

# Food Establishment Inspection Report

Score: 95.5

Establishment Name: WALMART NEIGHBORHOOD MARKET DELI 6828 Establishment ID: 3034028013

Location Address: 1035 BEESONS FIELD DR  
 City: KERNERSVILLE State: North Carolina  
 Zip: 27284 County: 34 Forsyth  
 Permittee: WAL-MART  
 Telephone: (336) 904-4001

Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 03/17/2023 Status Code: A  
 Time In: 12:00 PM Time Out: 2:15 PM  
 Category#: III  
 FDA Establishment Type: Deli Department

No. of Risk Factor/Intervention Violations: 1  
 No. of Repeat Risk Factor/Intervention Violations: 1

**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
<b>Supervision .2652</b>					
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		
<b>Employee Health .2652</b>					
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	
<b>Good Hygienic Practices .2652, .2653</b>					
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	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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	
<b>Approved Source .2653, .2655</b>					
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"/> IN OUT				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> IN				
Food-contact surfaces: cleaned & sanitized		X	1.5	0	X X
17	<input checked="" type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned & unsafe food		2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN OUT/N/A				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN OUT/N/A				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN OUT/N/A				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> 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				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT				
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	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT				
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
<b>Safe Food and Water .2653, .2655, .2658</b>					
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	
<b>Food Temperature Control .2653, .2654</b>					
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"/> IN OUT				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> IN				
Insects & rodents not present; no unauthorized animals		2	1	X	X
39	<input checked="" type="checkbox"/> IN				
Contamination prevented during food preparation, storage & display		2	X	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"/> OUT/N/A				
Washing fruits & vegetables		1	0.5	0	
<b>Proper Use of Utensils .2653, .2654</b>					
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	
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN				
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				
Non-food contact surfaces clean		1	0.5	X	
<b>Physical Facilities .2654, .2655, .2656</b>					
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"/> OUT/N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> IN				
Physical facilities installed, maintained & clean		1	X	0	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>4.5</b>



# Comment Addendum to Food Establishment Inspection Report

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**Location Address:** 1035 BEESONS FIELD DR  
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**County:** 34 Forsyth **Zip:** 27284  
**Wastewater System:**  Municipal/Community  On-Site System  
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**Permittee:** WAL-MART  
**Telephone:** (336) 904-4001

**Establishment ID:** 3034028013  
 Inspection  Re-Inspection **Date:** 03/17/2023  
**Comment Addendum Attached?**  **Status Code:** A  
**Water sample taken?**  Yes  No **Category #:** III  
**Email 1:** m0f03by.s06828.us@wal-mart.com  
**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
hot water	3 comp	130						
sanitizer quat	3 comp	200						
lemon pepper rotisserie chicken	hot holding in front	140						
rotisserie chicken	hot holding in front	144						
rotisserie chicken	hot holding in back	145						
lemon pepper rotisserie chicken	hot holding in back	138						
cheese	deli display case	39						
turkey	deli display case	39						
chicken	deli display case	40						
roast beef	deli display case	40						
ham	deli display case	40						
cheese	walk in cooler	39						
turkey	walk in cooler	39						
ham	walk in cooler	38						

*First*  
Person in Charge (Print & Sign): Kiandra

*Last*  
Brown

*Kiandra Brown*

*First*  
Regulatory Authority (Print & Sign): John

*Last*  
Dunigan

*John Dunigan*

REHS ID: 3072 - Dunigan, John

Verification Required Date:

REHS Contact Phone Number: (336) 703-3128

Authorize final report to be received via Email:

*Kiandra Brown*



## Comment Addendum to Inspection Report

**Establishment Name:** WALMART NEIGHBORHOOD MARKET DELI 6828

**Establishment ID:** 3034028013

**Date:** 03/17/2023 **Time In:** 12:00 PM **Time Out:** 2:15 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Debbie Troy	21866446	Food Service	09/14/2022	09/14/2022

### 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 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (P) REPEAT. Four wire mesh racks were being stored as clean, with food residue and grease present. Equipment food-contact surfaces and utensils shall be kept clean to sight and touch. CDI: Cleaned and sanitized during inspection.
- 38 6-202.13 Insect Control Devices, Design and Installation (C) REPEAT in a different area. A insect control device that is used to electrocute or stun flying insects was mounted on the wall above a prep table. A Insect control devices shall be installed so that the devices are not located over a food preparation area; or exposed food; clean equipment, utensils, and linens.
- 39 3-305.11 Food Storage - Preventing Contamination from the Premises (C) Raw chicken for rotisserie chickens were being stored on the floor in the walk-in cooler. Food shall be protected from contamination by storing the food at least 15 cm (6 inches) above the floor.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) The edge of the chub meat cooler is chipped and damaged. The shelving in the walk-in cooler is beginning to rust. Equipment shall be maintained in good repair and condition.
- 49 4-602.13 Nonfood Contact Surfaces (C) Additional cleaning needed on tracks of the deli display cooler. Dust is building up on the condensers of the walk-in cooler. Additional cleaning needed on the fan guards in the walk-in cooler. Nonfood Contact Surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) REPEAT with improvement. Repair floor under the oven. Physical facilities shall be maintained in good repair.
- 6-501.12 Cleaning, Frequency and Restrictions (C) REPEAT. Additional wall cleaning needed on the wall behind the three comp sink. Additional cleaning needed on the ceiling in front of walk-in cooler especially around the air vent. Physical facilities shall be cleaned as often as necessary to keep them clean.