Food Establishment Inspection Report

Establishment Name: LOW	/ES FOODS STORE SEAFOOD 182	Establishment ID:	3034020599
Location Address: 5180 REID: City: WALKERTOWN	State: North Carolina	Date: 09/21/2022	Status Code: A
Zip: 27051 Cou	-	Time In: 9:50 AM	Time Out: 10:20 AM
Permittee: LOWES FOOD ST	TORES INC	Category#: III	
Telephone: (336) 595-7448		· · —	Seafood Department
⊗ Inspection	○ Re-Inspection	FDA Establishment Type:	Sealood Department
Wastewater System: ⊗ Municipal/Community Water Supply:	Municipal/Community On-Site System		ention Violations: 0lntervention Violations: 0
	On-Site Supply		

				ipply: icipal/Community On-Site Supply	,							No	o. of I	Repeat Risk Factor/Intervention Violations: 0				
F	O Risk	odbo	orne	e Illness Risk Factors and Public Health Contributing factors that increase the chance of developing for Interventions: Control measures to prevent foodborne illnes	Int	orne il		ıs			Go	od F	Retail F	Good Retail Practices Practices: Preventative measures to control the addition of patho and physical objects into foods.	oge	ens, (chemic	cals,
С	Compliance Status OUT CDI R VR				Co	Compliance Status					UT	CDI	R					
Su	pei	rvisio	n	.2652						Saf	e F	ood	and W	Vater .2653, .2655, .2658				
1)X	OUT N/	А	PIC Present, demonstrates knowledge, &	1	0	,					оит) (A	Pasteurized eggs used where required 1).5 (П
		OUT N/		performs duties Certified Food Protection Manager	-	H.				31	X	оит		Water and ice from approved source 2	:	1 ()	\coprod
_	_				1	0	'			32	IN C	оит	X A	Variance obtained for specialized processing methods 2		1 (,	
Management food & conditional employee:						Ţ		Т	For	od.	Tom	noratu	re Control .2653, .2654	_	_			
\sqcup			Ш	knowledge, responsibilities & reporting	2						ou T	Tem	peratu	· ·	Т	Т	$\overline{}$	$\overline{}$
4	-	-	+	Proper use of reporting, restriction & exclusion Procedures for responding to vomiting &	+	1.5 0	_			33	X	оит		Proper cooling methods used; adequate equipment for temperature control	. 0	0.5)	
5	ı X (DUT		diarrheal events	1	0.5	1			34	IN C	оит	N/A NXC		. 0	0.5 (,	\forall
			enic	Practices .2652, .2653									N/A N/C			0.5		П
6			+	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth		0.5 0				36	X	оит	\perp	Thermometers provided & accurate 1	. 0	0.5	<u>) </u>	Ш
7	_		Щ	, , , , , , , , , , , , , , , , , , , ,		0.5	<u>'</u>			Fo	od l	lden	tificati	on .2653				
			Con	tamination by Hands .2652, .2653, .2655, .26 Hands clean & properly washed		2 0				37	X	оит		Food properly labeled: original container 2	: [1 ()	
8	1		+	No bare hand contact with RTE foods or pre-	4				\vdash	Pre	eve	ntio	of Fo	ood Contamination .2652, .2653, .2654, .2656, .2657	•			
		OUT N/		approved alternate procedure properly followed Handwashing sinks supplied & accessible	2	1 0				38	M(оит		Insects & rodents not present; no unauthorized animals 2	:	1 ()	П
—		oved S		· · ·		1 - 10				39	M /	OUT		Contamination prevented during food	T	T	1	П
11	•			Food obtained from approved source	2	1 0	ı		Т					preparation, storage & display		1 (
12			NXO	Food received at proper temperature	2					40					_).5 (_	\perp
13	M	DUT	Ť	Food in good condition, safe & unadulterated	2	1 0	1			41		\rightarrow			_).5 (_	++
14	M C	OUT N/	AN/O	Required records available: shellstock tags,	2	1 0				42	-	_			. 0).5 (<u> </u>	Щ
\sqcup			ш	parasite destruction							•		e of U	tensils .2653, .2654	_			
				Contamination .2653, .2654	-	11 -				43	_		_	In-use utensils: properly stored	- (0.5	1	++
15 16			AN/O	Food separated & protected Food-contact surfaces: cleaned & sanitized		1.5 0				44	M(оит		Utensils, equipment & linens: properly stored, dried & handled		0.5)	
17	$\overline{}$	-		Proper disposition of returned, previously served, reconditioned & unsafe food	2	+	_			45	M c	оит		Single-use & single-service articles: properly stored & used	. (0.5 ()	\forall
Po	ten	tially	Haza	rdous Food Time/Temperature .2653	_				_	46	Def (оит	+	Gloves used properly 1		0.5 (,	++
18 IN OUT N/A NO Proper cooking time & temperatures 3 1.5 0			П		Utensils and Equipment .2653, .2654, .2663													
				Proper reheating procedures for hot holding		1.5					T				т	т	$\overline{}$	
				Proper cooling time & temperatures	- 1	1.5 0			_	47	M (оит		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, 1		0.5)	
				Proper hot holding temperatures Proper cold holding temperatures	_	1.5 0	_							constructed & used				
				Proper date marking & disposition		1.5 0				48	Má d	оит		Warewashing facilities: installed, maintained &		0.5	,	
\vdash	~	OUT IX	+	Time as a Public Health Control; procedures & records	+	1.5	1			49			+	used; test strips		0.5 (+
Co	nei	umer	Advi								_		acilitie	es .2654, .2655, .2656	_			
-	$\overline{}$	OUT N	_	Consumer advisory provided for raw/	L	T			Т	50	•				. (0.5 (0	\Box
25	IN	JU I INA	æ	undercooked foods	1	0.5	'			51	X	оит		Plumbing installed; proper backflow devices 2		1 (\top
Hig	ghly	y Sus	cepti	ble Populations .2653						52	M C	оит		Sewage & wastewater properly disposed 2	:	1 ()	П
26	IN C	OUT IX	۴	Pasteurized foods used; prohibited foods not offered	3	1.5				53	M C	оит	N/A	Toilet facilities: properly constructed, supplied & cleaned	. (0.5	,	
		ical		.2653, .2657						54	M C	оит		Garbage & refuse properly disposed; facilities maintained	1	0.5	,	
		OUT NX		Food additives: approved & properly used		0.5 0			_	55			+	Physical facilities installed, maintained & clean 1		0.5 (++
_		OUT N/		Toxic substances properly identified stored & used	2	1110	'				Ť		+	Meets ventilation & lighting requirements;	+	J.J (+	++
	Т	OT N	\Box	ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	T.	Ι, Ι.			Π	56	X(оит		designated areas used 1		0.5)	Ш
29	IN C	JUTINX	6	reduced oxygen packaging criteria or HACCP plan		1 0								TOTAL DEDUCTIONS: 0)			
				North Carolina Department of Health				-						sisanmental Health Castion - Food Distraction				





Score:

100

Comment Addendum to Food Establishment Inspection Report Establishment Name: LOWES FOODS STORE SEAFOOD 182 Establishment ID: 3034020599 Location Address: 5180 REIDSVILLE RD Date: 09/21/2022 X Inspection Re-Inspection City: WALKERTOWN State: NC Comment Addendum Attached? Status Code: A County: 34 Forsyth Zip: 27051 Water sample taken? Yes X No Category #: III Email 1: Water Supply: Municipal/Community On-Site System Permittee: LOWES FOOD STORES INC Email 2: Telephone: (336) 595-7448 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 37 Stuffed Salmon Counter Display 35 Tuna Steak Counter Display 37 Cod Counter Display 35 Counter Display Shrimp 36 Crab Cake Counter Display 37 Crab Cake Counter Display 38 Crab Cake Counter Display 36 Counter Display Shrimp 35 **Imitation Crab** Counter Display 38 Salmon Walk In Cooler 38 Walk In Cooler Tilapia 39 Flounder Walk In Cooler 33 Ambient Walk In Cooler 139 Hot Water 3 Compartment Sink Sanitizer 400 3 Compartment Sink Quaternary Terry Warren 0 3-10-2027 First Last Phoklin Person in Charge (Print & Sign): Kanyarat

Last Regulatory Authority (Print & Sign): Glen Pugh

REHS ID:3016 - Pugh, Glen Verification Required Date:

REHS Contact Phone Number:

Authorize final report to be received via Email:

