H ()() a	E	.SI	abiisnment inspectior	ı kepor	Ţ					Sco	ore	: :	98	.5				
S	tal	olis	hn	ner	t Name: FOOD LION #2648 DELI					F	-sta	ablishment ID: 3034020638								
Location Address: 2530 SOMERSET CENTER DRIVE										☑ Inspection ☐ Re-Inspection										
City: WINSTON SALEM State: NC								Date: 11 / 18 / 20 20 Status Code: A												
•								Time In: $10:30^{\circ}$ am \circ Time Out: $12:15^{\circ}$ am \circ pm												
Zip: 27103 County: 34 Forsyth								Total Time: _1 hr 45 minutes												
Permittee: FOOD LION, LLC								Category #: II												
Telephone: (336) 765-6324									EDA Establishment Type: Deli Department											
N	Vastewater System: $oxtimes$ Municipal/Community $oxdot$ On-Site Sys									stem No. of Risk Factor/Intervention Violations: 0										
N	Nater Supply: ⊠Municipal/Community ☐ On-Site Supply											Repeat Risk Factor/Intervention Violations.		วทร	- S:		_			
					ness Risk Factors and Public Health In					Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, che										
P	ubli	с Не	alth	Inter	ventions: Control measures to prevent foodborne illness of	or injury.	and physical objects into foods.													
			N/A	N/O	Compliance Status	OUT CDI R	VR		ı ou			<u> </u>	(DUT	CD	I R VR				
$\overline{}$	•	rvisi			.2652 PIC Present; Demonstration-Certification by			$\overline{}$	Foo	_		, ,			٦.		4			
			e He	ماداه	accredited program and perform duties	2 0 -	┷	8 [_			Pasteurized eggs used where required	1	0.5						
$\overline{}$	mpi 🔀	oye	е не	aith	.2652 Management, employees knowledge;	3 1.5 0	2	9 🗵		+		Water and ice from approved source	2	1	0 [4			
-					Management, employees knowledge; responsibilities & reporting		3	0 [╗			Variance obtained for specialized processing methods	1	0.5						
	X	Ш	_		Proper use of reporting, restriction & exclusion	3 1.5 0		Foo	d Tei	mper	ratur	e Control .2653, .2654					1			
\neg	000 X		gien	IC Pr	Paragraphics 2652, 2653		3	1 🗷	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □]		Proper cooling methods used; adequate equipment for temperature control	1	0.5	0 [
_					Proper eating, tasting, drinking, or tobacco use	210	3	2 [X	Plant food properly cooked for hot holding	1	0.5			1			
_	X	<u> </u>	_	Щ	No discharge from eyes, nose or mouth	1 0.5 0		3 🗷	₫ □			Approved thawing methods used	1	0.5	0 [1			
	eve X	ntin	ig Ci	onta	mination by Hands .2652, .2653, .2655, .2656 Hands clean & properly washed	420 🗆		4 🗵	alc	1		Thermometers provided & accurate	1	0.5		ilala	1			
6					No bare hand contact with RTE foods or pre-				d Ide	ntific	catio	'					l			
7	X	Ш		Ш	approved alternate procedure properly followed	3 1.5 0		5 🗷	_	$\overline{}$		Food properly labeled: original container	2	1	0 [1			
	X				Handwashing sinks supplied & accessible	210 🗆		Prev	venti	on of	f Foo	od Contamination .2652, .2653, .2654, .2656, .265	7				Ì			
\neg		oved	d So	urce			3	6 🗵	⊐ ا ۵]		Insects & rodents not present; no unauthorized animals	2	1	0 [
\dashv	X	Ш			Food obtained from approved source	210		7 🗷	a \Box]		Contamination prevented during food preparation, storage & display	2	1	0 [1			
10		Ш		X	Food received at proper temperature	210 🗆		8 🗷	_	1		Personal cleanliness	1	0.5	0		1			
11	X				Food in good condition, safe & unadulterated	210 -	⊢	9 🔀	_	+		Wiping cloths: properly used & stored		0.5	+		1			
12			X		Required records available: shellstock tags, parasite destruction	210 -	I⊔I⊢	0 [+	+-			1	0.5	+		1			
_	Protection from Contamination .2653, .2654											Washing fruits & vegetables ensils .2653, .2654	Ш	0.5	엑ㄴ		ł			
13	X				Food separated & protected	3 1.5 0					i Ute		1	0.5						
14	X				Food-contact surfaces: cleaned & sanitized	3 1.5 0	I∐I⊢	2 🗵	-	+-		Utensils, equipment & linens: properly stored,	1	\equiv			1			
15	X				Proper disposition of returned, previously served reconditioned, & unsafe food	, 210 -	I∐I⊢	+	_	-		dried & handled Single-use & single-service articles: properly					1			
P	otei	ntial	ly Ha	azaro	dous Food Time/Temperature .2653			3 🗷	_	<u> </u>		stored & used	1	0.5			1			
16	X				Proper cooking time & temperatures	3 1.5 0	-	4 🗵				Gloves used properly	1	0.5	0 [
17				X	Proper reheating procedures for hot holding	3 1.5 0		Uter	nsils	and	Equi	ipment .2653, .2654, .2663		7			4			
18				X	Proper cooling time & temperatures	3 1.5 0	4	5 🗷	₃∣⊏]		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0 [
19	X				Proper hot holding temperatures	3 1.5 0	4	6 🗵	a □]		Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0 [1			
20	X				Proper cold holding temperatures	3 1.5 0	4	7 [1		Non-food contact surfaces clean	1	0.5	K _		İ			
21	X				Proper date marking & disposition	3 1.5 0		Phy	sical	Faci	ilities	s .2654, .2655, .2656			_		l			
22	П	П	×	П	Time as a public health control: procedures &	210 -	- 4	8 [Hot & cold water available; adequate pressure	2	×	0 [
	ons	ume		dviso	records orv .2653		4	9 🔀	₫ 🗆]		Plumbing installed; proper backflow devices	2	1	0 [1			
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5 0	┌┤├	0 🗵	_	1		Sewage & waste water properly disposed	2	1	0 -		1			
Н	igh	y Sı	ısce	ptibl	e Populations .2653		` ⊟⊢	1 🗵	_			Toilet facilities: properly constructed, supplied	1	0.5			1			
24			×		Pasteurized foods used; prohibited foods not offered	3 1.5 0	I⊔I⊢	+	_	1		& cleaned Garbage & refuse properly disposed; facilities					1			
C	hen	nical	$\overline{}$.2653, .2657		5	2 🗷	_	1		maintained	1	0.5			1			
25			X		Food additives: approved & properly used	1 0.5 0	<u> </u>	3 [Physical facilities installed, maintained & clean	1	×	0 [
26	X				Toxic substances properly identified stored, & used	210 -	□ 5	4 🗵	⊐ ا ¤]		Meets ventilation & lighting requirements; designated areas used	1	0.5						
$\overline{}$				witl	n Approved Procedures .2653, .2654, .2658								1	.5			j			
27	П	П			Compliance with variance, specialized process,							Total Deductions:	١''	-			1			





comment Addendum to Food Establishment Inspection Report FOOD LION #2648 DELI Establishment ID: 3034020638 Establishment Name: Location Address: 2530 SOMERSET CENTER DRIVE X Inspection Re-Inspection Date: 11/18/2020 City: WINSTON SALEM State: NC Status Code: A Comment Addendum Attached? Zip: 27103 County: 34 Forsyth Category #: II Water sample taken? Yes No Wastewater System:

■ Municipal/Community □ On-Site System Email 1: Water Supply: Municipal/Community □ On-Site System Permittee: FOOD LION, LLC Email 2: Telephone: (336) 765-6324 Email 3: Temperature Observations Cold Holding Temperature is now 41 Degrees or less Item Location Temp Item Location Temp Location Temp Item rot. chicken final cook 203 chicken walk in cooler 40 fried ckn final cook 179 lettuce walk in cooler 39 135 104 ckn wings hot holding hot water three comp sink rot chicken display case 38 quat sani three comp sink 300 38 300 ham display case quat sani sani spray bottle 40 ServSafe Jason H. 11/10/22 00 turkey deli case deli case 40 ham prov cheese deli case 39 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. 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - REPEAT (improvement from last inspection). Additional cleaning required on outside of deli case. Non-food contact surfaces of equipment shall be cleaned at frequency to prevent accumulation of soil residue. 48 5-103.11 Capacity-Quantity and Availability - (PF) Hot water at three compartment sink did not meet proper temperature. Highest temperature recorded was 104 F. Hot water generation and distribution systems shall be sufficient to meet the peak hot water demands throughout the food establishment. Hot water shall reach at least 110F. VERIFICATION REQUIRED FOR COMPLIANCE: Please contact Shannon Maloney (malonesm@forsyth.cc) once completed, no later than 11/27/2020. 53 6-201.11 Floors, Walls and Ceilings-Cleanability - REPEAT-Regrout floors in areas where grout is low including the floor at the compartment sink and tiles near the fryer. Repair/ replace caulk along three compartment sink that is discolored and peeling. Establishment must provide floors, floor coverings, walls, wall coverings, and ceilings that are designed, constructed and installed so they are smooth and easily cleanable. Lock Text First Last

Jason Harmon Person in Charge (Print & Sign): First Last Regulatory Authority (Print & Sign): Shannon Maloney

REHS ID: 2826 - Maloney, Shannon

Verification Required Date: 11/27/2020

REHS Contact Phone Number: (336)703-3383

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer. Food Establishment Inspection Report, 3/2013



Establishment Name: FOOD LION #2648 DELI Establishment ID: 3034020638

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: FOOD LION #2648 DELI Establishment ID: 3034020638

Observations and Corrective Actions
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Observations and Corrective Actions

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