

# Food Establishment Inspection Report

Score: 93.5Establishment Name: FOOD LION 1508Establishment ID: 3034020503Location Address: 1415 S HAWTHORNE RD☒ Inspection ☐ Re-InspectionCity: WINSTON SALEMState: NCDate: 11 / 18 / 2015 Status Code: AZip: 27103County: 34 ForsythTime In: 03 : 00 <sup>am</sup><sub>pm</sub> Time Out: 05 : 00 <sup>am</sup><sub>pm</sub>Permittee: FOOD LION LLCTotal Time: 2 hrs 0 minutesTelephone: (336) 723-4317Category #: IIIWastewater System: ☒ Municipal/Community ☐ On-Site SystemFDA Establishment Type: Deli DepartmentWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 2No. 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
Supervision .2652											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties				<u>2</u>	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				<u>4</u>	<u>2</u>	<u>0</u>	<input type="checkbox"/>
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				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
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				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>

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				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
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				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
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				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654											
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				<u>1</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
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				<u>2</u>	<u>1</u>	<u>15</u>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				<u>1</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				<u>1</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				<u>2</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				<u>1</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<u>1</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Total Deductions:								6.5			

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Off

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION 1508

Location Address: 1415 S HAWTHORNE RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

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

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

Permittee: FOOD LION LLC

Telephone: (336) 723-4317

Establishment ID: 3034020503

☒ Inspection ☐ Re-Inspection Date: 11/18/2015

Comment Addendum Attached? ☐ Status Code: A

Category #: III

Email 1: amber.kevin@yahoo.com

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Turkey	Deli display case	38	Wash solution	Three compartment sink	120			
Cheese	Deli display case	39	Quat sanitizer	Sanitizing compartment	300			
Ham	Deli display case	40	NRFSP Brian	Exp. 4/22/2019	0			
Rotisserie	Heat lamp	166						
Fried chicken	Heat lamp	170						
Rotisserie	Front display	45						
Fried chicken	Front display	45						
Chicken	Walk in cooler	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.

- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - No splash guard present at left side of front hand sink directly beside prep table to weight and date mark foods - a splash guard must be added to left side of handsink and gaps/seams must be caulked and beveled to drain water - will require verification visit/contact in 10 days - contact Kenneth Michaud at michaukb@forsyth.cc or (336) 703-3131 when complete
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Most sheet pans on speed racks contained significant carbon build-up - clean carbon or soak in approved cleaner to ensure carbon is removed, then wash, rinse and sanitize pans before use - will require verification visit/contact in 10 days - contact Kenneth Michaud at michaukb@forsyth.cc or (336) 703-3131 when complete
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Two handled blades stored in between table and knife rack - seam contained debris build-up where blades were stored - store blades on counter or in knife holder



Person in Charge (Print & Sign): Scott *First* Bailey *Last*

Regulatory Authority (Print & Sign): Kenneth *First* Michaud *Last*

*Scott Bailey*

*Kenneth Michaud REHS*

REHS ID: 2259 - Michaud, Kenneth

Verification Required Date: 11 / 28 / 2015

REHS Contact Phone Number: ( 336 ) 703 - 3131



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Establishment ID: 3034020503

## Observations and Corrective Actions

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- 45 0 pts - 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Caulking is peeling inside fryer hood - remove old caulk and recaulk seams inside hood
- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF - Deli does not have test strips to check quat sanitizer - instead has chlorine test strips - must have test strips available to check for strength of sanitizer
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Detailed cleaning needed under lips of counters, inside spring on sprayer arm and inside drawers so they are free from grime and debris build-up
- 49 5-203.14 Backflow Prevention Device, When Required - P - Can wash has backflow prevention device rated for atmospheric pressure, however, current set up has splitter with manual valve under pressure - either add backflow prevention device rated for constant pressure in between splitter and faucet or a backflow prevention device rated for atmospheric pressure in between open ended hose and manual valve - will require verification visit/contact in 10 days - contact Kenneth Michaud at michaukb@forsyth.cc or (336) 703-3131 when complete  
5-205.15 System Maintained in Good Repair - P - Leak present where faucet is attached to backsplash on prep sink - have repaired immediately
- 52 5-501.15 Outside Receptacles - C - Dumpster lid left open - ensure dumpster doors and lids are shut when not in use as to help prevent against pest and rodent harborage  
5-501.16 Storage Areas, Rooms and Receptacles, Capacity and Availability - C - No trash can present at rear handsink - trash cans must be located where waste is generated
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C - Recaulk toilet bases to floor in restrooms; Recaulk backsplashes to sinks in deli - remove old caulking, recaulk and bevel to allow for adequate drainage



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✓  
Spell



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✓  
Spell



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✓  
Spell

