Food Establishment Inspection Report

Establishment Name: ELIZABETH S PIZZA Establishment ID: 3034011142

Date: <u>Ø 1</u> / <u>2 9</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: $\underline{12} : \underline{45} \overset{\bigcirc}{\otimes} \overset{am}{pm}$ Time Out: $\underline{\emptyset2} : \underline{4!}$						
Total Time:	2 hrs 0 minutes					
Category #:	IV					
Establishme	ot Type:					

Instructions:

1. Fill in the information below for the Food Establishment:

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection R= Repeat Violation VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions

Score: 99

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.										
Со	mplian	ce Statu	S	OUT	CDI	R	VR			
Su	pervis	ion	.2652							
1		⊗ ○ UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0			
En	Employee Health .2652									
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0			
3	⊗ IN	OUT	0 0 0 3 1.5 0	0	0	0				
Go	od Hy	gienic F	Practices .2652, .2653							
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use	$\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0	0	0	0			
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0			
Pre		ng Cont	amination by Hands .2652, .2653, .2655, .2656	6						
6	⊗ IN	OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	0	0	0			
7		O O UT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0			
8	⊗ IN	OUT	Handwashing sinks supplied & accessible	O O O 2 1 0	0	0	0			
Ap	prove	d Sourc	e .2653, .2655							
9	⊗ IN	OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
10		O/N TU	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
11	⊗ IN	OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
12	O O IN OUT	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Pro	otectio	n from	Contamination .2653, .2654							
13	⊗ ○ IN OUT	O O N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0			
14	⊗ IN	OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ○ 3 1.5 0	0	0	0			
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Po	tential	ly Haza	rdous Food Tlme/Temperature .2653							
16	⊗ ○ IN OUT	O O N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0			
17	⊗ ○ IN OUT	O O N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0			
18	_	O O N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0			
19	⊗ ○ IN OUT	O O N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0			
20	⊗ ○ IN OUT	O O N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0			
21	⊗ ○ IN OUT	O O N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0			
22	O O IN OUT	⊗ ○ N/A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Со	nsume	er Advis	sory .2653							
23		○ ⊗ UT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0			
Ηiς	ghly Su	ısceptil	ole Populations .2653							
24		○ ⊗ UT N/A	Pasteurized foods used; prohibited foods not offered	O O O 3 1.5 0	0	0	0			
Ch	emica		.2653, .2657							
25		O O UT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0			
26		O O UT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Со	nform	ance wi	th Approved Procedures .2653, .2654,	.2658						
27		O ⊗ C	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0		0			

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section ● Food Protection Program

Food Establishment Inspection Report, continued

Establishment Name: ELIZABETH S PIZZA Establishment ID: 3034011142

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

- 6. Click or check the appropriate boxes for CDI and/or R, VR
 CDI= Corrected during Inspection
 R= Repeat Violation
 VR= Verification Required
 Calculate the "Total Deductions" and record.
- 7. Sign and complete "Signature Block".
- 8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:



No. of Risk Factor/ Intervention Violations: ______ No. of Repeat Risk Factor/Intervention Violations:

	Good Retail Practices									
Preventative measures to control the addition of pathogens,										
chemicals, and physical objects into foods. Compliance Status OUT CI										
Compliance Status OUT CDI F Safe Food and Water .2653, .2655, .2658										
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0 1 0.5 (0	0			
29	⊗ IN	OUT	Water and ice from approved source	O O C	30	0	0			
30		O & UT N/A	Variance obtained for specialized processing methods	0 0 0		0	0			
Fo	Food Temperature Control .2653, .2654									
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	O O O		0	0			
32	⊗ ○ IN OU	O O	Plant food properly cooked for hot holding	0.5 (0	0			
33	⊗ ○ IN OUT	O O	Approved thawing methods used	0.5 (0	0			
34	⊗ IN	OUT	Thermometers provided & accurate	O O O		0	0			
Fo	Food Identification .2653									
35	⊗ IN	OUT	Food properly labeled: original container	2 1 (0	0			
Pr		-	ood Contamination .2652, .2653, .2654, .2656	0 0						
36	IN	OUT	Insects & rodents not present; no unauthorized animals	2 1 (0	0			
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	0 0 0		0	0			
38	⊗ IN	OUT	Personal cleanliness	0 0 0		0	0			
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0		0	0			
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0		0	0			
Pr	•	se of U	tensils .2653, .2654							
41	IN	OUT	In-use utensils: properly stored	1 0.5 (5 0	0	0			
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0	5 0	0	0			
43	IN	OUT	Single-use & single-service articles: properly stored & used	1 0.5 (0	0			
44	⊗ IN	OUT		0	0					
Ut			uipment .2653, .2654, .2663							
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 (0	0			
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0		0	0			
47	O IN	⊗ OUT	Non-food contact surfaces clean	0 0 0		0	0			
Ph		Faciliti	es .2654, .2655, .2656							
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2 1 (0	0			
49	⊗ IN	OUT	Plumbing installed; proper backflow devices			0	0			
50	⊗ IN	OUT	Sewage & waste water properly disposed	2 1 (0	0			
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0		0	0			
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0		0	0			
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 0	0	0	0			
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	O O O		0	0			
			Total Deductions:	1						

North Carolina Department of Health & Human Services ● Division of Public Health
Environmental Health Section ● Food Protection Program

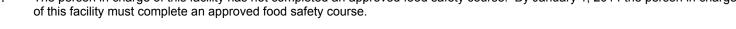
Establishment Name: ELIZABETH S PIZZA	Establishment ID: 3034011142	Date: 01/29/2013
Location Address: 910B S MAIN ST		Status Code: A
City: KERNERSVILLE State: NC		Category #:IV
County: <u>34 Forsyth</u> Zip: <u>27284</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: NAPO INC		Email 3:
Telephone: (336) 996-1275		

	Temperature Observations							
Item chicken	Location reach in cooler	Temp 42	Item cut tomatoes	Location make unit	Temp 43	Item	Location	Temp
sausage	make unit	41	cut tomatoes	reach in ccooler	42			
meat ball	hot hold	162	pizza	reach in cooler	41			
provolone	make unit	42	lasagna	walk in cooler	42			
salami	make unit	43	ham	walk in cooler	41			
ham	make unit	42	chopped	final cook	199			
turkey	make unit	43	hot water	2 comp sink	144			
chicken	reach in cooler	42						

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.

The person in charge of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge



- Repair or replace: the damaged / rusting shelving, the damaged handle on the reach in cooler below the pizza make unit, the cracked front hand sink, and the damaged walk in cooler floor. Re-seal hood over the grill and fryer and the prep sink to the wall with a smooth easily cleanable bead.
- Cleaning is needed on the shelving.





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