

Food Establishment Inspection Report

Score: 97

Establishment Name: FOOD LION DELI 348

Establishment ID: 3034020494

Location Address: 3197 PETERS CREEK PARKWAY

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02 / 13 / 2017 **Status Code:** A

Zip: 27127

County: 34 Forsyth

Time In: 04 : 20 ^{am}_{pm} **Time Out:** 06 : 15 ^{am}_{pm}

Total Time: 1 hr 55 minutes

Permittee: FOOD LION LLC

Category #: III

Telephone: (336) 769-9521

FDA Establishment Type: Deli Department

Wastewater System: ☒ Municipal/Community ☐ On-Site System

No. of Risk Factor/Intervention Violations: 1

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Repeat Risk Factor/Intervention Violations:

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
Supervision .2652											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties				2	0		
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				3	15	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				3	15	0	
Good Hygienic Practices .2652, .2653											
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	05	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
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	15	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				2	1	0	
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				3	15	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	15	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				2	1	0	
Potentially Hazardous Food Time/Temperature .2653											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures				3	15	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding				3	15	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures				3	15	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				3	15	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				3	15	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	15	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records				2	1	0	
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				1	05	0	
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				3	15	0	
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	05	0	
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				2		0	
Conformance with Approved Procedures .2653, .2654, .2658											
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	
Safe Food and Water .2653, .2655, .2658												
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required				1	05	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	05	0		
Food Temperature Control .2653, .2654												
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				1	05	0		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used				1	05	0		
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	05	0		
Food Identification .2653												
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	0		
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657												
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	1	0		
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1			
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	0		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	05	0		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				1	05	0		
Proper Use of Utensils .2653, .2654												
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				1	05	0		
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1				
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0		
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	0		
Utensils and Equipment .2653, .2654, .2663												
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	05			
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				1	05			
Physical Facilities .2654, .2655, .2656												
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				
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	05	0		
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05			
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				1				
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	05			
Total Deductions:										3		



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Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 02/13/2017

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27127

Category #: III

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: tmwalker@foodlion.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: FOOD LION LLC

Email 3:

Telephone: (336) 769-9521

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
food safety	Lisa Koontz 9-11-20	00	turkey	deli case	39			
ambient	walk in cooler	41	bologna	deli case	41			
chicken	cooling for 1hr	76	ambient	cake case	45			
chicken	hot hold	178	ambient	retail case	43			
hot water	three comp sink	123	ambient	cheese case	44			
quat sanitizer	spray bottle	200						
quat sanitizer	three comp sink	300						
chicken	hot hold	157						

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.

- 26 7-201.11 Separation-Storage - P: Plastic wrap stored on shelving below bulk chemicals in chemical storage room. Chemicals shall be stored to prevent contamination of single service articles. CDI: Plastic wrap moved above chemicals.



- 37 3-305.12 Food Storage, Prohibited Areas - C: 0 pts. Food in cases (fruit pastries) stored below condensate line in large ice cream walk in freezer without pipe being wrapped in secondary containment. Food shall not be stored under condensate lines unless wrapped in secondary containment. Wrap with pvc flexible pipe wrap or move items from underneath condensate line.

- 42 '4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C: REPEAT: Paper towel dispenser for handsink at entry to deli mounted over prep sink. Equipment shall be protected from splash contamination. Move paper towel dispenser to within splash of handsink.

Person in Charge (Print & Sign): Lisa *First* Koontz *Last*

Lisa Koontz

Regulatory Authority (Print & Sign): Michelle *First* Bell REHS *Last*

Michelle Bell REHS

REHS ID: 2464 - Bell, Michelle

Verification Required Date: 02 / 23 / 2017

REHS Contact Phone Number: (336) 703 - 3141



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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: 0 pts. The following equipment is in need of repair: transfer cart with light rust, two pairs of oven gloves worn, small build-up of rust on casters of chicken prep table, stopper for chicken sink broken, gap present at flashing for hot hold unit. Equipment shall be maintained in good repair.//4-202.16 Nonfood-Contact Surfaces - C: Toolbox used for icing attachments not easily cleanable. Nonfood contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.
- 46 4-501.14 Warewashing Equipment, Cleaning Frequency - C: 0 pts. Sanitizer drainboard of three comp sink lightly soiled. Maintain clean.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C: 0 pts. One transfer cart and two lids of cake topper containers soiled. Nonfood contact surfaces shall be maintained clean.
- 49 5-202.13 Backflow Prevention, Air Gap - P: Sprayer at three comp sink hanging below flood rim of sink. An air gap between the water supply inlet and the floor level rim of the equipment shall be at least twice the diameter of the water supply inlet and may not be less than 1 inch. Create air gap between sprayer and flood rim of sink. Verification is required by 2-23-17 to Michelle Bell at 336-703-3141 or bellmi@forsyth.cc.
- 52 5-501.111 Area, Enclosures and Receptacles, Good Repair - C: 0 pts. Dumpster busted at entry for fork lifts. Maintain containers for refuse in good repair.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C: Replace acoustic tile above single service storage. Paint floor throughout where scraped or unpainted and recaulk bottom of cases to create cove. One wall tile missing above prep sink. Floors, walls, and ceilings shall be maintained easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C: Detailed floor cleaning needed under equipment and around legs of equipment. Floors shall be maintained clean.
- 54 6-303.11 Intensity-Lighting - C: 0 pts. Lighting low at handsink by proofer at 15 ftd and at rotisserie oven at 44 ftd. Increase lighting to 20 ftd at handsink and 50 ftd at oven.



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Spell



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