Food Establishment Inspection	Report				S	core: 99.5
Establishment Name: FOOD LION DELI 473			E	sta	ablishment ID: <u>3034020497</u>	
Location Address: 3505 N PATTERSON AVE					XInspection Re-Inspection	
City:WINSTON SALEM State: NC			Date:01/09/2020 Status Code: A			
				۱n ا	:10:25 AM Time Out: 12:00	PM
Zip: 27105 County: 34 Forsyth					me: 1 hrs 35 min	
Permittee: FOOD LION LLC					ry #: II	
Telephone: (336) 744-7507				-		
Wastewater System: XMunicipal/Community [On-Site Sys	tem			stablishment Type: Deli Department Risk Factor/Intervention Violations:	0
Water Supply: Municipal/Community On-Site Supply No. of Repeat Risk Factor/Intervention Violations: 0						
Foodborne Illness Risk Factors and Public Health Interventions Good Retail Practices						
Risk factors: Contributing factors that increase the chance of developing food Public Health Interventions: Control measures to prevent foodborne illness o		Good	Retail F	Pract	tices: Preventative measures to control the addition of pa and physical objects into foods.	thogens, chemicals,
IN OUT NA NO Compliance Status	OUT CDIR VR					
Supervision .2652		Safe Fo				
1 X D PIC Present; Demonstration-Certification by accredited program and perform duties		28			Pasteurized eggs used where required	
Employee Health .2652		29 🖾			Water and ice from approved source	
2 🛛 🗆 Management, employees knowledge; responsibilities & reporting	3190				Variance obtained for specialized processing	
3 🛛 🗆 Proper use of reporting, restriction & exclusion	3140000		_	atur	e Control .2653, .2654	
Good Hygienic Practices .2652, .2653					Proper cooling methods used; adequate equipment for temperature control	
4 🖾 🗖 Proper eating, tasting, drinking, or tobacco use					Plant food properly cooked for hot holding	
5 🖾 🗖 No discharge from eyes, nose or mouth						
Preventing Contamination by Hands .2652, .2653, .2655, .2656				Ц	Approved thawing methods used	
6 🛛 🗆 Hands clean & properly washed					Thermometers provided & accurate	
7 🛛 🗆 🗆 🗠 No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3300000	Food Id 35 🛛		atio	n .2653 Food properly labeled: original container	2000000
8 🛛 🗌 Handwashing sinks supplied & accessible	200000			Eor	d Contamination .2652, .2653, .2654, .2656, .2	
Approved Source .2653, .2655				100	Insects & rodents not present; no unauthorized	
9 🛛 🗌 Food obtained from approved source					animals Contamination prevented during food	
10 Food received at proper temperature			_		preparation, storage & display	
11 🛛 🗆 Food in good condition, safe & unadulterated					Personal cleanliness	
12 D B Required records available: shellstock tags, parasite destruction		39 🛛			Wiping cloths: properly used & stored	
Protection from Contamination .2653, .2654					Washing fruits & vegetables	
13 🛛 🗆 🗖 Food separated & protected		Proper		f Ute		
14 🛛 🗆 Food-contact surfaces: cleaned & sanitized	3130000				In-use utensils: properly stored Utensils, equipment & linens: properly stored,	
15 🖾 🗆 Proper disposition of returned, previously served, reconditioned, & unsafe food					dried & handled	
Potentially Hazardous Food Time/Temperature .2653		43 🛛			Single-use & single-service articles: properly stored & used	
16 🛛 🗆 🗖 Proper cooking time & temperatures	BIBO C C	44 🛛			Gloves used properly	
17 Proper reheating procedures for hot holding	3300000	Utensi	Is and I	Equi		
18 🔲 🔲 🖾 Proper cooling time & temperatures	330000	45 🛛			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	
19 C X Proper hot holding temperatures	3150	46 🛛			Warewashing facilities: installed, maintained, &	
20 X C Proper cold holding temperatures					used; test strips Non-food contact surfaces clean	
		Physic		litie		
				_	Hot & cold water available; adequate pressure	
					Plumbing installed; proper backflow devices	
Consumer Advisory .2653 23 Consumer advisory provided for raw or underconked foods.			_			
Highly Susceptible Populations .2653					Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied	
24 D X Pasteurized foods used; prohibited foods not offered	3140000				& cleaned	
Chemical .2653, .2657		52 🔀			Garbage & refuse properly disposed; facilities maintained	180
25 🖾 🗖 🕞 Food additives: approved & properly used		53 🗆 1	Ø		Physical facilities installed, maintained & clean	
26 🛛 🗆 Toxic substances property identified stored, & used		54 🗵			Meets ventilation & lighting requirements; designated areas used	
Conformance with Approved Procedures _2653, .2654, .2658					-	
27 Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan					Total Deductions	s: 0.5
III North Carolina Department of Health & Human Service	oos	ublic Heal	th a D	Invit	enmontal Health Section A Food Protection Pro	



North Carolina Department of Health & Human Services

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION DELI 473					
Location Address: 3505 N PATTERSON AVE					
City: WINSTON SALEM	_ State:NC				
County: 34 Forsyth Zip: 27	105				
Wastewater System: 🛛 Municipal/Community 🔲 On-Site Sys	tem				
Water Supply: Municipal/Community On-Site Sys	stem				
Permittee: FOOD LION LLC					
Telephone: <u>(336)</u> 744-7507					

Establishment ID: 3034020497

X Inspection Re-Inspection	Date: 01/09/2020					
Comment Addendum Attached?	Status Code: A					
Water sample taken? Yes X No	Category #: II					
Email 1:s0473sm@retail.foodlion.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
Chicken Breast	final cook	215.0	Turkey Sub	walk-in cooler	41.0		
Chicken Leg	final cook	211.0	Turkey Breast	walk-in cooler	39.0		
Ham	deli case	40.0	Quat Sani	3-compartment sink	400.0		
Chicken Breast	deli case	41.0	Hot Water	3-compartment sink	134.0		
Corned Beef	deli case	41.0	FSP	Steven Swain 6-16-22	000.0		
Bologna	deli case	41.0					
Roast Beef	deli case	41.0					
Salad	walk-in cooler	41.0					

Fire Person in Charge (Print & Sign): Steven	st Swain	Last	Brian Sisterm
Fir	st	Last	
Regulatory Authority (Print & Sign): Victoria	Murphy		Sile Murph
REHS ID <u>:2795 - Murp</u>	Verification Required Date:		
REHS Contact Phone Number: (336) 703-3	814		
AMS	DHHS is an equal of		

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION DELI 473

Establishment ID: 3034020497

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.

- 4-602.13 Nonfood Contact Surfaces C: Cleaning needed on storage shelves. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. 0-points
 6-501.12 Cleaning, Frequency and Restrictions C: Cleaning on freezer floor under shelves, floors under bakery storage shelves, and floors and walls behind fryers. Physical facilities shall be cleaned as often as necessary to keep them clean.