Zip: 27101 County: 34 Forsyth Time In: 12 . 45 & pm Time Out: 22 .

Permittee: COMPASS GROUP NAD Total Time: 1 hr 50 minutes

Category #: IV

Telephone: (910) 773-6422

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: Municipal/Community □ On-Site System No. of Risk Factor/Intervention Violations: 1 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.										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							/R	IN	IN OUT N/A N/O Compliance Status							OUT CDI R VE			
$\overline{}$	Supervision .2652								S	Safe Food and \			d W	ater .2653, .2655, .2658					
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2			□ 28			×		Pasteurized eggs used where required	1	0.5	0		
E	mpl	oye	е Не	alth	.2652				29	×				Water and ice from approved source	2	1	0		
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5	0		30	+		×		Variance obtained for specialized processing methods	1	0.5	0	10	
3	X				Proper use of reporting, restriction & exclusion	3 1.5				Food Temperature Control .2653, .2654						+	\perp		
G	ood	Ну	gien	nic Pr	actices .2652, .2653				31	×		ľ		Proper cooling methods used; adequate	1	0.5	0 [TF	П
\rightarrow	X				Proper eating, tasting, drinking, or tobacco use	21	0 [32	+		П	×	equipment for temperature control Plant food properly cooked for hot holding	1	0.5	0 [7/-	
5	X				No discharge from eyes, nose or mouth	1 0.5	0				-	П	П	Approved thawing methods used	1	lo E	0 [7/-	\pm
P	eve	ntin	g C	onta	mination by Hands .2652, .2653, .2655, .2656					+	+	Н	H		F			#	
6	X				Hands clean & properly washed	4 2	0		_ _	×				Thermometers provided & accurate	1	0.5	0 L	ᆚᆫ	ᆚᆚ
7	Ķ				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0			Food Identification .2653									
\rightarrow	X	П			Handwashing sinks supplied & accessible	21	ПП	101	\neg	×				Food properly labeled: original container	2	1	의	<u> </u>	<u> </u>
_		nver	1 50	ource	,,,					$\overline{}$	$\overline{}$	n of	f Foo	od Contamination .2652, .2653, .2654, .2656, .265			_	_	
$\overline{}$	X				Food obtained from approved source	21	0		\Box \vdash	×	-			animals	2	1	0	<u> </u>	끧
10				X	Food received at proper temperature	2 1	0		37	×				Contamination prevented during food preparation, storage & display	2	1	0][
\dashv	×	$\overline{\Box}$			Food in good condition, safe & unadulterated				38	×				Personal cleanliness	1	0.5	0][
12		П	×	\vdash	Required records available: shellstock tags,	21			39	×				Wiping cloths: properly used & stored	1	0.5	0 [][
	rote	ctio		om C	parasite destruction contamination .2653, .2654			-11	40					Washing fruits & vegetables	1	0.5	0		
\neg	X				Food separated & protected	3 1.5	ol-	الصال	_ F	rop	er Us	se o	f Ute	ensils .2653, .2654					
\rightarrow	X			Н	Food-contact surfaces: cleaned & sanitized	3 1.5			41	X				In-use utensils: properly stored	1	0.5	0		
\rightarrow	×	П			Proper disposition of returned, previously served	21			42					Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0		
		tial	ly H	azaro	reconditioned, & unsafe food dous Food TIme/Temperature .2653		حالت	-	43	×				Single-use & single-service articles: properly stored & used	1	0.5	0][回
16				×	Proper cooking time & temperatures	3 1.5	0		4 4	×				Gloves used properly	1	0.5	0 [][
17				X	Proper reheating procedures for hot holding	3 1.5	0		l	Iten	sils a	and	Equ	ipment .2653, .2654, .2663					
18	X				Proper cooling time & temperatures	3 1.5	0 -		45					Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0		
19		X			Proper hot holding temperatures	3 1.5	××		□ 46	×				Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0 [1	古
20	X				Proper cold holding temperatures	3 1.5	0		□ ₄₇		X			Non-food contact surfaces clean	1	0.5	X][攌
21	X				Proper date marking & disposition	3 1.5	0			hys	ical	Faci	ilitie	s .2654, .2655, .2656					
22			X	_	Time as a public health control: procedures & records	21	0		48	×				Hot & cold water available; adequate pressure	2	1	0][
С	ons	ume	r A	dvisc					49	×				Plumbing installed; proper backflow devices	2	1	0 [
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5	0		□ ₅₀	×				Sewage & waste water properly disposed	2	1	0 [][
	ighl	y Sι		$\overline{}$	e Populations .2653			_	51	+_	+			Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	謯	一
24			X	Ш	Pasteurized foods used; prohibited foods not offered	3 1.5	0				\vdash			Garbage & refuse properly disposed; facilities	1	0.5	0		丗
Т	nem	ical	$\overline{}$.2653, .2657			,,,,,,					H	maintained	\vdash			#	\mathbb{H}
25			X		Food additives: approved & properly used	$+\Box$			-	×	+			Physical facilities installed, maintained & clean Meets ventilation & lighting requirements;	1	0.5	\dashv	<u> </u>	#
					Toxic substances properly identified stored, & used 1 Approved Procedures .2653, .2654, .2658	21			_ 54	X				designated areas used	1	0.5		<u> </u>	
27		□ □	ance		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21								Total Deductions:	0				





	Comment	Adde	endum to	<u> </u>	<u>stablishm</u>	<u>nent l</u>	nspection	ı Report			
Establishme	ent Name: WELLS FARG	O WEST	END DELI		Establishment ID: 3034012020						
Location A	ddress: 809 WEST 4 AN	D A HALI	STREET		Inspection						
City: WINS	TON SALEM			te: NC	Comment Addendum Attached? Status Code: A Category #: IV						
County: 34			Zip: 27101								
	System: 🛭 Municipal/Comm				Email 1: unit22471@compass-usa.com						
Water Supply	y: Municipal/Comm COMPASS GROUP NAI	On-Site System									
			Email 2:								
relephone	2:_(910) 773-6422				Email 3:						
			· · · · · · · · · · · · · · · · · · ·		servations						
ltom	Effective Location				olding will	char Temp	ige to 41 de	egrees Location	Tomp		
Item Broccoli	steam well	Temp 158	Item eggs	Location reach in	41		egg	salad bar	Temp 40		
chicken	steam well	176	chicken salad	reach in	,	43	tomato	salad bar	40		
hot dog	steam well	159	tuna	make unit	38 itali		italian	salad bar steam unit	157		
chili	steam well	172	turkey	make unit	29 hot water		hot water	three comp	156		
chicken	steam well	182	ham	make unit		38	sanitizer	three comp (ppm)	400		
lettuce	make unit	39	Tuna	salad bar		43	milk cooler	ambient air	38		
tomato	make unit	45	buffalo	salad bar	41 Laris		Larisa Meade	4/21/21	0		
tuna	make unit	38	lettuce	salad bar	44						
			Dbservation	s and Co	rrective A	ctions					
47 4-602.	o prevent cold spots from 13 Nonfood Contact Su d in upright freezers to r pts	rfaces - (C Cleaning nee	eded in woo	d cabinet to r	emove	small amount o	of spilled sugar. Clea			
	rge (Print & Sign): ^{Lar} uthority (Print & Sign): ^{Jos} REHS ID: 2	isa <i>Fi</i> l eph	<i>rst</i> <i>rst</i> hrobak, Jose _t	Meade La Chrobak	ast ast	H	Million Required Da	Mead ate: / /	<u></u>		
REHS C			<u> </u>				- 4				

REHS Contact Phone Number: (336)703-3164

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Page 2 of _____ Food Establishment Inspection Report, 3/2013



Establishment Name: WELLS FARGO WEST END DELI Establishment ID: 3034012020

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.





Establishment Name: WELLS FARGO WEST END DELI Establishment ID: 3034012020

Observations and Corrective Actions

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Establishment Name: WELLS FARGO WEST END DELI Establishment ID: 3034012020

Observations and Corrective Actions

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Establishment Name: WELLS FARGO WEST END DELI Establishment ID: 3034012020

Observations and Corrective Actions

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