

Food Establishment Inspection Report

Score: 99

Establishment Name: FOOD LION #1062 DELI

Establishment ID: 3034020510

Date: 01 / 02 / 2013 Status Code: A

Time In: 01 : 30 am pm Time Out: 04 : 15 am pm

Total Time: 2 hrs 45 minutes

Category #: III

Establishment Type: _____

Instructions:

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

Location Address: 6810 SHALLOWFORD RD

City: LEWISVILLE

State: NC Zip: 27023

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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties			<input type="radio"/> 2	<input 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 type="radio"/> IN	<input checked="" type="radio"/> OUT		Proper eating, tasting, drinking, or tobacco use			<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" 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	<input type="radio"/>
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	<input type="radio"/>
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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected			<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT			Food-contact surfaces: cleaned & sanitized			<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
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
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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input 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 type="radio"/> IN	<input checked="" 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 checked="" type="radio"/> 0
21	<input checked="" type="radio"/> IN	<input 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 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

Establishment Name: FOOD LION #1062 DELI

Establishment ID: 3034020510

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
VR= Verification Required

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:

Robin Ingram
Person in Charge (Print)

[Signature]
Person in Charge (Signature)

C. Kentt Long
Regulatory Authority (Print)

[Signature]
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3136

Verification Required Date: ___ / ___ / ___

REHS ID: 1158 - Long, C. Kentt

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	0	<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"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0	5	0	<input type="radio"/>
Food Temperature Control .2653, .2654								
31	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	5	0	<input type="radio"/>
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0	5	0	<input type="radio"/>
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0	5	0	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1	0	5	0	<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"/>
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"/>
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"/>
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1	0	5	0	<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"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0	5	0	<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"/>
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	5	0	<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"/>
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1	0	5	0	<input type="radio"/>
Utensils and Equipment .2653, .2654, .2663								
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<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"/>
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	0	<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"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<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"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	5	0	<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"/>
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	5	0	<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"/>
Total Deductions:				1				

Comment Addendum to Food Establishment Inspection Report

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City: LEWISVILLE State: NC

County: 34 Forsyth Zip: 27023

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	utensil sink	127	fried chicken	retail case	45			
hot water	out of tap at utensil sink	132	BBQ	retail case	43			
wing dings	walk-in freezer (cooling)	68	chicken	retail case	43			
fried chicken	walk-in freezer (cooling)	31	roasted turkey	cold display case	37			
rotisserie	hot holding case	143						
rotisserie	walk-in cooler	39						
raw whole	walk-in cooler	38						
rotisserie	retail case	46						

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.



- 2 Employee health policy part of annual training. Will need to see documentation, where employees acknowledge that they are informed to report information about their health and activities as they relate to gastrointestinal symptoms and diseases that are transmitted through food as specified under 2-201. 11 (A) of the food code.
- 4 Observed one bottled drink, sitting beside bread slicer on prep table. Do not store closed personal beverages on prep tables or surfaces where they can contaminate foods, food contact surfaces, single service items, etc.
- 14 Some detail cleaning on backside of cheese slicer (some build up noted).
- 20 One rotisserie chicken at 46 degrees in retail case. Cold hold foods at 45 degrees or less. 41 degree cold holding requirement will go into effect on January 1, 2019.



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Spell

- 31 Cooling fried chicken, wing dings and zings (31-68 degrees) inside walk-in freezer in clam shells. Should cool chicken on stainless or aluminum pans, loosely covered (with wax paper, etc.).
- 45 Utensil sink drain leaking (some).
- 52 Need to clean up around one dumpster (trash, leaves, etc) between dock and dumpster.
- 54 Clean overhead vent in women's bathroom (dusty).



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✓
Spell



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✓
Spell

