

# Food Establishment Inspection Report

Score: 100

Establishment Name: DELI ON MAIN

Establishment ID: 3034012224

Location Address: 234 N MAIN ST

☒ Inspection ☐ Re-Inspection

City: KERNERSVILLE

State: NC

Date: 07/23/2021

Status Code: A

Zip: 27284

County: 34 Forsyth

Time In: 10:38 AM

Time Out: 1:10 PM

Permittee: DELI ON MAIN LLC

Total Time: 2 hrs 32 min

Telephone: (336) 992-1300

Category #: II

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

FDA Establishment Type: Fast Food 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										Good Retail Practices										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		
<b>Supervision</b> .2652										<b>Safe Food and Water</b> .2653, .2655, .2658										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0	0			
<b>Employee Health</b> .2652										<b>Food Temperature Control</b> .2653, .2654										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0	0			
<b>Good Hygienic Practices</b> .2652, .2653										<b>Food Identification</b> .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0	0			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0	0			32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0	0			
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656										<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	0	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	1	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0	0			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			<b>Proper Use of Utensils</b> .2653, .2654										
<b>Approved Source</b> .2653, .2655										<b>Utensils and Equipment</b> .2653, .2654, .2663										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0	0			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0	0			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0	0			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0	0			
<b>Protection from Contamination</b> .2653, .2654										<b>Physical Facilities</b> .2654, .2655, .2656										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1	0			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	0			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1	0			46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	0	0			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	0	0			
<b>Potentially Hazardous Food Time/Temperature</b> .2653										<b>Conformance with Approved Procedures</b> .2653, .2654, .2658										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1	0			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			
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1	0			<b>Total Deductions:</b> 0										
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	1	0													
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	1	0													
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1	0													
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1	0													
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0													
<b>Consumer Advisory</b> .2653																				
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	0	0													
<b>Highly Susceptible Populations</b> .2653																				
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1	0													
<b>Chemical</b> .2653, .2657																				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0	0													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0													



North Carolina Department of Health & Human Services

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# Comment Addendum to Food Establishment Inspection Report

Establishment Name: DELI ON MAIN  
 Location Address: 234 N MAIN ST  
 City: KERNERSVILLE State: NC  
 County: 34 Forsyth Zip: 27284  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: DELI ON MAIN LLC  
 Telephone: (336) 992-1300

Establishment ID: 3034012224  
☒ Inspection ☐ Re-Inspection Date: 07/23/2021  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: II  
 Email 1: rancell@triad.rr.com  
 Email 2:  
 Email 3:

## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
salami	deli case	41.0						
ham	deli case	41.0						
roast beef	deli case	41.0						
chicken	deli case	39.0						
turkey	deli case	39.0						
cheese	deli case	40.0						
ham	make-unit	39.0						
turkey	make-unit	40.0						
sliced tomato	make-unit	39.0						
lettuce	make-unit	40.0						
chicken	make-unit	40.0						
corned beef	make-unit	37.0						
roast beef	make-unit	39.0						
egg salad	make-unit	39.0						
cole slaw	make-unit	39.0						
pasta salad	Atosa refrigerator	41.0						
macaroni salad	Atosa refrigerator	41.0						
seafood salad	Atosa refrigerator	41.0						
potato salad	COOLING:Atosa refrigerator@11:00am	50.0						
potato salad	COOLING:Atosa refrigerator@11:30am	42.0						

Person in Charge (Print & Sign): Jo *First* Ancell *Last*  
 Regulatory Authority (Print & Sign): Damon *First* Thomas *Last*

*J Ansell*

*Damon H. Thomas, REHS #2877*

REHS ID: 2877 - Thomas, Damon

Verification Required Date:

REHS Contact Phone Number: (336) 703-3135



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## 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.

- 43 4-904.11 Kitchenware and Tableware-Preventing Contamination - C- Single service cups stored next to the coffee machine were uncovered and stacked above the protective rim of the storage container- Single-service and single-use articles shall be handled, displayed, and dispensed so that contamination of food and lip-contact surfaces are prevented- 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- Repair or replace the torn door gaskets for the make-unit and the reach-in freezer. Seal the hole in the rear panel of the 3 compartment sink. Ensure that the surface is smooth and easy to clean- Equipment shall be maintained in a state of good repair- 0 pts.