

# Food Establishment Inspection Report

Score: 93

Establishment Name: UPPER CRUST PIZZA PARLOR

Establishment ID: 3034011513

Date: 02/14/2013 Status Code: A

Time In: 01:30  am  pm Time Out: 04:15  am  pm

Total Time: 2 hrs 45 minutes

Category #: IV

Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 1816 SILAS CREEK PARKWAY

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: BNK 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".

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



# Food Establishment Inspection Report, continued

Establishment Name: UPPER CRUST PIZZA PARLOR

Establishment ID: 3034011513

**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:**

Jim Murray  
Person in Charge (Print)

[Signature]  
Person in Charge (Signature)

Scott Steed  
Regulatory Authority (Print)

Scott Steed, REHS  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3141

Verification Required Date: 02 / 19 / 2013

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/  
Intervention  
Violations: 5

No. of Repeat Risk  
Factor/Intervention  
Violations: \_\_\_\_\_

<b>Good Retail Practices</b>						
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Compliance Status		OUT	CDI	R	VR	
<b>Safe Food and Water</b> .2653, .2655, .2658						
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0	0	
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0	
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0	0	
<b>Food Temperature Control</b> .2653, .2654						
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	0	
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	1	0	0	
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	1	0	0	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	1	0	0	
<b>Food Identification</b> .2653						
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657						
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0	0	
39	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	0	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0	0	
<b>Proper Use of Utensils</b> .2653, .2654						
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0	0	
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	0	
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	0	
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0	0	
<b>Utensils and Equipment</b> .2653, .2654, .2663						
45	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	
46	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	0	
47	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1	0	0	
<b>Physical Facilities</b> .2654, .2655, .2656						
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	
49	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	
51	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	0	
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	0	
53	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	0	
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	0	
<b>Total Deductions:</b>			<b>7</b>			

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: UPPER CRUST PIZZA PARLOR

Establishment ID: 3034011513

Date: 02/14/2013

Location Address: 1816 SILAS CREEK PARKWAY

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site System

Permittee: BNK INC

Telephone: \_\_\_\_\_

Status Code: A

Category #: IV

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
pepperoni	pizza unit	40	sliced	small sandwich unit	45	raw chicken	wic	40
ground	pizza unit	40	meatballs	in water on stove	170	shredded	wic	40
shredded	pizza unit	40	chicken	cook temp	170	hot dogs	wic	40
mushroom	pizza unit	40	meatballs	3 door combo cooler	39	pizza sauce	wic	40
meat sauce	pizza unit - bottom	43	pasta	3 door combo cooler	37	pepperoni	salad bar	45
pasta	pizza unit - bottom	43	ham	3 door combo cooler	39	hot water	3 compartment sink	132
chicken wings	pizza unit - bottom	44	ranch	3 door combo cooler	38			
tuna salad	pizza unit - bottom	43	raw beef	wic	40			

## 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 A person in charge that has passed an approved food manager's safety course must be present during all hours of operation. Two points will begin being deducted on 1/1/2014 if this requirement is not met.
  
- 2 An employee health policy agreement must be in place and each employee must be informed and aware of the policy requirements.
  
- 13 In the top fo the pizza unit, raw ground beef was set on the corners of the four other pans containing raw vegetbles, mushrooms and raw sausage. This poses a cross contamination risk. Keep all raw meats stored below or separately from pre-cooked or ready to eat foods (such as vegetables). Additionally, raw animal foods that require different final cooking temperatures should be stored separately as well.
  
- 20 In the top of the small sandwich top refrigerator, mushrooms, sliced cheese and ham all ranged from 50-54F. All cold food must be 45F or below at all times during cold holding.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: UPPER CRUST PIZZA PARLOR

Establishment ID: 3034011513

## 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.



- 23 A consumer advisory must be in place for any raw animal foods that are offered undercooked. This includes eggs that are cooked to order. This must be in place prior to the next inspection.
- 37 Canned foods that are dented on the top, bottom or side seams must be kept separated for disposal or return. Damaged, spoiled or recalled products shall be segregated and held in designated areas that are separated from food, equipment, utensils, linens and single service or single use articles.
- 39 Wiping cloths that are used for wiping down equipment and surfaces must be maintained in sanitizer at the appropriate strength at all times. Additionally, the containers may not be stored on the floor.
- 45 The air temperature in the small sandwich top refrigerator is 47.8F and needs to be repaired. All food in the unit was removed. / There are several rusted shelves in the bottom of the pizza unit that will need to be re-finished with an approved material or replaced.
- 46 The wash water at the three compartment sink must be maintained at a minimum of 110°F at all times.
- 47 Cleaning is needed on the outside of most of the equipment, on table bottoms, the condenser fan covers in the walk-in cooler, the inside and around the top of the small sandwich top refrigerator, and on wall mounted shelves.
- 49 The drain at the can wash is clogged and not draining properly. This needs to be repaired as soon as possible.



# Comment Addendum to Food Establishment Inspection Report

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## 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

51 A covered trash receptacle is needed in the women's restroom.

53 Floor, wall and ceiling cleaning is needed throughout the facility.



# Comment Addendum to Food Establishment Inspection Report

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## 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

