

Food Establishment Inspection Report

Score: 100

Establishment Name: FOOD LION #2655 PRODUCE

Establishment ID: 3034020719

Location Address: 4380 KINNAMON VILLAGE LOOP

☒ Inspection ☐ Re-Inspection

City: CLEMMONS

State: NC

Date: 07/13/2021

Status Code: A

Zip: 27012

County: 34 Forsyth

Time In: 9:50 AM

Time Out: 10:40 AM

Permittee: FOOD LION, LLC

Total Time: 0 hrs 50 min

Telephone: (336) 766-4755

Category #: II Produce Department and Salad

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

FDA Establishment Type: Bar

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

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices										
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: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		
Supervision .2652										Safe Food and Water .2653, .2655, .2658										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0				
Employee Health .2652										Food Temperature Control .2653, .2654										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0				
Good Hygienic Practices .2652, .2653										Food Identification .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0				32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	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	1	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0				
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654										
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0				
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656										
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated & protected	3	1	0			48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1	0			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0			
Potentially Hazardous Food Time/Temperature .2653										Sanitation .2653, .2654, .2656, .2657										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1	0			51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	0				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1	0			52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	0				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1	0			53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	0				
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	1	0			54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	0				
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1	0			Total Deductions: 0										
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1	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	0														
Highly Susceptible Populations .2653																				
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1	0													
Chemical .2653, .2657																				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	1	0													



North Carolina Department of Health & Human Services

Division of Public Health • Environmental Health Section

Food Protection Program

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DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 3/2013



Comment Addendum to Food Establishment Inspection Report

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City: CLEMMONS State: NC

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☒ Inspection ☐ Re-Inspection Date: 07/13/2021

Comment Addendum Attached? ☒ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: II

Email 1: s2655am@retail.foodlion.com

Email 2: _____

Email 3: _____

Temperature Observations

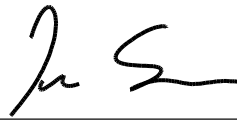

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ambinet	walk in cooler	40.0						
honeydew	display cooler	39.0						
ambient	display cooler	39.0						
ambinet	display cooler #2	40.0						
hot water	three comp sink	120.0						
quat sani	three comp sink	300.0						
CFPM	Josh S.	0.0						

Person in Charge (Print & Sign): Josh First Last

Regulatory Authority (Print & Sign): Shannon First Last

Spade Maloney

REHS ID: 2826 - Maloney, Shannon

Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3383



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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.

- | | |
|----|--|
| 53 | 6-201.11 Floors, Walls and Ceilings-Cleanability - REPEAT (different location than previous inspection). Repair baseboard missing on wall near walk in cooler. Floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable. |
|----|--|