

Food Establishment Inspection Report

Score: 93.5

Establishment Name: AMERICAN DELI

Establishment ID: 3034012839

Location Address: 3311 NORTH PATTERSON AVENUE

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: TRIAD AMERIDEL LLC

Telephone: (336) 842-5712

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 03/23/2024 Status Code: A

Time In: 1:15 PM Time Out: 3:05 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 3

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
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> N/A				
Certified Food Protection Manager		<input checked="" type="checkbox"/>	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 <input type="checkbox"/> N/A <input type="checkbox"/> O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> O				
Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Food separated & protected		3	<input checked="" type="checkbox"/>	0	X X
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	<input checked="" type="checkbox"/>	X
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"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> O				
Time as a Public Health Control; procedures & records		3	1.5	0	
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Toxic substances properly identified stored & used		2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
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 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
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"/> IN <input type="checkbox"/> OUT				
Wiping cloths: properly used & stored		<input checked="" type="checkbox"/>	0.5	0	X X
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
In-use utensils: properly stored		1	<input checked="" type="checkbox"/>	0	X
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> O				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		<input checked="" type="checkbox"/>	0.5	0	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 <input type="checkbox"/> N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Plumbing installed; proper backflow devices		2	<input checked="" type="checkbox"/>	0	X
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	<input checked="" type="checkbox"/>	X
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 <input type="checkbox"/> OUT				
Physical facilities installed, maintained & clean		1	<input checked="" type="checkbox"/>	0	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
TOTAL DEDUCTIONS:					6.5



Comment Addendum to Food Establishment Inspection Report

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 County: 34 Forsyth Zip: 27105
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: TRIAD AMERIDEL LLC
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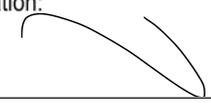
Establishment ID: 3034012839
 Inspection Re-Inspection Date: 03/23/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: II
 Email 1: kim.sean.s@gmail.com
 Email 2: triadameridel@gmail.com
 Email 3: _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water/3 compartment sink	149	cheese/walk in cooler	41		
chlorine sanitizer/bucket	0				
chlorine sanitizer/bucket- greater than	200				
chlorine sanitizer/correct bucket	100				
ambient air/dressing cooler	31				
lettuce/cooling at 1:33	51				
lettuce/cooling at 1:56	48				
philly steak/final cook	197				
shrimp/final cook	149				
chicken tenders/hot holding	177				
chicken wings/hot holding	177				
rice/hot holding	208				
fries/hot holding	148				
burgers/hot holding	148				
lettuce/make unit	41				
tomatoes/make unit	41				
chicken/make unit	40				
ham/make unit	40				
chicken/reach in cooler	37				
tomatoes/walk in cooler	41				

Person in Charge (Print & Sign): *First* _____ *Last* _____
 Regulatory Authority (Print & Sign): Lauren *First* _____ *Last* Pleasants _____



REHS ID: 2809 - Pleasants, Lauren Verification Dates: Priority: 03/26/2024 Priority Foundation: _____ Core: _____
 REHS Contact Phone Number: (336) 703-3144 Authorize final report to be received via Email: _____


Comment Addendum to Inspection Report

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Date: 03/23/2024 **Time In:** 1:15 PM **Time Out:** 3:05 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.

- 2 2-102.12 (A) Certified Food Protection Manager- (C): There was no certified food protection manager on duty during the inspection. The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 15 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation (P) -REPEAT with improvement- In the make unit, raw shrimp stored behind mayonnaise. Food shall be protected from cross contamination by separating raw animal foods during storage, preparation, holding, and display with ready-to eat foods, and arranging each type of food in equipment so that cross contamination of one type with another is prevented. CDI- Mayo and shrimp switched in the make unit.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) - Three metal lids and a container of utensils visibly soiled. Food-contact surfaces shall be clean to sight and touch. CDI- Utensils placed at the 3 compartment sink to be rewashed.
- 41 3-304.14 Wiping Cloths, Use Limitations-REPEAT-(C): Wiping cloths were held in a chlorine sanitizer solution of 0 ppm in the grill area. Two wiping cloth buckets measured greater than 200 ppm chlorine in the prep area. Cloths in-use for wiping counters and other equipment surfaces shall be held between uses in chemical sanitizer solution 50-200 ppm chlorine. Use test strips to ensure correct concentration of 50-200 ppm chlorine. CDI- Sanitizer bucket swapped with one that measured 100 ppm.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C) -REPEAT- Scoops stored with the handles inside the cornstarch, sugar, and flour. Ice scoop stored on a cardboard box of oregano. Store scoops with handles out of food to prevent contamination by the hands. Store ice scoop in a clean location.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-REPEAT-C: Floors in walk-in cooler are rusting, and the metal strip needs to be replaced over the bowing floor panels to make a tight seal. The panel on the left side of the walk in cooler door at the light switch is separated and needs to be replaced. Lower shelves of prep tables throughout are rusted and need to be repainted using food grade paint. Replace the torn gasket on the left door of the make unit. Reseal the hood to the metal flashing on the wall behind the fryers and grill. The door handle and outside of the door is damaged on the upright freezer by the office, and the shelves are rusted. Repair the legs on the spice shelf so they are not resting on a piece of wood. The right-side chest freezer has a rusted lid and the plastic liner at the inside frame is cracked and missing. Equipment shall be maintained in good repair.
- 4-101.19 Nonfood Contact Surfaces- REPEAT- The wooden cabinets under the front counter are absorbent and not easily cleanable. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. Seal the wood so it is no longer absorbent and is easy to clean.
- 51 5-205.15 (b) (C) Plumbing system maintained in good repair-REPEAT- The faucet on the right side of the 3 compartment sink only turns off at the mixing valve and should turn off at all faucet points. The faucet on the left side of the 3 compartment sink has a leak. Maintain plumbing in good repair.
- 5-202.14 Backflow Prevention Device, Design Standard. (P)- The faucet at the can wash has a spray nozzle attached with no continuous pressure backflow prevention. A backflow or backsiphonage prevention device installed on a water supply system shall meet American Society of Sanitary Engineering (A.S.S.E.) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device. **A backflow prevention device rated for continuous pressure is required for the can wash faucet since a spray nozzle is remaining attached to the hose.**
VERIFICATION required on installation of this type of device by 3/26/24. Contact Lauren Pleasants at (336)462-7783 with questions or when the installation is complete.
- 52 5-402.13 Conveying Sewage (P) - The designated floor drain is clogged under the 3 compartment sink and water is spilling out to the drain in the middle of the kitchen floor. Sewage shall be conveyed to the point of disposal through an approved sanitary sewage system or other system, including use of connections that are constructed, maintained, and operated according to law. CDI- Plumber arriving at to repair drain at 4:00pm.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods-C: REPEAT- Wood is being used as a floor base for legs of the spice shelf. Replace the missing ceiling tile above the back handwashing sink. Seal the metal panel to the floor in the old walk in cooler storage room. Replace missing floor tiles at the back door. Physical facilities shall be maintained in good repair.

Additional Comments

Ceiling and wall repairs currently in the restroom and hallway.