

Food Establishment Inspection Report

Score: 99Establishment Name: HARRIS TEETER DELI 250Establishment ID: 3034011193Location Address: 971 S MAIN STREET☒ Inspection ☐ Re-InspectionCity: KERNERSVILLEState: NCDate: 07 / 14 / 2014 Status Code: AZip: 27284County: 34 ForsythTime In: 09 : 45 ☒ am ☐ pmTime Out: 12 : 30 ☐ am ☒ pmPermittee: HARRIS TEETER INCTotal Time: 2 hrs 45 minutesCategory #: III

Telephone: _____

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

FDA Establishment Type: _____

Water Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: _____

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	2	0					
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	15	0				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	15	0				
Good Hygienic Practices .2652, .2653											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	05	0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	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	15	0				
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0				
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0				
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	15	0				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	15	0				
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0				
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	15	0				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	15	0				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	15	0				
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	15	0				
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	15	0				
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	15	0				
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0				
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	05	0				
Highly Susceptible Populations .2653											
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	15	0				
Chemical .2653, .2657											
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used	1	05	0				
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0				
Conformance with Approved Procedures .2653, .2654, .2658											
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing 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.											
IN	OUT	N/A	N/O	Compliance Status				OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658											
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	1	05	0				
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0				
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	1	05	0				
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	1	05	0				
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	05	0				
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	05	0				
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	05	0				
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0				
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	2	1	0				
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0				
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	05	0				
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	05	0				
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	05	0				
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	05	0				
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	05	0				
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	05	0				
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	05	0				
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	2	1	0				
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	05		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1		<input checked="" type="checkbox"/>	0			
Physical Facilities .2654, .2655, .2656											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0				
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0				
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0				
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	05	0				
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	05	0				
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1		<input checked="" type="checkbox"/>	0			
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	05	0				
Total Deductions:										1	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: HARRIS TEETER DELI 250

Establishment ID: 3034011193

Location Address: 971 S MAIN STREET

☒ Inspection ☐ Re-Inspection Date: 07/14/2014

City: KERNERSVILLE State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27284

Category #: III

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

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

Permittee: HARRIS TEETER INC

Email 1:

Email 2:

Telephone: _____

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
raw tuna	sushi bar	38	egg rolls	walk-in	38			
raw salmon	sushi bar	38	hot water	utensil sink	131			
shrimp	sushi bar	29	tuna	make unit	38			
turkey	display case	39						
roast beef	display case	38						
provolone	disply case	41						
rotisserie	final cook	178						
potato salad	walk in	37						

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.

- 46 4-501.19 Manual Warewashing Equipment, Wash Solution Temperature- GC
The wash water temperature in the wash compartment of the utensil sink was 98 degrees. GC: The temperature of the wash solution for manual warewashing shall be maintained at not less than 110 degrees F. The solution was emptied and the wash sink refilled.
- 47 4-602.13 Nonfood Contact Surfaces- The display cases have food debris in the bottom and slides of the case doors. Non-food contact surfaces shall be cleaned frequently enough to prevent the accumulation of soil and residue.
- 53 6-501.12 Cleaning, Frequency and Restrictions- The floors throughout the deli area have some staining and are showing signs of wear. Floors shall be cleaned as often as necessary to keep them clean.

✓
Spell

Person in Charge (Print & Sign): Bryon *First* Wilson *Last*

Regulatory Authority (Print & Sign): Clarence *First* Edwards *Last*

REHS ID: 1611 - Edwards, Clarence

Verification Required Date: / /

REHS Contact Phone Number: () -



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✓
Spell



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Spell

