

Food Establishment Inspection Report

Score: 100

Establishment Name: WELLS FARGO LINDEN CENTER DELI

Establishment ID: 3034012019

Location Address: 401 LINDEN STREET

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 11 / 17 / 2020 Status Code: A

Zip: 27101 County: 34 Forsyth

Time In: 11 : 00 ☒ am ☐ pm Time Out: 12 : 45 ☒ am ☐ pm

Permittee: COMPASS GROUP NAD

Total Time: 1 hr 45 minutes

Telephone: (336) 735-3456

Category #: IV

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

FDA Establishment Type: Full-Service Restaurant

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

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 |
| 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>13</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>13</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>03</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>13</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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | <u>3</u> | <u>13</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>13</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>13</u> | <u>0</u> | <input type="checkbox"/> |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | | | <u>3</u> | <u>13</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>13</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>13</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>13</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>03</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>13</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>03</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>03</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>03</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>03</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>03</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>03</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>03</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>03</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>03</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>03</u> | <u>0</u> | <input type="checkbox"/> |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | <u>1</u> | <u>03</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>03</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>03</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>03</u> | <u>0</u> | <input type="checkbox"/> |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | | | |
| 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | | | <u>1</u> | <u>03</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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | <u>2</u> | <u>1</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>03</u> | <u>0</u> | <input type="checkbox"/> |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | | | <u>1</u> | <u>03</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>03</u> | <input checked="" type="checkbox"/> | <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>03</u> | <u>0</u> | <input type="checkbox"/> |
| Total Deductions: <u>0</u> | | | | | | | | | | |



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Comment Addendum to Food Establishment Inspection Report

Establishment Name: WELLS FARGO LINDEN CENTER DELI

Location Address: 401 LINDEN STREET

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27101

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

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

Permittee: COMPASS GROUP NAD

Telephone: (336) 735-3456

Establishment ID: 3034012019

☒ Inspection ☐ Re-Inspection Date: 11/17/2020

Comment Addendum Attached? ☐ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: unit22466@compass-usa.com

Email 2: Beverley.Keifer@compass-usa.com

Email 3: _____

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-----------------|-----------------------|------|--------------|-------------|------|------|----------|------|
| Mushroom | hot well | 162 | Item display | ambient air | 34 | | | |
| burger | hot well | 158 | rear cooler | ambient air | 33 | | | |
| black beans | cooler | 38 | | | | | | |
| chili | cooler | 37 | | | | | | |
| hot water | three comp sink | 130 | | | | | | |
| hot water | bathroom handsink | 101 | | | | | | |
| sanitizer (qac) | three comp sink (ppm) | 200 | | | | | | |
| reach in | ambient air | 30 | | | | | | |

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.

- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Service area has been remodelled with removal of soda station and soda station cabinet exposing large conduit pipes coming from the floor. The pipes are not easily cleanable and have bags put into them. Remove or otherwise enclose the pipes so they are smooth and easily cleanable without openings. Physical facilities shall be kept in good repair.

✓
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Lock
Text



Person in Charge (Print & Sign): *Beverley* *First* *Keifer* *Last*

Regulatory Authority (Print & Sign): *Joseph* *First* *chrobak* *Last*

B. Keifer

[Signature]

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3164



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✓
Spell



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Spell



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Spell

