Food Establishment Inspection Report

F	Food Establishment Inspection Report Score: 98.5																			
Es	Establishment Name: CATERING DELITES									Establishment ID: 3034020523										
Location Address: 242 NORTH CHERRY STREET									Stabilishment is: ☐ Re-Inspection											
City: KERNERSVILLE State: NC									Date: <u>Ø 6</u> / <u>2 1</u> / <u>2 Ø 1 9</u> Status Code: A											
Zip: 27284 County: 34 Forsyth								Time In: $09:30^{\circ} \text{ am}$ Time Out: $12:10^{\circ} \text{ am}$												
Permittee: KEITH & SHEILA LAWSON								Total Time: 2 hrs 40 minutes												
reiiiillee								Category #: III												
Telephone: (336) 992-4300								_	FDA Establishment Type: Full-Service Restaurant											
	Wastewater System: ⊠Municipal/Community ☐ On-Site Sys									No. of Risk Factor/Intervention Violations: 1										
W	Nater Supply: ⊠Municipal/Community ☐ On-Site Supply										No. of Repeat Risk Factor/Intervention Violations:									
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.								Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
IN OUT N/A N				N/O		OUT CDI R VR				IN OUT N/A N/O Compliance Status OUT CDI Safe Food and Water .2653, .2655, .2658							DI F	≀ VR		
-	upei	VISI	on		.2652 PIC Present; Demonstration-Certification by		0 🗆		28	Т	$\overline{}$	i and	d Wa	ater .2653, .2655, .2658 Pasteurized eggs used where required	1	0.5		ı		
\blacksquare	mple	ove	He	alth	accredited program and perform duties .2652		الم		┵	\vdash					\Box		0 [- - -	#	
-	X		,		Management, employees knowledge; responsibilities & reporting	3 1.5	0 🗆		ıl		=			Water and ice from approved source Variance obtained for specialized processing	1	H	=	J L	#	
Н	X				Proper use of reporting, restriction & exclusion	3 1.5	0 0	ПГ	30					methods			0	JL	<u> </u>	
\vdash		Ну	gien	nic Practices .2652, .2653					000 X	em	pera	atur	e Control .2653, .2654 Proper cooling methods used; adequate		0.5		ılr	T		
4	X				Proper eating, tasting, drinking, or tobacco use	21	0 🗆		il I	×	붜	П	$\overline{}$	equipment for temperature control		\Box		1 -		
5	X				No discharge from eyes, nose or mouth	1 0.5	0		ll —	-	믜			Plant food properly cooked for hot holding	+	\vdash	0 [-		
Р	reve	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				ш	×		Ш	Ш	Approved thawing methods used	븯	\vdash	0 [111	
6	X				Hands clean & properly washed	42	0		'	×		1.0.		Thermometers provided & accurate	1	0.5	ᆜ	J L	<u> </u>	
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0			ood I	den	itific	atio	Food properly labeled: original container	2		0 [ılr	〒	
8 🗵 🗌 Handwashing sinks supplied & accessible 210 🗆 🗆							ıı		 ntio	n of	Foc	od Contamination .2652, .2653, .2654, .2656, .265	\bot			-				
-	ppro	vec	l So	urce	.2653, .2655					×				Insects & rodents not present; no unauthorized animals	2	1	0][70	
9	X				Food obtained from approved source	21	0		37	×	П			Contamination prevented during food	2	1	0 [1	\pm	
10				×	Food received at proper temperature	21	0		1	×	$\overline{\Box}$			preparation, storage & display Personal cleanliness	+	\vdash	_	1 [듬	
11	X				Food in good condition, safe & unadulterated	21	0 🗆		Ι⊢					Wiping cloths: properly used & stored	+	\vdash	0 [115		
12			X		Required records available: shellstock tags, parasite destruction	21	0 🗆		ш					Washing fruits & vegetables	+	\vdash	0 [+	#	
-	Protection from Contamination .2653, .2654							\perp	r Hs	e of	f Ute	ensils .2653, .2654	Ш	0.5		7 -	-			
Н	-	×	Ш	Ш	Food separated & protected					×	$\overline{}$			In-use utensils: properly stored	1	0.5	0 [1	70	
14	-				Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,	3 1.5	0 🗆		-	×	П			Utensils, equipment & linens: properly stored, dried & handled	1	0.5		1	朩	
15					reconditioned, & unsafe food	21	0							Single-use & single-service articles: properly stored & used	1	0.5	0 [1/-		
16	П	tiall	y Ha		dous Food Time/Temperature .2653	215			-		믬				H			1 -		
Н			<u> </u>		Proper cooking time & temperatures					\perp	∐ lc a	nd l	Faui	Gloves used properly ipment .2653, .2654, .2663	1	0.5		<u> </u>		
17				X					1	×				Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2	1	0 [1	$\overline{\mathbf{H}}$	
18					Proper cooling time & temperatures				-					constructed, & used		Ш	4	1		
19	Щ	Щ	Ш	×	Proper hot holding temperatures		0 🗆		∃ ⊢	×				Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0 [][
20	X				Proper cold holding temperatures	3 1.5	0		┑					Non-food contact surfaces clean	1	0.5	0 [][
21	X				Proper date marking & disposition	3 1.5	0 🗆			hysic	\equiv	aci	lities					7		
22			X		Time as a public health control: procedures & records	21	0		'I	=		Ц		Hot & cold water available; adequate pressure	2	H		J L	#	
\Box	ons	ume		zivis					7—					Plumbing installed; proper backflow devices	2	H	0	+		
23		/ Si	X	ntih	Consumer advisory provided for raw or undercooked foods le Populations .2653	1 0.5	<u> </u>		\vdash	-	Ш			Sewage & waste water properly disposed	2	1		<u> </u>	끧	
24			X	PUID	Pasteurized foods used; prohibited foods not	3 1.5				X				Toilet facilities: properly constructed, supplied & cleaned	1	0.5	<u> </u>][[
	hem	ical			offered .2653, .2657				52	X				Garbage & refuse properly disposed; facilities maintained	1	0.5	0 [][
25			X		Food additives: approved & properly used	1 0.5	0 🗆		53		X			Physical facilities installed, maintained & clean	1	0.5	X [
26	X				Toxic substances properly identified stored, & used	21	0 🗆		54	×				Meets ventilation & lighting requirements; designated areas used	1	0.5	0 [
Conformance with Approved Procedures .2653, .2654, .2658														1.	 5	+	Ì			
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21	0							Total Deductions:	Ľ					





	Comment	<u>Add</u> e	endum to	Food Es	<u>stablish</u> n	<u>nent</u>	Inspection	Report			
Establishme	ent Name: CATERING D		· · · · · · · · · · · · · · · · · · ·		Establishment ID: 3034020523						
City:_KERN		State: NC			Comment Ac	ldendum		Status (Date: 06/21/2019 Status Code: A		
Water Supply	System: 🛭 Municipal/Comm	unity 🗌 On-Site System			Water sample taken? Yes No Category #: III Email 1: Email 2:						
	: (336) 992-4300				Email 3:						
			Tempe	rature Ol	bservation	ıs				\neg	
	Effective	Janu	•				nge to 41 de	arees		_	
Item hot water	Location three compartment sink	Temp 160		Location RIC		Temp 37	•	Location	T€	Temp	
wash water	three compartment sink	115	chicken salad	RIC		38					
chlorine	three compartment sink	50	green beans	final cook to		200					
salad	cooling at 9:45 am	60	chcicken	final cook to	<u> </u>	<u>'</u>					
salad	cooling at 10:00 am	50	ServbSafe 	Robbin Wh		0					
parm cheese	RIC	37	potatoes	final cook to	emp	167					
ham	RIC	37									
cooked	RIC	39								_	
13 3-302. A tube	/iolations cited in this report 11 Food shall be proted of raw ground beef was	must be ted from being s	n cross contam stored above co	the time fram ination by s ooked chick	es below, or as separation du en.	stated i	n sections 8-405.11 orage, preparation	n, holding,	and display. F		
display SHELL (b) Cod	shall be protected from from: (a) Raw READY- FISH, or other raw REA bked READY-TO-EAT F Raw beef was placed be	TO-EAT ADY-TO- OOD; P	FOOD includi EAT FOOD su	ng other ra	w animal FO	OD suc	h as FISH for su			nd	
shall be Floor ti	11 Floors, walls, and ce e maintained in good re le cracking at the pass t CAL FACILITIES shall t	pair. hrough	from kitchen to	front count		and tow	vel dispensers; liç	ght fixtures	; and heat/ac	vent	
Lock Text		-		,		ā					
Person in Cha	rge (Print & Sign): She	ila	rst	Lawson	ast	£	Hile.	Lan	~~		
Regulatory Au	thority (Print & Sign): ^{Cra}		rst	Bethel	ast		in Bu	hely	3415		
	REHS ID: 1	766 - B	ethel, Craig			_ Verific	ation Required Dat	e: /	1		
	Contact Phone Number: (orth Carolina Department of He				Health ● Enviro	nmental F	lealth Section ● Foo	d Protection F	Program		

DHHS is an equal opportunity employer.

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Establishment Name: CATERING DELITES Establishment ID: 3034020523

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.





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