

Food Establishment Inspection Report

Score: 100

Establishment Name: FRESH MARKET, THE #12 PRODUCE

Establishment ID: 3034020687

Location Address: 3285 ROBINHOOD ROAD

City: WINSTON SALEM State: North Carolina

Zip: 27106 County: 34 Forsyth

Permittee: THE FRESH MARKET, INC.

Telephone: (336) 760-2519

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 01/27/2023 Status Code: A
Time In: 11:51 AM Time Out: 12:51 PM
Category#: II Produce Department and Salad
FDA Establishment Type: Bar

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

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



Comment Addendum to Food Establishment Inspection Report

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 County: 34 Forsyth Zip: 27106
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: THE FRESH MARKET, INC.
 Telephone: (336) 760-2519

Establishment ID: 3034020687

☒ Inspection ☐ Re-Inspection Date: 01/27/2023
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: II

Email 1: SMStore012@thefreshmarket.net

Email 2:

Email 3:

Temperature Observations

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

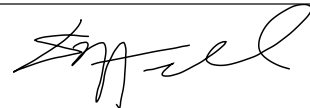
| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-------------------------|--------------------------|------|------|----------|------|------|----------|------|
| ServSafe - 2/26/2023 | Derek Hall | 00 | | | | | | |
| hot water | 3-comp sink | 148 | | | | | | |
| detergent solution | 3-comp sink (wash basin) | 116 | | | | | | |
| qt sanitizer (ppm) | 3-comp sink | 200 | | | | | | |
| qt sanitizer (ppm) | spray hose | 400 | | | | | | |
| peracetic acid (nm) | veggie prep sink | 60 | | | | | | |
| cut cantaloupe | produce prep room | 41 | | | | | | |
| cut honeydew | produce prep room | 41 | | | | | | |
| ambient temperature | walk-in cooler | 34 | | | | | | |
| cut cantaloupe | floor display | 39 | | | | | | |
| cut watermelon | floor display | 38 | | | | | | |
| cut honeydew | floor display | 39 | | | | | | |

First
Person in Charge (Print & Sign): Derek

Last
Hall

First
Regulatory Authority (Print & Sign): Travis

Last
Addis





REHS ID: 3095 - Addis, Travis

Verification Required Date:

REHS Contact Phone Number:

Authorize final report to
be received via Email: _____



North Carolina Department of Health & Human Services

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 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 10/2021

• Division of Public Health • Environmental Health Section • Food Protection Program



Comment Addendum to Inspection Report

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Establishment ID: 3034020687

Date: 01/27/2023 **Time In:** 11:51 AM **Time Out:** 12:51 PM

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.

- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Replace torn wrapping pad in produce prep room. Equipment shall be maintained in a state of repair and condition. (0 pts)