

Food Establishment Inspection Report

Score: 95.5

Establishment Name: OBIENS DELI

Establishment ID: 3034012574

Location Address: 4001 C COUNTRY CLUB RD
 City: WINSTON SALEM State: North Carolina
 Zip: 27104 County: 34 Forsyth
 Permittee: JOSARAH, INC.
 Telephone: (336) 765-9722

Date: 06/20/2022 Status Code: A
 Time In: 10:45 AM Time Out: 1:10 PM
 Category#: IV
 FDA Establishment Type: Full-Service Restaurant

Inspection Re-Inspection
Wastewater System:
 Municipal/Community On-Site System
Water Supply:
 Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 3
 No. of Repeat Risk Factor/Intervention Violations: 1

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="checkbox"/> OUT/N/A | | | | |
| PIC Present, demonstrates knowledge, & performs duties | | 1 | 0 | | |
| 2 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Certified Food Protection Manager | | 1 | 0 | | |
| Employee Health .2652 | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT | | | | |
| Management, food & conditional employee; knowledge, responsibilities & reporting | | 2 | 1 | 0 | |
| 4 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper use of reporting, restriction & exclusion | | 3 | 1.5 | 0 | |
| 5 | <input checked="" type="checkbox"/> OUT | | | | |
| Procedures for responding to vomiting & diarrheal events | | 1 | 0.5 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 6 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper eating, tasting, drinking or tobacco use | | 1 | 0.5 | 0 | |
| 7 | <input checked="" type="checkbox"/> OUT | | | | |
| No discharge from eyes, nose, and mouth | | 1 | 0.5 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 8 | <input checked="" type="checkbox"/> OUT | | | | |
| Hands clean & properly washed | | 4 | 2 | 0 | |
| 9 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | 4 | 2 | 0 | |
| 10 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Handwashing sinks supplied & accessible | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | | | | |
| Food obtained from approved source | | 2 | 1 | 0 | |
| 12 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Food received at proper temperature | | 2 | 1 | 0 | |
| 13 | <input checked="" type="checkbox"/> OUT | | | | |
| Food in good condition, safe & unadulterated | | 2 | 1 | 0 | |
| 14 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Required records available: shellstock tags, parasite destruction | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Food separated & protected | | 3 | 1.5 | 0 | |
| 16 | <input checked="" type="checkbox"/> IN | | | | |
| Food-contact surfaces: cleaned & sanitized | | 3 | 1.5 | X | |
| 17 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper disposition of returned, previously served, reconditioned & unsafe food | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 18 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper reheating procedures for hot holding | | 3 | 1.5 | 0 | |
| 20 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Proper cooling time & temperatures | | 3 | 1.5 | 0 | |
| 21 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | | | | |
| Proper hot holding temperatures | | 3 | 1.5 | 0 | |
| 22 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Proper cold holding temperatures | | 3 | 1.5 | 0 | |
| 23 | <input checked="" type="checkbox"/> IN | | | | |
| Proper date marking & disposition | | 3 | X | 0 | X |
| 24 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Food additives: approved & properly used | | 1 | 0.5 | 0 | |
| 28 | <input checked="" type="checkbox"/> IN | | | | |
| Toxic substances properly identified stored & used | | 2 | X | 0 | X |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | | 2 | 1 | 0 | |

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 |
|--|---|-----|-----|---|------------|
| Safe Food and Water .2653, .2655, .2658 | | | | | |
| 30 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Pasteurized eggs used where required | | 1 | 0.5 | 0 | |
| 31 | <input checked="" type="checkbox"/> OUT | | | | |
| Water and ice from approved source | | 2 | 1 | 0 | |
| 32 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Variance obtained for specialized processing methods | | 2 | 1 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | |
| 33 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper cooling methods used; adequate equipment for temperature control | | 1 | 0.5 | 0 | |
| 34 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Plant food properly cooked for hot holding | | 1 | 0.5 | 0 | |
| 35 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Approved thawing methods used | | 1 | 0.5 | 0 | |
| 36 | <input checked="" type="checkbox"/> OUT | | | | |
| Thermometers provided & accurate | | 1 | 0.5 | 0 | |
| Food Identification .2653 | | | | | |
| 37 | <input checked="" type="checkbox"/> IN | | | | |
| Food properly labeled: original container | | 2 | 1 | X | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 38 | <input checked="" type="checkbox"/> IN | | | | |
| Insects & rodents not present; no unauthorized animals | | 2 | X | 0 | X |
| 39 | <input checked="" type="checkbox"/> OUT | | | | |
| Contamination prevented during food preparation, storage & display | | 2 | 1 | 0 | |
| 40 | <input checked="" type="checkbox"/> OUT | | | | |
| Personal cleanliness | | 1 | 0.5 | 0 | |
| 41 | <input checked="" type="checkbox"/> IN | | | | |
| Wiping cloths: properly used & stored | | 1 | X | 0 | X |
| 42 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Washing fruits & vegetables | | 1 | 0.5 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 43 | <input checked="" type="checkbox"/> OUT | | | | |
| In-use utensils: properly stored | | 1 | 0.5 | 0 | |
| 44 | <input checked="" type="checkbox"/> OUT | | | | |
| Utensils, equipment & linens: properly stored, dried & handled | | 1 | 0.5 | 0 | |
| 45 | <input checked="" type="checkbox"/> OUT | | | | |
| Single-use & single-service articles: properly stored & used | | 1 | 0.5 | 0 | |
| 46 | <input checked="" type="checkbox"/> OUT | | | | |
| Gloves used properly | | 1 | 0.5 | 0 | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 47 | <input checked="" type="checkbox"/> OUT | | | | |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | 1 | 0.5 | 0 | |
| 48 | <input checked="" type="checkbox"/> OUT | | | | |
| Warewashing facilities: installed, maintained & used; test strips | | 1 | 0.5 | 0 | |
| 49 | <input checked="" type="checkbox"/> IN | | | | |
| Non-food contact surfaces clean | | 1 | 0.5 | X | |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Hot & cold water available; adequate pressure | | 1 | 0.5 | 0 | |
| 51 | <input checked="" type="checkbox"/> OUT | | | | |
| Plumbing installed; proper backflow devices | | 2 | 1 | 0 | |
| 52 | <input checked="" type="checkbox"/> OUT | | | | |
| Sewage & wastewater properly disposed | | 2 | 1 | 0 | |
| 53 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Toilet facilities: properly constructed, supplied & cleaned | | 1 | 0.5 | 0 | |
| 54 | <input checked="" type="checkbox"/> OUT | | | | |
| Garbage & refuse properly disposed; facilities maintained | | 1 | 0.5 | 0 | |
| 55 | <input checked="" type="checkbox"/> IN | | | | |
| Physical facilities installed, maintained & clean | | 1 | X | 0 | X |
| 56 | <input checked="" type="checkbox"/> IN | | | | |
| Meets ventilation & lighting requirements; designated areas used | | 1 | 0.5 | X | |
| TOTAL DEDUCTIONS: | | | | | 4.5 |



Comment Addendum to Food Establishment Inspection Report

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 Location Address: 4001 C COUNTRY CLUB RD
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27104
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: JOSARAH, INC.
 Telephone: (336) 765-9722

Establishment ID: 3034012574
 Inspection Re-Inspection Date: 06/20/2022
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: IV
 Email 1: jliebman@obriensdelinc.com
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|----------------------|-------------------|------|--------------------|---------------------|------|------|----------|------|
| Josh Liebman CEPM | 8-26-2025 | 0 | Roast Beef | Deli Case | 41 | | | |
| Hardboil Egg | On Ice | 40 | Noodles | Front Door Reach In | 41 | | | |
| Roast beef | Flip Top | 41 | Pasta Salad | Front Door Reach In | 41 | | | |
| Pastrami | Flip Top | 40 | Potato Salad | Front Door Reach In | 42 | | | |
| Turkey | Flip Top | 38 | Pastrami | Front Door Reach In | 41 | | | |
| Chicken | Flip Top | 40 | Chicken 11:31 | Cooling | 86 | | | |
| Ham | Flip Top | 39 | Chicken 12:15 | Cooling | 64 | | | |
| Tomato | Flip Top | 38 | Tuna 11:31 | Ambient Cooling | 69 | | | |
| Meatballs | Flip Top | 40 | Tuna 12:15 | Ambient Cooling | 61 | | | |
| Lettuce | Flip Top | 38 | Roasted Vegetables | Three Door Reach In | 40 | | | |
| Cheese | Flip Top Reach In | 37 | Noodles | Three Door Reach In | 39 | | | |
| Pimento Cheese | Flip Top Reach In | 39 | Potato Salad | Three Door Reach In | 40 | | | |
| Slaw | Flip Top Reach In | 37 | Spicy Italian | Three Door Reach In | 42 | | | |
| Chicken | Reach In | 42 | Hot Water | 3 Compartment Sink | 161 | | | |
| Turkey | Reach In | 41 | Sanitizer | Spray Bottle | 50 | | | |
| Potato Salad | Deli Case | 42 | Sanitizer | Spray Bottle | 100 | | | |
| Noodles | Deli Case | 39 | | | | | | |
| Pasta Salad | Deli Case | 39 | | | | | | |
| Roasted Vegetable | Deli Case | 40 | | | | | | |
| Slaw | Deli Case | 40 | | | | | | |

Person in Charge (Print & Sign): Josh First Last
Liebman
 Regulatory Authority (Print & Sign): Glen First Last
Pugh





REHS ID: 3016 - Pugh, Glen

Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3164



North Carolina Department of Health & Human Services

Division of Public Health
 Environmental Health Section
 Food Protection Program
 DHHS is an equal opportunity employer.
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Comment Addendum to Inspection Report

Establishment Name: OBRIENS DELI

Establishment ID: 3034012574

Date: 06/20/2022 **Time In:** 10:45 AM **Time Out:** 1:10 PM

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.

- 16 4-602.11 (E)(4) Equipment Food-Contact Surfaces and Utensils - Frequency (C) - Surfaces of UTENSILS and EQUIPMENT contacting FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD such as ice makers shall be cleaned at a frequency necessary to preclude accumulation of soil or mold.
***The lip of the ice baffle inside ice machine needs to be cleaned.
- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition (P) - Refrigerated time / temperature control for safety that is ready to eat shall be discarded if: (1) Exceeds the temperature and time combination of 7 days at 41F, except time that the product is frozen. (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination.
***Chicken salad date marked 6/10 in deli case. German potato salad date and chicken rice soup date marked 6/3. CDI chicken salad was discarded. German potato salad was incorrectly marked and PIC marked correct date based off of bulk container in reach in coolers. Chicken rice soup was made and frozen on 6/3 and thawed 6/16 and PIC marked the thaw date.
- 28 7-102.11 Common Name - Working Containers (Pf) - Working containers used for storing POISONOUS OR TOXIC MATERIALS such as cleaners and SANITIZERS taken from bulk supplies shall be clearly and individually identified with the common name of the material.
***4 sanitizer spray bottles were not labeled. Soap dispensers were labeled as hand sanitizer. CDI PIC correctly labeled these items.
- 37 3-302.12 Food Storage Containers Identified with Common Name of Food (C) - Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD.
***Containers of salt, sugar, and baking soda were missing labels.
- 38 6-501.111 Controlling Pests (Pf) - The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A) Routinely inspecting incoming shipments of FOOD and supplies; (B) Routinely inspecting the PREMISES for evidence of pests; (C) Using methods, if pests are found, such as trapping devices or other means of pest control; and (D) Eliminating harborage conditions.
***Observed live roaches in facility. Overall activity is light, but continue to work with pest control provider to eliminate their presence. Educated PIC on how to look for evidence of pests and locations where activity was noticed.
- 41 3-304.14 Wiping Cloths, Use Limitations (C) - (B) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration of 50-100 ppm chlorine.
***The sanitizer bucket holding towels did not register chlorine concentration. Additionally the bucket is being overloaded not allowing towels to be submerged in the sanitizer.
- 49 4-601.11 (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.
***Please clean the following: -Splash guard behind stove; -Doors, fronts, and sides of reach in coolers and flip top units; -Shelves under prep tables to the right of the stove.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) - PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.
***The floors under equipment/tables and along baseboards throughout facility need to be cleaned.
- 56 6-303.11 Intensity - Lighting (C) - The light intensity shall be: at least 20 foot candles at a distance of 30 inches above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms.
***There is a light bulb out in the men's restroom and the light intensity was at 16 foot candles.