Food Establishment Inspection Report

Establishment Name: DAIRI-O		Establishment ID: 3034012431
Location Address: 1488 SOUTH HIGHWAY NC 66 City: KERNERSVILLE State: North Carolina Zip: 27284 County: 34 Forsyth Permittee: DAIRI-O INC. Telephone: (336) 497-4565		Date: 01/30/2023 Status Code: A Time In: 12:55 PM Time Out: 2:35 PM Category#: IV
	○ Re-Inspection	FDA Establishment Type: Full-Service Restaurant
Wastewater System: Municipal/Community Water Supply:	On-Site System	No. of Risk Factor/Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations: 0
	On-Site Supply	

-	cipal/Community On-Site Systen	n										enest Bisk Easter/Intervention Violations.	<u> </u>				
Water Sup	oply:								NO	. 0	JI KE	epeat Risk Factor/Intervention Violations:	_				
Munic	cipal/Community On-Site Supply	,															-
							1 -									_	=
Foodborne	Illness Risk Factors and Public Health I	nte	erve	ntion	s							Good Retail Practices					
Risk factors: Con	ntributing factors that increase the chance of developing fo	odb	orne il	lness.				G	ood R	eta	ail Pra	ctices: Preventative measures to control the addition of path	hoge	ens,	chemica	als,	
Public Health Int	terventions: Control measures to prevent foodborne illness	s or	injury									and physical objects into foods.					
Camplianas	Ctatus	Τ.	OUT	CDI	R	VR		٠	mplie			Status	-	·IIT	CDI	П	,
Compliance	Status	T,	OUT	CDI	K	VK		,01	прпа	3110	ice s	Status	_	UT	СЫ	K	Ľ
Supervision	.2652	_					S	afe	Food	and	d Wate	er .2653, .2655, .2658					
	PIC Present, demonstrates knowledge, & performs duties	1	0						OUT N	K A			\rightarrow	0.5		\square	Ē
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Certified Food Protection Manager	+	0				31	ÌХ	ОПТ	\downarrow	-	''	2	1 (0	\sqcup	L
	-	1		<u>'l</u>			32	IN	OUT N	KΑ		Variance obtained for specialized processing methods	2	1 (0		ı
Employee Health	.2652 Management, food & conditional employee;	\top		Т		т	 			_		monodo	- 1	<u> </u>		Щ	L
	knowledge, responsibilities & reporting	2	1 0	ו			F	000	Temp	era	ature	Control .2653, .2654				$\overline{}$	_
	Proper use of reporting, restriction & exclusion	3	1.5 0)			33	ìΧ	оит			Proper cooling methods used; adequate		ا ۔ ا			ı
	Procedures for responding to vomiting &	1	0.5 0									- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		0.5		Ш	L
	diarrheal events						_		OUT N	_				0.5		\sqcup	L
Good Hygienic Pra	actices .2652, .2653 Proper eating, tasting, drinking or tobacco use	1	0.5 0			Т			OUT N	I/A I			-	0.5		\vdash	H
	No discharge from eyes, nose, and mouth		0.5 0				, i						1	0.5	,	Щ	H
	mination by Hands .2652, .2653, .2655, .26		0.5				i i		Ident	ific		.2653					L
	Hands clean & properly washed	4	2 0	П		Т	37	ÌХ	ОИТ	\perp		Food properly labeled: original container	2	1	0	Ш	L
	No bare hand contact with RTE foods or pre-						P	rev	ention	of	f Food	I Contamination .2652, .2653, .2654, .2656, .265	57				
	approved alternate procedure properly followed	4	2 0	1			38	M	оит			Insects & rodents not present; no unauthorized	2	1 (0		Ī
10 X OUT N/A	Handwashing sinks supplied & accessible	2	1 0] -	<u> </u>		+	\vdash	ammaio	-	1	,	\vdash	H
Approved Source	.2653, .2655						39	M	оит			Contamination prevented during food preparation, storage & display	2	1 0	0		
	ood obtained from approved source		1 0	_			40	M	оит	$^{+}$	L .		1	0.5	0	H	r
	Food received at proper temperature	2	1 0			-			OUT	\top	١			0.5		П	Г
	Food in good condition, safe & unadulterated	2	1 0	'		-			OUT N	I/A	١			_	0	Ħ	Γ
	Required records available: shellstock tags, parasite destruction	2	1 0				! !	_	er Use	_		<u> </u>	- 1	-10-		Щ.	T
Protection from C							i :		оит	. U.			1	0.5		П	_
	Food separated & protected	12	1 5 0			_	i	1		+	\vdash		1	0.5	+	\forall	r
	Food-contact surfaces: cleaned & sanitized		1.5 0 1.5 0				44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0		ı
	Proper disposition of returned, previously served,	+		_			-			+		Single-use & single-service articles: properly	\dashv	\dashv	+-	\forall	r
	reconditioned & unsafe food	2	1 0	'			45	×	ОПТ			stored & used	1	0.5	3		ı
Potentially Hazard	lous Food Time/Temperature .2653						46	M	оит	T	(Gloves used properly	1	0.5	0	П	Γ
	Proper cooking time & temperatures	_	1.5 0				U	ten	sils ar	ıd E	Equip	ment .2653, .2654, .2663					
	Proper reheating procedures for hot holding		1.5 0				↓ ├	Г		Т		Equipment, food & non-food contact surfaces		Т	\top	П	ŕ
	Proper cooling time & temperatures		1.5 0			_	47	M	оит				1	0.5	0		ı
	Proper hot holding temperatures	_	1.5 0	_		-	↓	 ^`				constructed & used					ı
	Proper cold holding temperatures Proper date marking & disposition	_	1.5 0 1.5 0			-	1	~		\top	١	Warewashing facilities: installed, maintained &			_	П	Г
 	Fime as a Public Health Control; procedures &	+	-	+			1 L		оит		ı	used; test strips		0.5		Ш	L
	records	3	1.5 0	'			i	_	оит	\perp			1	0.5)	Ш	L
Consumer Adviso	•	_						-	ical Fa			.2654, .2655, .2656					
	Consumer advisory provided for raw/ undercooked foods	1	0.5 0						OUT N	I/A	-			0.5		\sqcup	L
		_							OUT	+				1 (\vdash	H
Highly Susceptible	e Populations .2653 Pasteurized foods used; prohibited foods not	T				Т	· —			+		Toilet facilities: properly constructed, supplied	2	1 (J	\vdash	F
	offered	3	1.5 0			L	53	M	OUT N	I/A		& cleaned	1	0.5	3	\prod	Ĺ
Chemical	.2653, .2657						54	M	оит	T		Garbage & refuse properly disposed; facilities	,			\Box	ĺ
	Food additives: approved & properly used		0.5 0							\dashv		Tian tan iou		0.5		\sqcup	H
28 X OUT N/A 7	Toxic substances properly identified stored & used	2	1 0	1			55	×	оит	+	-		1	0.5)	\vdash	H
	Approved Procedures .2653, .2654, .2658	_					56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0		ĺ
	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1 0					_				TOTAL DEDUCTIONS:					Ī
			1 1	1	1	1						TOTAL DEDUCTIONS:	-				





Score: 100

Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034012431 Establishment Name: DAIRI-O Location Address: 1488 SOUTH HIGHWAY NC 66 Date: 01/30/2023 X Inspection Re-Inspection State: NC City: KERNERSVILLE Comment Addendum Attached? Status Code: A Zip: 27284 Water sample taken? Yes X No County: 34 Forsyth Category #: IV Email 1:d5@dairio.com Municipal/Community On-Site System Water Supply: Permittee: DAIRI-O INC. Email 2: Telephone: (336) 497-4565 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Temp Item Location Item Location Temp Item Location Temp 41 164 40 drive reach in hot water dish machine hot dog cooler drawer 130 38 hot water 3 comp cooked chicken cooler drawer 200 40 sanitizer quat bucket slaw make line dine in 200 40 sliced tomato make line dine in sanitizer quat 3 comp 39 155 tomato soup hot holding cut lettuce make line dine in 159 39 chicken soup hot holding cheese make line dine in 164 40 chili hot holding diced tomato make line dine in 40 166 cheese hot holding cut lettuce reach in cooler dine in chili cooling 1:00 168 in ice bath started at 10:45am 46 hot holding chili chili cooling 1:15 34 41 ranch reach in ice bath air sliced tomato walk in cooler started cooling 34 50 milk cooler air coolina 1:00 nm at 12·15 nm sliced tomato 150 46 hot water dipper well walk in cooler coolina 1:45 nm walk in cooler started at 12:15 48 raw chicken in 144 chicken nug hot holding marinade cooling nm raw chicken in 140 46 corn dog hot holding walk in cooler marinade cooling 39 39 walk in cooler make line drive hot dog slaw 39 39 walk in cooler diced tomato make line drive cheese 39 39 sliced tomato make line drive slaw walk in cooler 39 39 sliced tomato walk in cooler cheese make line drive 39 40 cut lettuce make line drive salad walk in cooler 40 41 slaw dine in cooler drawer raw hamburger cooler drawer

First

Person in Charge (Print & Sign): Angie

Dunigan

Last Shoemaker

Last

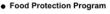
Regulatory Authority (Print & Sign): John

REHS ID:3072 - Dunigan, John

Verification Required Date:

REHS Contact Phone Number: (336) 703-3128

Authorize final report to be received via Email:





Comment Addendum to Inspection Report

Establishment Name: DAIRI-O Establishment ID: 3034012431

Date: 01/30/2023 **Time In:** 12:55 PM **Time Out:** 2:35 PM

	Certifications						
Name	Certificate #	Туре	Issue Date	Expiration Date			
Angie Shoemaker	22143210	Food Service	05/10/2022	05/10/2027			
Heidy Telon	17718905	Food Service	04/08/2019	04/08/2024			