

Food Establishment Inspection Report

Score: 97.5

Establishment Name: HARRIS TEETER 37 MEAT ROOM

Establishment ID: 3034020602

Location Address: 150 GRANT HILL DR

City: WINSTON SALEM State: North Carolina

Zip: 27104 County: 34 Forsyth

Permittee: HARRIS TEETER INC

Telephone: (336) 245-0467

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 08/01/2022 Status Code: A

Time In: 11:20 AM Time Out: 1:40 PM

Category#: III

FDA Establishment Type: Meat and Poultry Department

No. of Risk Factor/Intervention Violations: 1

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 checked="" type="checkbox"/> OUT/N/A/N/O	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 checked="" type="checkbox"/> IN OUT	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 checked="" type="checkbox"/> OUT/N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN OUT	Food-contact surfaces: cleaned & sanitized	3	0	X
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 checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT/N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT/N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT/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 checked="" type="checkbox"/> IN OUT	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 checked="" type="checkbox"/> IN OUT	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 checked="" type="checkbox"/> IN OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT/N/A/N/O	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"/> IN OUT	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 checked="" type="checkbox"/> IN OUT	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 checked="" type="checkbox"/> IN OUT	Non-food contact surfaces clean	1	0	X
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> IN OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	X
54	<input checked="" type="checkbox"/> IN OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	X
55	<input checked="" type="checkbox"/> IN OUT	Physical facilities installed, maintained & clean	1	0	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					2.5



Comment Addendum to Food Establishment Inspection Report

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 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: HARRIS TEETER INC
 Telephone: (336) 245-0467

Establishment ID: 3034020602
☒ Inspection ☐ Re-Inspection Date: 08/01/2022
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: III
 Email 1:
 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
Salmon	Meat display	38						
Crab cake	Meat display	39						
Shrimp	Meat display	38						
Haddock	Meat display	39						
Steak	Meat display	39						
Beef steak	Sales floor cooler	39						
Salmon	Sales floor cooler	41						
Hot water	3 comp sink	135						
Quat sani	Hose spray (ppm)	200						

First
 Person in Charge (Print & Sign): Regina

Last
 Mitchell

R. Mitchell

First
 Regulatory Authority (Print & Sign): Elizabeth Manning

Last
 Aubrie Welch

Elizabeth Manning / Aubrie Welch

REHS ID: 2519 - Welch, Aubrie

Verification Required Date: 08/04/2022

REHS Contact Phone Number: (336) 703-3135

Authorize final report to
 be received via Email: _____



North Carolina Department of Health & Human Services

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 Division of Public Health • Environmental Health Section
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 10/2021

• Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: HARRIS TEETER 37 MEAT ROOM

Establishment ID: 3034020602

Date: 08/01/2022 **Time In:** 11:20 AM **Time Out:** 1:40 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Regina Mitchell		Food Service		10/03/2024

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.

- 16 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization - Temperature, pH, Concentration and Hardness (P) The quat sanitizer at the 3 compartment sink is being dispensed below 200ppm. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation, shall be used in accordance with the EPA-registered label use instructions. PIC will use quat spray sanitizer bottle connected to hose to manually make sanitizer for the 3 compartment sink, while waiting for repair. PIC has called to have repaired. (1.5pt)
VERIFICATION NEEDED ON 08/04/2022 YOU MAY CONTACT LIZ MANNING AT (336)462-1991
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-C (REPEAT)- The shrink wrap board is damaged and needs to be replaced. Maintain equipment in good repair and proper adjustment. (0pt)
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils-C //4-602.13 Nonfood Contact Surfaces-C- (REPEAT)Cleaning is needed on the tracks of the meat/seafood display case. Nonfood contact cases of equipment shall be kept free of an accumulation of dust, dirt and debris and cleaned at a frequency necessary to maintain clean. (0.5pt)
- 53 5-501.17 Toilet Room Receptacle, Covered (C) There was no covered receptacle in the women's employee restroom. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. CDI: PIC switched the uncovered receptacle with a covered receptacle. (0pt)
- 54 5-501.13 Receptacles (C) Signs of leakage were observed from the bottom of trash compactor. Receptacles and waste handling units for refuse, recyclables, and returnable and for use with materials containing food residue shall be durable, cleanable, insect- and rodent- resistant, leakproof, and nonabsorbent. PIC stated that the trash compactor is leaking due to rusting on the bottom of the unit. A work order has been placed previous to the inspection. (0pt)
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) One toilet seat in the employees women's restroom and 2 toilet seats in the public women's restroom are peeling and showing sings of wear and tear. In the public women's restroom one hand sink is out of order. In the men's public restroom the handle to the toilet needs to be re-adjusted. Physical facilities shall be maintained in good repair. (0.5pt)

Additional Comments

Make sure employees take their aprons off before entering the bathroom