Enad Establishment Inspection Depart

<u> </u>	U	<i>)</i> u	Е	.5	tabiishment inspection	Re	ŀμ	ונ	l						500	ore: <u>9</u>	9_		_
Es	tal	olis	hn	nei	nt Name: WELLS FARGO LINDEN CENT	ER DE	ELI						E	st	ablishment ID: 3034012019				
					ress: 401 LINDEN STREET										X Inspection ☐ Re-Inspection				
City: WINSTON SALEM State: NC									Date: 05 / 16 / 2018 Status Code: A										
Zip: 27101 County: 34 Forsyth										Time In: $09:55 \ \ \ \ \ \ \ \ \ \ \ \ \$									
COMPAGE OPOLIDATE										Total Time: _2 hrs 15 minutes									
	reminuee										Category #: IV								
	Telephone: (336) 735-3456										EDA Fotobliohmont Type: Full-Service Restaurant								
Wastewater System: $oxtimes$ Municipal/Community $oxdot$ On-Site Sys									-	No. of Risk Factor/Intervention Violations: 1									
14/ 1												Repeat Risk Factor/Intervention Viola							
Ξ.		,,			Bile i Birili Will										O and Data il Data il and			_	_
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,									
F	Publi	c He	alth	Inte	rventions: Control measures to prevent foodborne illness or	injury.									and physical objects into foods.	g,			
		OUT		N/O		OUT	CDI	R	VR				N/A		Compliance Status	OUT	CDI F	3 V	/R
1		rvisi	on		.2652 PIC Present; Demonstration-Certification by			Г			afe I			d W					_
 	X		Ш	o l÷h	accredited program and perform duties			Ш	Ш	28	 		×		Pasteurized eggs used where required	1 0.5 0		4	_
2	X	loye	епе	aiui	Management, employees knowledge; responsibilities & reporting	3 1.5 (0 0	П		29					Water and ice from approved source	210		4	_
3	X									30			×		Variance obtained for specialized processing methods	1 0.5 0		<u> </u>	
_			Proper use of reporting, restriction & exclusion Hygienic Practices .2652, .2653				3 1.5 0				$\overline{}$	Ten	mperatur		e Control .2653, .2654 Proper cooling methods used; adequate				
4	×		jicii		Proper eating, tasting, drinking, or tobacco use	210				\vdash	×	Ш			equipment for temperature control	1 0.5 0	뽀	4	_ _
5	×	П			No discharge from eyes, nose or mouth	1 0.5 (П	П	32				X	Plant food properly cooked for hot holding	1 0.5 0		1	_
_		entin	q Co	onta	mination by Hands .2652, .2653, .2655, .2656	ع رص رف				33				X	Approved thawing methods used	1 0.5 0][\exists
6	X		<u> </u>		Hands clean & properly washed	42	0 🗆			34	X				Thermometers provided & accurate	1 0.5 0		<u> </u>	
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 (0 🗆			_	ood		ntific	atic				_	
8	×				Handwashing sinks supplied & accessible			П	П		×			Г.	Food properly labeled: original container	210		<u> </u>	
_		ovec	l So	urce	,,,						reve	ntic	n of	F00	od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized			7	
9	X				Food obtained from approved source	21	0 🗆			\vdash	-				animals Contamination prevented during food			#	_
10				X	Food received at proper temperature	210	0 🗆				×				preparation, storage & display	210	쁘	4	_
11	×				Food in good condition, safe & unadulterated	210				-	×				Personal cleanliness	1 0.5 0		1	_
12	П	П	×	П	Required records available: shellstock tags,	210	0 0		$\overline{\Box}$	39	×				Wiping cloths: properly used & stored	1 0.5 0][_
_	rote			om (parasite destruction Contamination .2653, .2654					40	X				Washing fruits & vegetables	1 0.5 0		<u> </u>	
13	×				Food separated & protected	3 1.5 (0 🗆					_	se of	f Ute	ensils .2653, .2654			7.	
14	X				Food-contact surfaces: cleaned & sanitized	3 1.5 (0 🗆			\vdash					In-use utensils: properly stored	1 0.5 0	뿌	4	_
15	×				Proper disposition of returned, previously served, reconditioned, & unsafe food	210	0 0			42	X				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0		1	_
_		ntiall	у На	azar	dous Food Time/Temperature .2653					43	X				Single-use & single-service articles: properly stored & used	1 0.5 0][
16				X	Proper cooking time & temperatures	3 1.5 (44	X				Gloves used properly	1 0.5 0			
17	X				Proper reheating procedures for hot holding	3 1.5 (0 🗆			U	tens	ils a	and	Equ	ipment .2653, .2654, .2663		中		
18				×	Proper cooling time & temperatures	3 1.5 (0 🗆			45	X				Equipment, food & non-food contact surfaces approved, classifier, properly designed,	210][
19	П	X	П		Proper hot holding temperatures	3 1.5	K X	П	\Box	46	×	П			constructed, & used Warewashing facilities: installed, maintained, &	1 0.5 0		╁	_
20			_		Proper cold holding temperatures			Ħ		47		X			used; test strips Non-food contact surfaces clean			╬	_
21	×] [_		Proper date marking & disposition					<u> </u>	hysi		Faci	litie					
-] [Time as a public health control: procedures &		₽			48	T_			IIIIO	Hot & cold water available; adequate pressure	2 1 0		Ī	
22	`ons	ume	X r Δα	l dvis	records	210				49	-	П			Plumbing installed; proper backflow devices	2 1 0		7	_ ¬
23			X	JVIS	Consumer advisory provided for raw or	1 0.5 (oП	П	П	\vdash	×				Sewage & waste water properly disposed	210		7	_
_	ligh	$\overline{}$	_	ptib	undercooked foods le Populations .2653		-1-								Toilet facilities: properly constructed, supplied		井	╬	_
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5 (0 🗆			51			Ш		& cleaned Garbage & refuse properly disposed; facilities	1 0.5 0	뿌	#	_
(Chen	nical			.2653, .2657		<u> </u>			-	×				maintained	1 0.5 0	4	4	_]
25			X		Food additives: approved & properly used	1 0.5 (53		×			Physical facilities installed, maintained & clean	1 🗷 0][_
26	X				Toxic substances properly identified stored, & used	210	0 🗆			54	X				Meets ventilation & lighting requirements; designated areas used	1 0.5 0			
	Conf	orma		e wit	th Approved Procedures .2653, .2654, .2658		J=								Total Deductions:	1			
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21									Total Deductions.				





		Comment A	<u>Adde</u>	ndum to	Food Es	tablishm	nent l	nspection	n Report			
Establ	ishmen	it Name: WELLS FARGO) LINDE	N CENTER DEL	.1	Establishment ID: 3034012019						
City: Cour Waste	WINSTO	ystem: 🛽 Municipal/Commur	nity 🗌 (Zip: 27101 On-Site System	te: NC	☑ Inspection ☐ Re-Inspection Date: 05/16/2018 Comment Addendum Attached? ☐ Status Code: A Water sample taken? ☐ Yes ☒ No Category #: IV Email 1: unit22466@compass-usa.com						
	117	COMPASS GROUP NAD			Email 2:							
Tele	phone:	(336) 735-3456				Email 3:						
				Tempe	rature Ob	servations	S					
		Effective	Janua	ary 1, 2019	Cold Ho	lding will	char	nge to 41 d	legrees			
Item turkey		Location make unit	Temp 43	Item potato salad	Location salad statior	n ·	Temp 40	Item smear cooler	Location ambient air	Temp 30		
slaw		reach in	36	beans	cooler		37	dry storage	ambient air	35		
tuna salad		reach in	37	ham	cooler		40	Beverley	8/26/20	0		
tomato		make unit	43	melons	salad bar	,	42					
taco me	eat	steam unit	162	eggs	salad bar		40					
potato	soup	steam unit	158	grits	steam unit		192					
sausage		steam unit	149	oatmeal	steam unit		177					
chicken	1	salad station	40	drink cooler	ambient air		38					
47 4	chicken must be monitor ensure a 4-601.1 ² needed remove on make	in steam well was at 12 kept at 135F or higher temperatures of hot hele adequate heating through 1 (B) and (C) Equipment to remove debris in constaining and stuck paper unit has rust stains the shall be kept clean.	through d foods ghout. 0 t, Food ners su er towel	F with chicken nout at all times to verify temp pts -Contact Surfach as spilled ss. Cleaning ne	n pilled high of s. CDI: PIC I peratures do aces, Nonfocugars and deeded on wir	on one side behad chicken renot drop belonder of the contact Sury goods. Clear shelf by ma	elow 1 reheate ow 135 urfaces eaning rake unit	35F. Potential d to 167F duri F Do not overs , and Utensils needed in cabi t to remove stu	ly hazardous foo ing inspection. E stack food in ste - C Cleaning in inet under drink uck food debris.	ods held hot Employees mus am wells to cabinets station to Cutting board		
t e	o smoo	1 Floors, Walls and Ceil th out and fill chips and I bare concrete. Repair shall be kept in good re	holes to	o be easily cle	aned. Repai	ir flooring aro	und gre	ease trap lid w	here floors have	e chipped and		
Lock Text			Fii	rot.		net.		,				
Person	in Char	ge (Print & Sign):	ΓII	3 1	La	ıst	B	en	di,			
		nority (Print & Sign): ^{Jose}	<i>Fil</i> ph	rst	La Chrobak	ast	1	m	In a			
		REHS ID: 24	50 - C	hrobak, Jose _l	ph		Verifica	ation Required D	Date:/	/		

REHS Contact Phone Number: (336)703-3164

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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Establishment Name: WELLS FARGO LINDEN CENTER DELI Establishment ID: 3034012019

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: WELLS FARGO LINDEN CENTER DELI Establishment ID: 3034012019

Observations and Corrective Actions
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Observations and Corrective Actions

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Establishment Name: WELLS FARGO LINDEN CENTER DELI Establishment ID: 3034012019

Observations and Corrective Actions

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