-	U	<i>)</i> U	E	51	abiishment inspection	I K	зþі	UI	ι						500	ore:	9	0.	<u> </u>	_
Es	tal	olis	hn	ner	nt Name: DELI ON MAIN								F	sta	ablishment ID: 3034012224					_
	ocation Address: 234 N MAIN ST Inspection Re-Inspection																			
City: KERNERSVILLE State: NC										Date: Ø 3 / 1 8 / 2 Ø 2 Ø Status Code: A										
07004										Time In: $01:00 \otimes pm$ Time Out: $03:33 \otimes pm$										
DELLON MAINLLO										Total Time: 2 hrs 33 minutes										
_	Permittee: DELI ON MAIN LLC									Category #: II										
Talanhona: (330) 992-1300									-											
Wastowator System: Municipal/Community On-Site System FDA Establishment Type:									Risk Factor/Intervention Violations: 2		-			_						
W	ate	r S	up	ply	y: ⊠Municipal/Community □On-	Site	Sur	ppl	у						Repeat Risk Factor/Intervention Viola		_ s:	_		
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.							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	L CI	DI R	VR		IN	OUT	N/A	N/O	Compliance Status	OUT	-	CDI	R V	۷R
$\overline{}$		rvisi	ion		.2652					S	afe I	Food		d Wa	ater .2653, .2655, .2658					
	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0			28			X		Pasteurized eggs used where required	1 0.5	0			_
		oye	e He	alth	.2652			J	J	29	×				Water and ice from approved source	21	0			_
\dashv	X	Ш			Management, employees knowledge; responsibilities & reporting	3 [1.5		4	끧	30			X		Variance obtained for specialized processing methods	1 0.5	0			Ξ
3	X				Proper use of reporting, restriction & exclusion	3 1.5	0			F	ood	Tem	nper		e Control .2653, .2654					
\neg		l Hy	gieni	r9 oi	ractices .2652, .2653			1	J	31	X				Proper cooling methods used; adequate equipment for temperature control	1 0.5	0			_
4	X				Proper eating, tasting, drinking, or tobacco use					32				×	Plant food properly cooked for hot holding	1 0.5	0			Ξ
5	×				No discharge from eyes, nose or mouth	1 0.5	0	<u> </u>	<u> 1</u>	33	×				Approved thawing methods used	1 0.5	0			Ξ
\neg			g Co	onta	mination by Hands .2652, .2653, .2655, .2656			1		34	×	П			Thermometers provided & accurate		0	\Box	d	=
6	X				Hands clean & properly washed No bare hand contact with RTE foods or pre-		0					Ider	_ ntific	catio	•					Ī
7	X				approved alternate procedure properly followed	3 1.5	0		Ш		×				Food properly labeled: original container	21	0		Ī	Ξ
8	X				Handwashing sinks supplied & accessible	21	0				_	ntio	n of	f Foo	od Contamination .2652, .2653, .2654, .2656, .2657					
\neg			d So	urce	.2653, .2655	-				36	×				Insects & rodents not present; no unauthorized animals	2 1	0		ot	Ξ
9	X				Food obtained from approved source	21	0			37		×			Contamination prevented during food	21	×	\Box	d	=
10				X	Food received at proper temperature	21	0			_					preparation, storage & display Personal cleanliness	1 0.5	\vdash	-	#	=
11	X				Food in good condition, safe & unadulterated	21				-	-						\vdash	\rightarrow	井	=
12			X		Required records available: shellstock tags, parasite destruction	21	0 [39	-	×			Wiping cloths: properly used & stored	1 0.5	\vdash	\rightarrow	ᆜ	=
Р	rote	ctio	n fro	om C	Contamination .2653, .2654					40		Ш	Ш		Washing fruits & vegetables	1 0.5			뽀	_
13	X				Food separated & protected	3 1.5	0				rope		se o	t Ute	ensils .2653, .2654	1 0.5				
14		X			Food-contact surfaces: cleaned & sanitized	3 🔀	0 2	d [-	-				In-use utensils: properly stored Utensils, equipment & linens: properly stored,			\dashv	井	=
15	X.				Proper disposition of returned, previously served, reconditioned, & unsafe food	21	0			42	×	Ш			dried & handled	1 0.5	0		ᅫ	_
		ntiall	ly Ha	azaro	dous Food Time/Temperature .2653					43	×				Single-use & single-service articles: properly stored & used	1 0.5	0			_
16				X	Proper cooking time & temperatures	3 1.5	0			44	×				Gloves used properly	1 0.5	0			=
17				X	Proper reheating procedures for hot holding	3 1.5	0			U	tens	ils a	and	Equi	ipment .2653, .2654, .2663					
18	X				Proper cooling time & temperatures	3 1.5	0 [45	×				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	21	0			=
19				X	Proper hot holding temperatures	3 1.5	0 [46	×				Warewashing facilities: installed, maintained, & used: test strips	1 0.5	0		o.	Ξ
20	X				Proper cold holding temperatures	3 1.5	0			47	X				Non-food contact surfaces clean	1 0.5	0		市	=
21	×	П	П	П	Proper date marking & disposition	3 1.5	ОС	1	$d \Box$	_		cal	- Faci	ilities	s .2654, .2655, .2656					
22	$\overline{\Box}$		\mathbf{X}	$\overline{}$	Time as a public health control: procedures &	21				48	×				Hot & cold water available; adequate pressure	21	0			Ξ
	ons	ume	er Ac	lviso	records ory .2653			-11-		49	×				Plumbing installed; proper backflow devices	2 1	0			=
23			×		Consumer advisory provided for raw or	1 0.5	0	JE		\vdash	×	П			Sewage & waste water properly disposed		0			=
	lighl	y Sı	$\overline{}$	ptib	undercooked foods le Populations .2653										Toilet facilities: properly constructed, supplied		\vdash	귀	#	Ξ
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5	0 [JĒ		51		닏			& cleaned Garbage & refuse properly disposed; facilities	1 0.5	H	-	4	=
C	hen	nical			.2653, .2657					52	X				maintained	1 0.5	0		<u> </u>	Ξ
25			X		Food additives: approved & properly used	1 0.5	0			53	X				Physical facilities installed, maintained & clean	1 0.5	0			_
26		X			Toxic substances properly identified stored, & used	21	X			54	×			П	Meets ventilation & lighting requirements; designated areas used	1 0.5	0			Ξ
C	onf	orma	ance	wit	h Approved Procedures .2653, .2654, .2658								_	ш		1.5	\dashv			
27	П				Compliance with variance, specialized process,	21		ılı	ılı	11					Total Deductions:	١٠	- 1			



27 🗆 🗆 🗷

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



	Comment	<u> Aaae</u>	<u>enaum to</u>	<u> F000 ES</u>	<u>tabiishr</u>	<u>ment in</u>	<u>spection</u>	<u>Report</u>				
Establishmei	nt Name: DELI ON MAI	N			Establishment ID: 3034012224							
Location Ad	ddress: 234 N MAIN ST				☑ Inspection ☐ Re-Inspection Date: 03/18/2020							
City: KERNE		ite: NC	Comment Addendum Attached? Status Code: A									
County: 34	Forsyth	Zip: <u>27284</u>		Water sample taken? Yes No Category #: II								
	System: 🛛 Municipal/Comm				Email 1: rancell@triad.rr.com							
Water Supply	: ⊠ Municipal/Comm DELI ON MAIN LLC	unity 🗌 (On-Site System		Email 2:							
	(336) 992-1300				Email 3:							
relepriorie.	(000) 002 1000		T									
			•	rature Ob								
Item	Co Location	old Hol Temp	ding Temp	Derature i	is now 4'	1 Degree Temp Ite		Location	Tomp			
boiled egg	reach-in cooler	39	ambient	deli case		35	item	Location	Temp			
chicken salad	reach-in cooler	40	bologna	deli case		36						
slice turkey	reach-in cooler	40	pastrami	deli case		36						
corned beef	reach-in cooler	41	mozzarella	deli case		35						
slice tomato	make unit	40	servsafe	Jo Acell 5/	8/22	00						
lettuce	make unit	40	hot water	3 compartm	ent sink	130						
ham	make unit	39	chlorine sani	3 comp sink	50ppm	00						
roast beef	make unit	39	chlorine sani	red bucket	10ppm	00						
			bservation									
	iolations cited in this repor 14 Manual and Mecha											
concent person- 26 7-201.1 toxic ma	ss - P- One bucket cor trations, according to the in-charge (PIC). 1 Separation-Storage aterials shall be stored	ne manu	facturers use l bottle of saniti can not contar	abel, when b izer was stol ninate food,	peing used t	o sanitize-	The sanitizer	was discarded	d by the			
37 3-305.1 less tha	tioning-CDI: The bottle 1 Food Storage-Preve in 6 inches off of the flo the food At least 6 inch	nting Co	ntamination frosing the food to	om the Premo possible co	ontamintatio	n- Food sh	all be protecte	ed from contar	mination by			
Lock Text												
D	ao (Drint & Sian). Jo	Fi	rst	La Acell	nst	K	^	. 0				
Person in Char	ge (Print & Sign):	_ .	wa.t			%	wheel	<u>بلا</u>				
Regulatory Aut	hority (Print & Sign): ^{Dal}	Fi. mon	ารั	Thomas	ist	7	H.S	L PEH	SZ			
	REHS ID: 2	2877 - TI	nomas, Damo	on		Verification	n Required Date	e: / /	1			
REHS Co	ontact Phone Number: (336)	703-313	3 5		_						

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

DHHS is an equal opportunity employer.

Page 2 of _____ Food Establishment Inspection Report, 3/2013



Establishment Name: DELI ON MAIN Establishment ID: 3034012224

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.



39 3-304.14 Wiping Cloths, Use Limitation - C- A cloth used for wiping equipment and utensils was stored inside of a liquid solution that measured 0 ppm- Hold in-use wiping cloths in sanitizer between uses- 0 pts.





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