F	00	)d	E	S	tablishment Inspection	R	e	pc	rt								Score: 8	8	
Es	tal	olis	hn	ner	nt Name: LITTLE CAESARS 39									_E	st	tablishment ID: 3034020548			
Location Address: 1113 SILAS CREEK PKWY																			
Ci	City: WINSTON-SALEM State: NC								Date: 10 / 22 / 2014 Status Code: A										
	Zip: 27127 County: 34 Forsyth								Time In: $01:108$ m Time Out: $03:508$ m										
										Total Time: 2 hrs 40 minutes									
	Permittee: CUTTING EDGE PIZZA  Telephone: (336) 750-0888												Ca	ate	gc	ory #: _II			
									_			—	F	DΑ	E	stablishment Type: Fast Food Restaura	ant		
					<b>System:</b> ⊠Municipal/Community [					yst	en	n	No	o. (	of	Risk Factor/Intervention Violation	s: 3		
Water Supply: ⊠Municipal/Community ☐ On-Site Supply										No. of Repeat Risk Factor/Intervention Violations: 1									
	Foodborna Illness Risk Factors and Public Health Interventions										Good Retail Practices								
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.										GOOD Retail Practices  Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,									
_ '	_			_	ventions: Control measures to prevent foodborne illness o	or injury.									and physical objects into foods.				
		OUT		N/O	Compliance Status	01	JT	CDI	R	VR		IN			_		OUT	CDI R	VR
1	upe	rvisi			.2652 PIC Present; Demonstration-Certification by accredited program and perform duties	X	IO		П		$\neg$	$\overline{}$			a vi	Vater .2653, .2655, .2658  Pasteurized eggs used where required	1 0.5 0		П
·		loye		alth	accredited program and perform duties .2652			ال			-	-	_				2 1 0		
		X			Management, employees knowledge;	3	<b>(</b> [0			ᆔ						Water and ice from approved source  Variance obtained for specialized processing			
⊢	$\mathbf{x}$				responsibilities & reporting  Proper use of reporting, restriction & exclusion		.5 0	+	П		30	Ш		X	L	methods	1 0.5 0	ᄔ	<u> </u>
_			aien	ic P	ractices .2652, .2653			ات ا		ᅴ	$\overline{}$	$\overline{}$	Tem	per	atu	re Control .2653, .2654 Proper cooling methods used; adequate			
-	X		9		Proper eating, tasting, drinking, or tobacco use	2	1 0				31	$\rightarrow$	Ц			equipment for temperature control	1 0.5 0	ᄔ	
5					No discharge from eyes, nose or mouth	1 0	.5 (	ПП	П	Пŀ	32	-			X	Plant food properly cooked for hot holding	1 0.5 0		
_			ıg Cı	onta	mination by Hands .2652, .2653, .2655, .2656						33				X	Approved thawing methods used	1 0.5 0		
	X				Hands clean & properly washed	4	2 [0				34	X				Thermometers provided & accurate	1 0.5 0		
7	×				No bare hand contact with RTE foods or pre-	3 1	.5 (		П	ᆔ	$\overline{}$	ood	_	tific	cati	on .2653		_	
⊢	×				approved alternate procedure properly followed Handwashing sinks supplied & accessible	2					35		×		L	Food properly labeled: original container	21🗶		
_		oved	d So	urce			عال	91-		닠	$\overline{}$	$\overline{}$		n of	Fo	ood Contamination .2652, .2653, .2654, .2656, Insects & rodents not present; no unauthorize	.d		
-					Food obtained from approved source	2 1	0				36	-				animals		ᄔ	
⊢				×	Food received at proper temperature	2	1 [0		П	케.	37		×			Contamination prevented during food preparation, storage & display	21🗶		
$\vdash$	×				Food in good condition, safe & unadulterated	2	+	1-	П		38		X			Personal cleanliness	1 0.5		
Н			×	П	Required records available: shellstock tags,	2	#			눼	39	X				Wiping cloths: properly used & stored	1 0.5 0		
12		ctio		nm (	parasite destruction Contamination .2653, .2654			41-			40	X				Washing fruits & vegetables	1 0.5 0		
_	×				Food separated & protected	3 1	.5 0		П	٦l	Pr	оре	r Us	e of	f Ut	tensils .2653, .2654			
H		×			Food-contact surfaces: cleaned & sanitized		.5 0		×		41		X			In-use utensils: properly stored	1 🗷 0		
H	×				Proper disposition of returned, previously served,			+		눼	42		X			Utensils, equipment & linens: properly stored, dried & handled	0.5 0		
_		□ ntial	lv Ha	azar	reconditioned, & unsafe food dous Food TIme/Temperature .2653				Ш		43	X				Single-use & single-service articles: properly stored & used	1 0.5 0		
$\overline{}$	×				Proper cooking time & temperatures	3 1	.5 0		П	Пl	44	×	П			Gloves used properly	1 0.5 0	ПF	市
17	_			×	Proper reheating procedures for hot holding	3 1	.5 0			레			ils a	nd	Equ	uipment .2653, .2654, .2663			
18					Proper cooling time & temperatures	3 1	5 0	1=			45	X	П			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 1 0	ПГ	Т
$\vdash$								1-		븼	_	_				constructed, & used  Warewashing facilities: installed, maintained,	8.		
H	×				Proper hot holding temperatures		.5 0	1=		닠	46	-	Ш			used; test strips	1 0.5 0	ЦЬ	
20	×	Ш		Ш	Proper cold holding temperatures	3 1	.5 0	빋	Ш	닠!	47		X			Non-food contact surfaces clean	0.5 0		
21	X				Proper date marking & disposition	3 1	.5 0				-	nysi	cal F	aci	litie				
22			X		Time as a public health control: procedures & records	2	1 0				-	X	Ш	Ш		Hot & cold water available; adequate pressure			
		ume		dvis	ory .2653 Consumer advisory provided for raw or					_	49	-	X			Plumbing installed; proper backflow devices	2 🗶 0		
23		$\overline{}$	×		undercooked foods		.5 0		Ш		50	X				Sewage & waste water properly disposed	2 1 0		1
	T_	_	isce	ptib	le Populations .2653 Pasteurized foods used; prohibited foods not	2 4	5 0				51	×	$\Box$			Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0		1
_	`her	nical			offered .2653, .2657		.5 0		Ш		52	×				Garbage & refuse properly disposed; facilities maintained	1 0.5 0		
25					Food additives: approved & properly used	10	.5 0				53	ᅥ	×			Physical facilities installed, maintained & clear	n 🗶 0.5 0		
26					Toxic substances properly identified stored, & used	2	1 0				54	$\Box$	$\mathbf{X}$			Meets ventilation & lighting requirements;	<b>X</b> 0.5 O		+
ı								1-		11	1				ı	designated areas used			



Conformance with Approved Procedures .2653, .2654, .2658

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



12

**Total Deductions:** 

Establishmer	nt Name: LITTLE (	CAESARS 39			Establishment ID: 3034020548								
Location Ac	ddress: 1113 SILAS	ONLLINI		⊠ Inspe		Re-Inspection	Date: 10/22/2014						
City: <u>winds</u> County: 34			S Zip:_ <sup>27127</sup>	Comment	Addendum	Attached?	Status Code: A						
	ystem: 🗷 Municipal/C	Community 🗆			Category #: <u>II</u>								
Water Supply:	Municipal/C	Community	On-Site System	Email 1:									
Permittee:	CUTTING EDGE PI	IZZA			Email 2:								
Telephone:	(336) 750-0888				Email 3:								
			Temp	erature (	Observatio	ons							
Item Sausage	Location Pizza make unit	Temp 40	Item Hot water	Location 3 compa	n Irtment sink	Temp 126	Item I	_ocation	Temp				
Pizza sauce	Pizza make unit	39	Sanitizer	Quat 3 c	compartment	200							
Ham	Reach in	40	_				-						
Chicken	Walk in cooler	39											
Cheese pizza	Hot hold	145											
Chicken	Hot hold	149											
Pepporoni	Final cook	200											
Italian	Final cook	179					_						
			Observation	ons and (	Corrective	Actions							
	olations cited in this received Protectified Food Protection												
does not h when show	A), (B), (C), & (E) I ave an employee I ving the 5 main syi tate issued policy.	health policy	y in place. Em	iployees sh	all understan	d their res	ponsibilities for r	eporting to manag	gement				
air drying r utensils. M 4-501.114 Hardness empty. Wh sanitizer e	A) Equipment, Foo ack were soiled or onitor dishwashing Manual and Mech - P - Upon arrival o en asked to refill v quipment is turn or er reading 200ppr	n interior and g to ensure to anical Ware quat sanitize vat sanitizer n it sufficient	d exterior. Sh that all dishes washing Equ er in bucket ar was being dil	elving is als are proper ipment, Ch nd 3 compa uted by add	so visibly soile ly cleaned. C emical Saniti rtment sink d d more water	ed and mu DI- All pa zation-Ter id not regi . This prac	ast remain clean a ns were washed, nperature, pH, C ster on test strips ctice should no lo	at all time if storing rinsed, sanitized. oncentration and s. Sanitizer bottle nger be used. Wh	g clean // was ien				
D ' 01	(D: 10 C: )	F Tommy	irst	Boals	Last		1 00						
	ge (Print & Sign): hority (Print & Sign)	F	-irst	Grijalva	Last	/							

REHS Contact Phone Number: (336)703 - 3157

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Establishment Name: LITTLE CAESARS 39	Establishment ID: _3034020548

bservations	and	Corrective	Actions
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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.



35 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 0 pts. - Salt and baking soda are not labeled. Ingredients removed from their original container must be labeled with common name.

- 37 3-307.11 Miscellaneous Sources of Contamination C 0 pts. Two water bottles for employees observed in top shelf in walk in cooler. Food for employees shall be stored on lower shelf away from foods for establishment. CDI- PIC moved items.
- 2-303.11 Prohibition-Jewelry C 0 pts .- Pizza maker observed making pizza with a watch on. Except for a ring such as plain wedding band no other jewelry shall be worn. CDI- Employee removed watch.
- 3-304.12 In-Use Utensils, Between-Use Storage C In use utensils for pizza were stored on a soiled preparation table. In use utensils shall be washed, rinsed, and sanitized every 4 hours and stored on a clean dry surface. Ensure that preparation table is cleaned as often as possible.
- 4-901.11 Equipment and Utensils, Air-Drying Required C Repeat Some pans were stacked wet. Pans shall be air dried prior to stacking. Recommended to add more air drying space.. // 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing C Utensils are being stored on soiled drying rack. Utensils must be stored in clean dry location.
- 47 4-602.13 Nonfood Contact Surfaces C Repeat Cleaning needed on all storage shelving in restaurant including in walk in coolers, utensil drying, and dry storage. Clean as often as necessary to maintain all surfaces clean especially when storing clean utensils. Cleaning needed in 4 door reach in and along gaskets.
- 49 5-205.15 System Maintained in Good Repair P The can wash and the 3 compartment sink are not draining properly. Can wash has debris build up in it. 3 compartment sink will over flow if one vat is drained. Assess and repair plumbing so that it is in good working condition. / The wash vat of the three compartment sink has a slow leak. Assess and repair.





Establishment Name: LITTLE CAESARS 39 Establishment ID: 3034020548

#### **Observations and Corrective Actions**

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6-201.11 Floors, Walls and Ceilings-Cleanability - C - Floors: Floors have some cracked tiles behind equipment. Cleaning is needed on floors throughout the establishment including the walk in coolers, under and behind equipment. Walls: Cleaning needed on walls throughout the establishment. Ensure that wall are cleaned as often as necessary to prevent build up of soil. Caulk along 3 compartment sink is molded. Caulking should be removed and replaced. Caulking along back hand washing sink is peeling. Replace. Properly seal all escutcheon plates to wall. Ceiling: Missing two ceiling tiles. All ceiling tiles should fit tight on the trim pieces. Replace any tiles with leak stains. Clean/paint stained ceiling tiles.

6-303.11 Intensity-Lighting - C - Repeat - Lighting at the right side of the make unit measured 33 fc, walk in cooler (in dish room) 3-13 fc, and 25-33 f/c at the dough prep tables. Lighting in food preparation areas must be at a minimum of 50 fc and in walk in cooler at least 10 foot candles throughout. Consult electrician.





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Establishment Name: LITTLE CAESARS 39 Establishment ID: 3034020548

#### **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.



