.5	0	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification .2653									
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper Use of Utensils .2653, .2654									
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .2653, .2654, .2663									
45	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Facilities .2654, .2655, .2656									
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Total Deductions:				2.5					

Comment Addendum to Food Establishment Inspection Report

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Date: 10/22/2012

Location Address: 617 N MAIN STREET

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: FOOD LION LLC

Telephone: _____

Status Code: A

Category #: III

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
wash water	3 vat sink	108	cheese	deli display	36			
sani water	3 vat sink	75	chicken	end cap	42			
hot water	3 vat sink	137						
honey wings	hot bar	147						
chicken	hot bar	164						
corn dog	hot bar	152						
bologna	deli display	37						
turkey	deli display	37						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 1 No certified food protection manager on duty today. 15A NCAC 18A .2652 ref. 2-102.12 (A): At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ANSI-accredited program.
- 2 Be able to provide documentation regarding employee health policy training by next inspection. Policy in place must meet requirements in 15A NCAC 18A .2652 ref. 2-103.11 (M) and 2-201.11 (A, B, C, & D).
- 13 Opened flour and sugar bag at work table bottom shelf not properly protected. 15A NCAC 18A .2653 ref. 3-302.11 (A) (4): Food shall be protected from cross contamination by storing the food in packages, covered containers, or wrappings.
- 21 Deli meats are date marked with 7 day expiration time, but deli cheeses and cooled chicken from previous day were unmarked. 15A NCAC18A .2653 ref. 3-501.17 (A): Refrigerated, ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified below. The day of preparation shall be counted as Day 1. (1): 41°F or less for a maximum of 7 days; or (2): between 41°F and 45°F for a maximum of 4 days
*Commercially prepared and packaged foods must be marked once opened with appropriate date whereas the date opened is counted as Day 1. The date mark may not exceed a manufacturer's use-by date if the date is based on food safety.



Spell



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Observations and Corrective Actions

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- 52 Outside dumpster has broken/missing lid. Management explains work order is in place already. / Produce dumpster lid opened and missing drain plug. / Outside grease receptacle lid is not tight-fitting and must be repaired or replaced. 15A NCAC 18A .2655 ref. 5-501.113 (B): Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered with tight-fitting lids or doors if kept outside the food establishment. 15A NCAC 18A .2655 ref. 5-501.114: Drains in receptacles and waste handling units for refuse, recyclables, and returnables shall have drain plugs in place.
- 54 Lighting does not meet the minimum required 20 foot candles (fc) in the following areas: men's restroom central toilet and shared handsink (15fc), and women's restroom central toilet and shared handsink (8fc). Increase lighting in these areas.



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✓
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