Food Establishment Inspection Report

Establishment Name: HARRIS TEETER 37 MEAT ROOM

Date: 03/12/2013 Status Code: A

Time In: 09:200 Status Code: A

Time In: 09:200 Time Out: 11:400 Status Code: A

Total Time: 2000 Time Out: 2000

Instructions:

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

Location Address	: 150 GRANT HILL DR						
City: WINSTON S	ALEM						
State: NC	Zip: <u>27104</u>						
County: 34 Forsyth Permittee: HARRIS TEETER INC							
							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".

Establishment ID: 3034020602

Foodborne Illness Risk Factors and Public Health Interventions

Score: 97.5

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Со	ompliance Status				CDI	R	VR	
Su	pervision		.2652					
1	⊗ ○ IN OUT	N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ 0	0	0	0	
En	nployee F		.2652					
2	IÑ O	O	Management, employees knowledge; responsibilities & reporting	O O O O 3 1.5 0		0	0	
3		OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0		0	0	
Go	od Hygie	enic P	Practices .2652, .2653					
4	IN O	⊗ OUT	Proper eating, tasting, drinking, or tobacco use	0 0 8		0	0	
5	IÑ O	O	No discharge from eyes, nose, and mouth	0 0 0	- 1()	0	0	
Pre		_	amination by Hands .2652, .2653, .2655, .265					
6		O DUT	Hands clean & properly washed	000		0	0	
7	⊗ ○ IN OUT		No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0		0	0	
8		⊗ UT	Handwashing sinks supplied & accessible	O & C 2 1 C		0	0	
Ap	proved S	Sourc	e .2653, .2655					
9	IÑ O	_T Tio	Food obtained from approved source	O O O		0	0	
10	IN OUT	_	Food received at proper temperature	0 0 0 2 1 0		0	0	
11	IÑ O	OUT	Food in good condition, safe & unadulterated	000		0	0	
12	⊗ ○ ○ IN OUT N//		Required records available: shellstock tags, parasite destruction	000		0	0	
Pro			Contamination .2653, .2654					
13	⊗ ○ ○ IN OUT N/		Food separated & protected	0 0 0 3 1.5 0		0	0	
14	IÑ O	OUT	Food-contact surfaces: cleaned & sanitized	0 0 0 3 1.5 (0	0	
15		OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	O O O		0	0	
Po	tentially		rdous Food TIme/Temperature .2653					
16	IN OUT N/	_	Proper cooking time & temperatures	3 1.5 (0	0	
17	IN OUT N/		Proper reheating procedures for hot holding	3 1.5 (5 0	0	0	
18	⊗ ○ ○ IN OUT N/	A N/O	Proper cooling time & temperatures	3 1.5 (0	0	
19	IN OUT N/	A N/O	Proper hot holding temperatures	3 1.5 (0	0	
20	IN OUT N/	A N/O	Proper cold holding temperatures	3 1.5 (5 0	0	0	
21	IN OUT N/		Proper date marking & disposition	3 1.5 (0	0	
22	⊗ ○ ○ IN OUT N//		Time as a public health control: procedures & records	2 1 (0	0	
	nsumer A	_			+			
23	IN OUT		Consumer advisory provided for raw or undercooked foods	1 0.5 (0	0	
<u> </u>		ceptit	ble Populations .2653	000) _			
24 Ch	ій ойт emical		Pasteurized foods used; prohibited foods not offered 2653 2657	3 1.5 (0	0	
	emicai ⊗ ○	0	.2653, .2657	000			_	
25	IN OUT	N/A	Food additives: approved & properly used Toxic substances properly identified stored, & used	1 0.5 () -	\circ	0	
26	IN OUT	N/A		2 1 (0	0	
27	80	0	th Approved Procedures .2653, .2654, Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	.2658				
21	IN OUT	N/A	reduced oxygen packing criteria or HACCP plan	2 1 (O	0	

Food Establishment Inspection Report, continued

Establishment Name: HARRIS TEETER 37 MEAT ROOM Establishment ID: 3034020602

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

- 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".
- Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3128</u>

Verification Required Date: ___/__/__

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 2 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 .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ \bigcirc O O O 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 U U S U Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 33 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT 0 Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display ⊗ OUT ○ **⊗** ○ 1 0.5 0 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 0 41 In-use utensils: properly stored 0 000 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT 00 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used OIN ⊗ OUT ○ **⊗** ○ 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips 0 0 0 1 0.5 0 0 0 0 47 Non-food contact surfaces clean OUT Physical Facilities .2654, .2655, .2656 OUT $\bigcirc \bigcirc \bigcirc$ 0 Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT ○ **⊗** ○ 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 8 $\circ \circ \otimes$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

		Comment	Adden	Julii lo	roou	EStabilstille	ni mspeci	лоп кероп		
E:	Establishment Name: HARRIS TEETER 37 MEAT ROOM					Establishment ID	3034020602	Date: 03/12/2013		
	Location Address: 150 GRANT HILL DR							Status Code: A		
	City: WINSTON SALEM				. NC			Category #:III		
	County: 34 Forsyth Zip: 27104							Email 1:		
		ater System: ⊗ M						Email 2:		
	Water St	uppry: ⊗ M e: _ ^{HARRIS TEETE}	unicipal/Commur R INC	ity () On-Site	System			Email 3:		
	Telepho							Email 3.		
Γ				Temp	perature	Observations				
lt	em	Location	Temp	Item	Location	on Ter	np Item	Location	Temp	
_	cooked	display case	41	chicken	cooler	38				
r	aw shrimp	dispaly case	40							
_	scallops	display case	40				_			
_	slamon	dispaly case	40							
_	oork	display case	41							
_	namburger	display case	41				_			
_	angus beef	cooler	39							
r 	namburger	cooler	41	<u></u>		O				
	,	Violations cited in this				Corrective Action frames below, or as state		.11 of the food code.		
4	A coffee	cup was in the micr	owave. 2-401	.11						
8	A nozzle	was found in the ha	ınd wash sinl	k. Hand sink	are for ha	nd sink only. 5-205.1	1			
						. ,				
38	The vinyl	coated aprops had	worn down t	o the cloth h	acking an	d can no longer be cl	aan : renlace as s	soon as possible. 2-304	11	
30	THE VIIIYI	coated aprons nad	worn down t	o trie ciotir t	acking an	d can no longer be co	cair, replace as	30011 as possible. 2-304		
16	Test etric	e were wet in well a	ontainer ne	ad to store to	aet etrina f	or Quat. sanitizer proj	perly / 202 1/			
46	i est strip	s were wer iii wali (omanier, net	54 10 SIUIE le	ະວະ ວັນເປີຣ 10	л Quat. Samuzer proj	Jeny. 4-302.14			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: HARRIS TEETER 37 MEAT ROOM Establishment ID: 3034020602

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.

√ Soel

2 Garbage on ground around dumpster. 5-502.11

53 Small amount of splash on wall below prep sink. 6-501.12



Comment Addendum to Food Establishment Inspection Report

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