

# Food Establishment Inspection Report

Score: 95

Establishment Name: HARRIS TEETER #334 DELI

Establishment ID: 3034020703

Location Address: 5365 ROBINHOOD VILLAGE DRIVE

City: WINSTON SALEM State: North Carolina

Zip: 27106 County: 34 Forsyth

Permittee: HARRIS TEETER, INC.

Telephone: (336) 923-2441

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 04/26/2024

Status Code: A

Time In: 9:00 AM

Time Out: 11:15 AM

Category#: IV

FDA Establishment Type: Deli Department

No. of Risk Factor/Intervention Violations: 2

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
<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"/> OUT/N/A/N/O	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"/> 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
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> OUT/N/A/N/O	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/N/A/N/O	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"/> IN OUT/N/A/N/O	Proper date marking & disposition	3	0	X
24	<input checked="" type="checkbox"/> OUT/N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> OUT/N/A	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"/> OUT/N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> IN OUT/N/A	Toxic substances properly identified stored & used	2	1	X
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> OUT/N/A	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"/> OUT/N/A/N/O	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 OUT	Insects & rodents not present; no unauthorized animals	2	X	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"/> IN OUT	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"/> IN 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"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN OUT	Non-food contact surfaces clean	X	0.5	0
<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 OUT	Physical facilities installed, maintained & clean	X	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					5



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: HARRIS TEETER #334 DELI

Location Address: 5365 ROBINHOOD VILLAGE DRIVE

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27106

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

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

Permittee: HARRIS TEETER, INC.

Telephone: (336) 923-2441

Establishment ID: 3034020703

☒ Inspection ☐ Re-Inspection Date: 04/26/2024

☐ Educational Visit Status Code: A

Comment Addendum Attached? ☒ Category #: IV

Email 1: S334MGR001@harristeeter.com

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Rotisserie /final cook	188.0	Colby Jack Cheese/walk-in cooler	34.0		
Baked Chicken/hot holding	155.0	Hot Water/3-compartment sink	139.0		
Crab Stick/sushi station	35.0	Quat /3-compartment sink	300.0		
Crab Salad/sushi station	38.0				
Meatballs/sandwich station	37.0				
Philly Steak/sandwich station	37.0				
Tomatoes/sandwich station	38.0				
Ham/sandwich station	36.0				
Turkey/sandwich station	35.0				
Pastrami/deli case	39.0				
Roast Beef/deli case	39.0				
Teriyaki Chicken/deli case	40.0				
Cracked Pepper Turkey/deli case	36.0				
Corned Beef/deli case	36.0				
Pepper Jack Cheese/deli case	40.0				
Munester Cheese/deli case	40.0				
Ribs/display case	41.0				
Macaroni/display case	39.0				
Rotisserie Chicken/walk-in cooler	38.0				
Fried Chicken/walk-in cooler	38.0				

First  
Person in Charge (Print & Sign): Jerry

Last  
Myers



First  
Regulatory Authority (Print & Sign): Victoria

Last  
Murphy

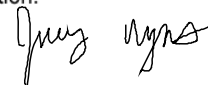


REHS ID: 2795 - Murphy, Victoria Verification Dates: Priority:

Priority Foundation: \_\_\_\_\_ Core: \_\_\_\_\_

REHS Contact Phone Number: (336) 703-3814

Authorize final report to  
be received via Email: \_\_\_\_\_





North Carolina Department of Health & Human Services

Page 2 of \_\_\_\_\_

• Division of Public Health • Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 12/2023

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** HARRIS TEETER #334 DELI

**Establishment ID:** 3034020703

**Date:** 04/26/2024 **Time In:** 9:00 AM **Time Out:** 11:15 AM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Jerry Myers		Food Service	06/26/2023	06/26/2028

### 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.

- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition-P: A container of beef for the pizzas were labeled for 4/15/24. (A) A food specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen. CDI: The items was discarded.
- 28 7-201.11 Separation - Storage-P: A spray bottle was stored on a prep table. Poisonous or toxic materials shall be stored so they can not contaminate food, equipment, utensils, linens, and singles-service and single-use articles. CDI: The PIC placed the spray bottle in the appropriate area.
- 38 6-501.111 Controlling Pests-C: Several flies were observed throughout the kitchen and preparation areas. The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises.//  
6-501.112 Removing Dead or Trapped Birds, Insects, Rodents and other Pests-C: Several dead flies were observed on the floor under the 3-compartment sink. Dead or trapped birds, insects, rodents, and other pests shall be removed from control devices and the premises at a frequency that prevents their accumulation, decomposition, or the attraction of pests.
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing-C: Pans were stored on a heavily soiled oven top. (A) Except as specified in (D) of this section, cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored: (1) In a clean, dry location
- 49 4-602.13 Nonfood Contact Surfaces-REPEAT-C: Cleaning is needed to/on the following: display cases, shelves in freezer, inside deli case, ovens, ,tracks of deli case, bakery shelves, and outer surfaces of equipment. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 55 6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Cleaning is needed on floors, walls, and floor drains throughout the establishment. Physical facilities shall be cleaned as often as necessary to keep them clean.