

Food Establishment Inspection Report

Score: 99.5

Establishment Name: FOOD LION #1062 PRODUCE

Establishment ID: 3034020720

Location Address: 6810 SHALLOWFORD ROAD

City: LEWISVILLE State: North Carolina

Zip: 27023 County: 34 Forsyth

Permittee: FOOD LION, LLC

Telephone: (336) 945-4411

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 05/09/2022 Status Code: A
Time In: 12:20 PM Time Out: 1:50 PM
Category#: II Produce Department and Salad
FDA Establishment Type: Bar

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

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	X
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	X
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					0.5



Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 05/09/2022

Comment Addendum Attached? ☒ Status Code: A

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

Email 1: S1062SM@RETAIL.FOODLION.COM

Email 2: _____

Email 3: _____

Temperature Observations

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

Item food safety - 8/27/2026	Location Mark Stewart	Temp 00	Item	Location	Temp	Item	Location	Temp
Qt sanitizer (ppm)	3-comp sink	200						
Qt sanitizer (ppm)	hose dispenser	200						
Produce Maxx (ppm)	produce sink	30						
hot water	3-comp sink	105						
cut watermelon	retail case	41						
cut honeydew melon	retail case	40						
cut canteloupe	retail case	41						

Person in Charge (Print & Sign): Mark First Last
Stewart

Regulatory Authority (Print & Sign): Travis First Last
Addis

Travis Stewart

Travis Addis

REHS ID: 3095 - Addis, Travis Verification Required Date: _____

REHS Contact Phone Number: _____



North Carolina Department of Health & Human Services

● Division of Public Health ● Environmental Health Section ● Food Protection Program
 DHHS is an equal opportunity employer.
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Comment Addendum to Inspection Report

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Date: 05/09/2022 **Time In:** 12:20 PM **Time Out:** 1:50 PM

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 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Heat pad on wrapping machine is damaged and needs repair/replacement. Repair is needed to close gaps in diamond plate flooring inside the walk-in freezer, replace missing screws. Equipment shall be maintained in a state of good repair.
- 49 4-602.13 Nonfood Contact Surfaces (C) Repeat. Clean shelves in walk-in cooler where food debris has accumulated between slats. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 51 5-205.15 (B) – Maintain System in Good Repair (C) Repair leak under right basin of 2-comp produce sink. A plumbing system shall be maintained in a state of good repair.