Food Establishment Inspection Report

Food Establishment Inspection Report	Score: <u>100</u>
Establishment Name: PUBLIX #1574 DELI	Establishment ID: 3034012512
Location Address: 3150 GAMMON LANE City: CLEMMONS State: North Carolina Zip: 27012 County: 34 Forsyth Permittee: PUBLIX NORTH CAROLINA, LP Telephone: (336) 766-2069	Date: 06/02/2025 Status Code: A Time In: 12:40 PM Time Out: 2:20 PM Category#: IV FDA Establishment Type: Deli Department No. of Risk Factor/Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations: 0

			-		/						L											
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							Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Compliance Status OUT CDI R VR							Co	m	plia	an	се	Status	(DUT	. (CDI F	۲V					
s	upervis	on		.2652							s	afe	Fo	ood a	and	Wa	ater .2653, .2655, .2658					Ė
1	i X OUT	N/A			1		0							UT 🔊	(A	I		\rightarrow	0.5	0		I
	Ж оит	N/A	+		١.				_		31	i)X	(0	UT	4	\perp		2	1	0	\rightarrow	+
2 F			_		1	Ш	U				32	IN	o	UT 🔊	(A		Variance obtained for specialized processing methods	2	1	0		
3	ј Х оит	1100.	П	Management, food & conditional employee;	2	1	0		П		F	000	d T	emp	era	ture	e Control .2653, .2654					
4	ј ОПТ		_		3	1.5	0		_		33)X	(0	UT	T	T	Proper cooling methods used; adequate					Τ
5	іХ оит				1	0.5	0				L					V6	o quipment to the position of the control		0.5			\downarrow
G	ood Hv	ienic												UT N					0.5		-+	+
		Risk factors: Contributing factors that increase the chance of developing foodborne illness or injury compliance Status OUT CD pervision		Т	П			i)X				-		$\overline{}$	0.5	\rightarrow		+				
7)(оит			No discharge from eyes, nose, and mouth	1	0.5	0	\perp			F	000	d lo	denti	fic	atio	n .2653					
		g Cor									37	'	(0	UT	Т	Т	Food properly labeled: original container	2	1	0		T
\vdash		_	+		4	2	0	_	_		F	rev	en	tion	of	Foo	od Contamination .2652, .2653, .2654, .2656, .265	7				
			1	approved alternate procedure properly followed							38	M	(0	UT	T	Т	Insects & rodents not present; no unauthorized	2	1	0		Т
					2	1	0				-	╁	+		+	+	animals Contamination prevented during food	_	-			+
		Sour			-						39	×	0	UT			preparation, storage & display	2	1	0		
	IN OUT	NXC				-	_	+	\dashv			M	-	_				1	0.5	0		土
	X OUT	-73							\dashv		· :	M	-	_	4			\rightarrow	0.5	0		\perp
		NA N/C		Required records available: shellstock tags,	+	\vdash	_		1		42	×	(o	UT N	/A	\perp	Washing fruits & vegetables	1	0.5	0	L	丄
14	IN OUT	Me In C		parasite destruction		1	<u>"</u>				−i i				of	Ute	ensils .2653, .2654					
											43	×	0	UT	\perp	4		1	0.5	0		\perp
	1 4	N/A N/C			_				_		44	M	Ó	UT			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0		
-			-		+	+	+		-		┤	┢	+		+	+	Single-use & single-service articles: properly	-	0.0	-	-	+
17	Ж оит			reconditioned & unsafe food	2	1	0	\perp			. i	M					stored & used	_	0.5			╧
					_		7 !—	×	_		\perp	\perp		1	0.5	0		丄				
_	/ \	_	_						-		<u> </u>	Jten	ısil	ls an	d E	qui	pment .2653, .2654, .2663					
								+	\dashv		†						Equipment, food & non-food contact surfaces					
21	I X OUT	N/A N/C	0	Proper hot holding temperatures	3	1.5	0] 47	17 💥 OUT		оит			approved, cleanable, properly designed, constructed & used	1	0.5	0		
									_		. ⊢	t.,	+		+	+	Warewashing facilities: installed, maintained 8	1		H	+	+
\vdash		_		Time as a Public Health Control; procedures &	+	\vdash	+	+	+		1 L	M				_	used; test strips		0.5			\perp
						1.5	<u> </u>				-i	IN	1-		- 11	41		1	0.5	X	L	_
С	onsume	r Adv	/isc	Consumer advisors provided for row/	_				_		i l	-		al Fa			s .2654, .2655, .2656 Hot & cold water available; adequate pressure		0.5			-
25	IN OUT	NXA.		undercooked foods	1	0.5	0				51	X	ίο	UT	A	+	Plumbing installed; proper backflow devices	2	1	0	-	+
н	ighly Su	scept	tib	le Populations .2653							52	2 04	0	UT	\top	1	Sewage & wastewater properly disposed	2	1			+
26	IN OUT)			3	1.5	0				53	M	(o	UT N	/A		Toilet facilities: properly constructed, supplied		0.5	0		T
С	hemical		Ė	.2653, .2657							5/	M	í	UT	\top	1	Garbage & refuse properly disposed; facilities					T
													\perp		4	\dashv			0.5		$-\!\!\!\!+$	\bot
			_	· · · · · · · · · · · · · · · · · · ·	2	1	0					IN	Ť	-	+	+		1	0.5	Ø		+
			_	h Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	T.			T	П		56	M	0	UT			acoignated arous acou		0.5	0		\perp
29	IN OUT	NVA.		reduced oxygen packaging criteria or HACCP plan	1 ²	1	0										TOTAL DEDUCTIONS:	0		- [





Establishment Name: PUBLIX			stablishment Inspection Report Establishment ID: 3034012512							
Location Address: 3150 GAM					Date: 06/02/2025					
City: CLEMMONS	IIVION LAIN	State:NC	Educational	Re-Inspection						
County: 34 Forsyth		Zip: 27012			Status Code: A Category #: IV					
Wastewater System: ☒ Municipal/C Water Supply: ☒ Municipal/C Permittee: PUBLIX NORTH C	ommunity [On-Site System On-Site System	Email 2:	um Attached? X	Category #. 11					
Telephone: (336) 766-2069			Email 3:							
		Temperature O	bservations							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
hot water rinse/dish machine	161	chicken noodle soup/salad bar	149							
hot water/back 3 comp sink	138	chili/salad bar	160							
quat sanitizer/back 3 comp sink	200	fried rice/retail	41							
hot water/front 3 comp sink	137	tenders/retail	39							
quat sanitizer/front 3 comp sink	200	seafood salad/retail	40							
spicy popcorn chicken/final cook	205	ham/deli case	40							
regular popcorn chicken/final cook	208	turkey/deli case	40							
pasta salad/walk in cooler	41	chicken/deli case	41							
chicken salad/walk in cooler	41	bologna/deli case	41							
baked potatoes/walk in cooler	27	muenster cheese/deli case	41							
sliced tomatoes/sandwich unit	34	lettuce/reach in 2	40							
shredded lettuce/sandwich unit	38	tomatoes/reach in 2	41							
turkey/sandwich drawers	40	ham/Boar's Head retail	41							
ham/sandwich drawers	39									
tzatziki/reach in	36									
lettuce/salad bar	41									
chickpeas/salad bar	41									
wedge salad/salad bar	41									
tuna salad/salad bar	41									
chicken salad/salad bar	41									
Person in Charge (Print & Sign):		Last Lacy	_							
Regulatory Authority (Print & Sign):	<i>First</i> Lauren	Last Pleasants		Januf Darne	· ·					

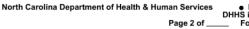
Verification Dates: Priority: REHS ID:2809 - Pleasants, Lauren

REHS Contact Phone Number: (336) 703-3144

Authorize final report to be received via Email:

Priority Foundation:











Core:

Comment Addendum to Inspection Report

Establishment Name: PUBLIX #1574 DELI Establishment ID: 3034012512

Date: 06/02/2025 **Time In:** 12:40 PM **Time Out:** 2:20 PM

Certifications								
Name	Certificate #	Туре	Issue Date	Expiration Date				
Kalin Lacy		Food Service		09/22/2026				
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.								

^{49 4-601.11 (}B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C)- Cleaning needed in the base of the sandwich prep unit. Nonfood contact surfaces shall be free of dust, dirt, food residue, and debris.

^{55 6-501.12} Cleaning, Frequency and Restrictions (C)- Cleaning needed on the wall by the chicken prep sink. Maintain physical facilities clean.