

# Food Establishment Inspection Report

Score: 99.5

**Establishment Name:** DAIRI-O  
**Location Address:** 6401 UNIVERSITY PARKWAY  
**City:** WINSTON SALEM **State:** NC  
**Zip:** 27105 **County:** 34 Forsyth  
**Permittee:** D 2 DAIRI-O OF STANLEYVILLE INC  
**Telephone:** (336) 377-2667  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 3034014009  
 Inspection  Re-Inspection  
**Date:** 05 / 13 / 2019 **Status Code:** A  
**Time In:** 10 : 50  am  pm **Time Out:** 12 : 50  am  pm  
**Total Time:** 2 hrs 0 minutes  
**Category #:** IV  
**FDA Establishment Type:** Fast Food Restaurant  
**No. of Risk Factor/Intervention Violations:** 0  
**No. of Repeat Risk Factor/Intervention Violations:** 0

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.								
IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
<b>Supervision .2652</b>								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0		
<b>Employee Health .2652</b>								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13	0	
<b>Good Hygienic Practices .2652, .2653</b>								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0	
<b>Approved Source .2653, .2655</b>								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
<b>Protection from Contamination .2653, .2654</b>								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	13	0	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	13	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0	
<b>Consumer Advisory .2653</b>								
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	03	0	
<b>Highly Susceptible Populations .2653</b>								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0	
<b>Chemical .2653, .2657</b>								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>								
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing 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.								
IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03	0	
<b>Food Temperature Control .2653, .2654</b>								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03	0	
<b>Food Identification .2653</b>								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>								
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03	0	
<b>Proper Use of Utensils .2653, .2654</b>								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	03	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03	0	
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1			
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>								
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1		
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03	0	
<b>Physical Facilities .2654, .2655, .2656</b>								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0	
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1		
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	03		
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	03	0	
<b>Total Deductions:</b>					0.5			



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Establishment ID: 3034014009  
 Inspection  Re-Inspection Date: 05/13/2019  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: IV  
 Email 1:  
 Email 2:  
 Email 3:

## Temperature Observations

### Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Servsafe	A. Shoemaker 9/28/22	00	Item slaw	Location make unit	41	lettuce	make unit 2	41
hot water	3-compartment sink	142	lettuce	make unit	41	chili	steam well 2	167
quat sani	3-comp sink (ppm)	200	chicken soup	steam well	146	cheese	steam well 2	137
chili	reheat	167	tomato basil	steam well	138	milk	walk-in cooler	41
burger	final cook	176	bean burger	cold drawer	36	hot dogs	walk-in cooler	40
burger	delivery temp	36	chicken	cold drawer	40	slaw	walk-in cooler	41
corn	cooling @ 1101	94	hot dogs	cold drawer	41			
corn	cooling @ 1140	50	raw burger	cold drawer 2	40			

## 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.

- 36 6-202.13 Insect Control Devices, Design and Installation - C - Fly lights installed above drink table at front drive-thru window, and above table used for single-service storage behind cash registers. Insect control devices shall be installed so that the devices are not located over a FOOD preparation area; and dead insects and insect fragments are prevented from being impelled onto or falling on exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES. 0 pts.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - Single-service cups uncovered beside drive-thru window. SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored as specified under of this section and shall be kept in the original protective PACKAGE or stored by using other means that afford protection from contamination until used.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Metal shield in ice machine is torn and jagged. Equipment shall be maintained in good repair. 0 pts.



Lock Text



Person in Charge (Print & Sign): Angie *First* Shoemaker *Last*

Regulatory Authority (Print & Sign): Michael *First* Frazier REHSI *Last*

REHS ID: 2737 - Frazier, Michael

Verification Required Date:      /      /     

*Angie Shoemaker*  
*Michael Frazier REHSI*

REHS Contact Phone Number: ( 336 ) 703 - 3382



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
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- 49 5-205.15 (B) System maintained in good repair - C - Leaks in faucet at canwash. A plumbing system shall be maintained in good repair. 0 pts.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C - Broken and spongy floor tile in front of 3-compartment sink. Physical facilities shall be maintained in good repair.



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✓  
Spell



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