Food Establishment Inspection Report

Score: 95

Establishment Name: CICCIONES RISTORANTE

Establishment ID: 3034011259

Date: 02 / 13 / 2013 Status Code: A

Time In: 01 : 50 ○ am ⊗ pm Time Out: 06 : 00 ○ am ⊗ pm

Total Time: 4 hrs 10 minutes

Category #: IV

Establishment Type:

Instructions:

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

Location Address: 156 LOWES FOOD DRIVE

City: LEWISVILLE

State: NC Zip: 27023

County: 34 Forsyth

Permittee: CICCIONES OF LEWISVILLE, INC.

Telephone:

⊗ Inspection

○ Re-Inspection

Wastewater System:

⊗ Municipal/Community

○ On-Site System

Water Supply:

⊗ Municipal/Community

○ On-Site System

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

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
	Supervision .2652					
1	○ IN ⊗ OUT ○ N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ 2 ⊗ 0	○	○	○
	Employee Health .2652					
2	○ IN ⊗ OUT	Management, employees knowledge; responsibilities & reporting	○ 3 ○ 1.5 ⊗ 0	⊗	○	○
3	⊗ IN ○ OUT	Proper use of reporting, restriction & exclusion	○ 3 ○ 1.5 ○ 0	○	○	○
	Good Hygienic Practices .2652, .2653					
4	○ IN ⊗ OUT	Proper eating, tasting, drinking, or tobacco use	○ 2 ○ 1 ⊗ 0	⊗	○	○
5	⊗ IN ○ OUT	No discharge from eyes, nose, and mouth	○ 1 ○ 0.5 ○ 0	○	○	○
	Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	⊗ IN ○ OUT	Hands clean & properly washed	○ 4 ○ 2 ○ 0	○	○	○
7	⊗ IN ○ OUT ○ N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ 3 ○ 1.5 ○ 0	○	○	○
8	⊗ IN ○ OUT	Handwashing sinks supplied & accessible	○ 2 ○ 1 ○ 0	○	○	○
	Approved Source .2653, .2655					
9	⊗ IN ○ OUT	Food obtained from approved source	○ 2 ○ 1 ○ 0	○	○	○
10	○ IN ○ OUT ⊗ N/O	Food received at proper temperature	○ 2 ○ 1 ○ 0	○	○	○
11	⊗ IN ○ OUT	Food in good condition, safe & unadulterated	○ 2 ○ 1 ○ 0	○	○	○
12	○ IN ○ OUT ⊗ N/A ○ N/O	Required records available: shellstock tags, parasite destruction	○ 2 ○ 1 ○ 0	○	○	○
	Protection from Contamination .2653, .2654					
13	⊗ IN ○ OUT ○ N/A ○ N/O	Food separated & protected	○ 3 ○ 1.5 ○ 0	○	○	○
14	○ IN ⊗ OUT	Food-contact surfaces: cleaned & sanitized	○ 3 ○ 1.5 ⊗ 0	⊗	○	○
15	⊗ IN ○ OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ 2 ○ 1 ○ 0	○	○	○
	Potentially Hazardous Food TIme/Temperature .2653					
16	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cooking time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
17	○ IN ○ OUT ⊗ N/A ○ N/O	Proper reheating procedures for hot holding	○ 3 ○ 1.5 ○ 0	○	○	○
18	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cooling time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
19	⊗ IN ○ OUT ○ N/A ○ N/O	Proper hot holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
20	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cold holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
21	⊗ IN ○ OUT ○ N/A ○ N/O	Proper date marking & disposition	○ 3 ○ 1.5 ○ 0	○	○	○
22	○ IN ○ OUT ⊗ N/A ○ N/O	Time as a public health control: procedures & records	○ 2 ○ 1 ○ 0	○	○	○
	Consumer Advisory .2653					
23	○ IN ○ OUT ⊗ N/A	Consumer advisory provided for raw or undercooked foods	○ 1 ○ 0.5 ○ 0	○	○	○
	Highly Susceptible Populations .2653					
24	○ IN ○ OUT ⊗ N/A	Pasteurized foods used; prohibited foods not offered	○ 3 ○ 1.5 ○ 0	○	○	○
	Chemical .2653, .2657					
25	○ IN ○ OUT ⊗ N/A	Food additives: approved & properly used	○ 1 ○ 0.5 ○ 0	○	○	○
26	○ IN ⊗ OUT ○ N/A	Toxic substances properly identified stored, & used	○ 2 ⊗ 1 ○ 0	○	○	○
	Conformance with Approved Procedures .2653, .2654, .2658					
27	○ IN ○ OUT ⊗ N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	○ 2 ○ 1 ○ 0	○	○	○

Food Establishment Inspection Report, continued

Establishment Name: CICCIONES RISTORANTE Establishment ID: 3034011259

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:

NUNZIO SCHIANO

Person in Charge (Print)

Person in Charge (Signature)

C. Kentt Long

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3136

Verification Required Date: ___/___/_____

REHS ID: 1158 - Long, C. Kentt

No. of Risk Factor/ Intervention Violations: 5

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	CDI	R	VR
	Safe Food and Water	.2653, .2655, .2658				
28	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	○ IN ○ OUT ○ N/A ⊗ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	○ IN ○ OUT ○ N/A ⊗ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	○ IN ⊗ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ⊗ 0	○	○	○
	Food Identification	.2653				
35	○ IN ⊗ OUT	Food properly labeled: original container	○ 2 ⊗ 1 ○ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	○ IN ⊗ OUT	Contamination prevented during food preparation, storage & display	○ 2 ⊗ 1 ○ 0	○	○	○
38	⊗ IN ○ OUT	Personal cleanliness	○ 1 ○ 0.5 ○ 0	○	○	○
39	○ IN ⊗ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ⊗ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	⊗ IN ○ OUT	In-use utensils: properly stored	○ 1 ○ 0.5 ○ 0	○	○	○
42	○ IN ⊗ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ○ 0.5 ⊗ 0	○	○	○
43	○ IN ⊗ OUT	Single-use & single-service articles: properly stored & used	○ 1 ○ 0.5 ⊗ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	○ 2 ⊗ 1 ○ 0	○	○	○
46	○ IN ⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ⊗ 0.5 ○ 0	○	○	○
47	○ IN ⊗ OUT	Non-food contact surfaces clean	○ 1 ○ 0.5 ⊗ 0	○	○	○
	Physical Facilities	.2654, .2655, .2656				
48	⊗ IN ○ OUT	Hot & cold water available; adequate pressure	○ 2 ○ 1 ○ 0	○	○	○
49	○ IN ⊗ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ⊗ 0	⊗	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	○ IN ⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ 1 ○ 0.5 ⊗ 0	○	○	○
52	⊗ IN ○ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ○ 0.5 ○ 0	○	○	○
53	○ IN ⊗ OUT	Physical facilities installed, maintained & clean	○ 1 ⊗ 0.5 ○ 0	○	○	○
54	○ IN ⊗ OUT	Meets ventilation & lighting requirements; designated areas used	○ 1 ○ 0.5 ⊗ 0	○	○	○
		Total Deductions:	5			

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011259

Date: 02/13/2013

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 156 LOWES FOOD DRIVE

City: LEWISVILLE State: NC

County: 34 Forsyth Zip: 27023

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: CICCIONES OF LEWISVILLE, INC.

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	out of tap at utensil sink	140	provalone	top of make unit	42	meat sauce	hot holding	170
wash water	utensil sink	82	american	top of make unit	45	italian	top of make unit	39
italian	top of make unit	34	lettuce	top of make unit	34	alfredo sauce	top of make unit	39
ham	top of make unit	37	sliced	top of make unit	36	chicken	walk-in cooler	39
hamburger	top of make unit	39	feta	top of make unit	37	salads	walk-in cooler	39
shredded	top of make unit	42	chicken wings	just cooked	160	lasagna	walk-in cooler	34
spinach	top of make unit	36	marinara	hot holding	152	shredded	walk-in cooler	37
pepperoni	top of make unit	42	meat balls	hot holding	177			

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.

Spell

1 PIC should take ANSI certified sanitation class by January 1, 2014.

2 No employee health policy available. See handout (employee health policy) for use or as an example. All food service employees need to acknowledge reporting issues relating to health and illness transmitted through food.

4 Be sure to restrict break areas for eating and drinking (drinking espresso) in kitchen.

14 Some cleaning on ice machine splash guard. Watch cleaning on wine glasses and individual cutting boards.

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26 Be sure to label all chemical spray bottles, buckets, etc (cleaner, sanitizer, degreaser, etc.)

34 Need to have probe type thermometer for taking temperatures of thin type foods.

35 Label all dry food containers. Salt, garlic, pepper, red pepper, etc.

37 Be sure to cover breads (cooling) in dry storage room. Cover eggplant parmesan in reach-in freezer.

39 Wet wiping cloths need to be stored in labeled buckets of sanitizer between uses.

42 Some containers were stacked together wet.

43 Do not reuse aluminum foil containers for cooking pasta.

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Spell

45 Be sure to replace individual colored cutting boards, new cutting boards available. Hamilton Beach toaster oven not approved. A reach-in cooler is being used for storage (doors have been removed, unit not working), need to replace unit with approved stainless prep table. Gaskets torn on True make unit. Artic Air chest freezers have damaged tops (inserts duct taped inside). Walk-in cooler has torn door gasket. Some dough trays are damaged and need to be replaced. One prep sink has a leaky faucet.

46 Leaky faucets on utensil sink, obtain proper sink stoppers. One pre-wash sink has a leaky faucet in dish room.

47 Clean fryer, McCall reach-in freezer, etc.

49 Hose was left pressurized with pistol grip on in can wash. If left pressurized, then a continuous pressure back flow prevention device will need to be installed. Do not leave system pressurized, corrected while there.

51 Need covered receptacle in women's bathroom for disposal of sanitary napkins. Need to repair self closer on women's bathroom (won't close properly).

53 Floor tiles damaged, etc. in areas. Ceiling tiles dusty and stained in areas. Keep storage off floor in dry storage areas and inside walk-in cooler.

54 Lights out in several areas (kitchen and bathrooms). Lighting poor over commode in men's bathroom and hand sink, beside keg cooler (20 foot candles now required).

Spell check complete

Comment Addendum to Food Establishment Inspection Report

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