Food Establishment Inspection Report

Establishment Name: VENEZIA ITALIAN RESTAURANT II

Date: <u>Ø 3</u> / <u>1 3</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: <u>Ø 2</u>	: <u>Ø Ø ⊗</u> am	Time Out:	<u>Ø4</u> :30⊗ am			
Total Time:	2 hrs 30 minut	es				
Category #:	IV					
Establishment Type:						

Instructions:

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

Location Address:	4926 COUNTRY CLUB RD				
City: WINSTON SA	LEM				
State: NC	Zip: _ ²⁷¹⁰⁴				
County: 34 Forsyth					
Permittee: VENEZIA ITALIAN RESTAURANT IIINC					
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".

___ Establishment ID: _____3034012111

Foodborne Illness Risk Factors and Public Health Interventions

Score: 98

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.

ū	one riealth litter	ventions. Control measures to prevent loodborne limess	or injury.					
Со	Compliance Status OUT CDI R VR							
Supervision .2652								
1	O & O	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0		
Em	nployee Health	.2652						
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0		
3	O & IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ⊗ 3 1.5 0	8	0	0		
Go	Good Hygienic Practices .2652, .2653							
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
5	⊗ ⊖ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0		
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .265	6					
6	⊗ ⊖ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0		
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Аp	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \ \bigcirc \ \bigcirc \\ 2 \ 1 \ 0 \end{array}$	0	0	0		
10	⊗ ○ ○ IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
12	O O & O	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0		
14	O & 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	0 0 0 2 1 0	0	0	0		
Po	tentially Haza	rdous Food Time/Temperature .2653						
16	OOO ⊗ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0		
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0		
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0		
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0		
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0		
21	O 🗞 O O IN OUT N/A N/O	Proper date marking & disposition	○ ○ ⊗ 3 1.5 0	8	0	0		
22	OOO ⊗ IN OUT N/A N/O	Time as a public health control: procedures & records	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0		
Consumer Advisory .2653								
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0		
Hiç	hly Susceptil	le Populations .2653						
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0		
Ch	Chemical .2653, .2657							
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0		
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Со	Conformance with Approved Procedures .2653, .2654, .2658							
27	⊗ ○ ○ IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		

Food Establishment Inspection Report, continued

Establishment Name: VENEZIA ITALIAN RESTAURANT II Establishment ID: 3034012111

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

- 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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

1. Wh. Sym

Regulatory Anthority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3128</u>

Verification Required Date: ___/___/

REHS ID: 944 - Sizemore, Clark

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 CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 0 0 0 0 **8** 1 0.5 0 ⊗ OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT 0 Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 ⊗ OUT ○ **⊗** ○ 1 0.5 0 IN 41 0 0 In-use utensils: properly stored ⊗ IN 000 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ ○ **⊗** 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used OIN ⊗ OUT 0 0 **8** 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips 0 0 0 1 0.5 0 0 0 0 47 Non-food contact surfaces clean OUT Physical Facilities .2654, .2655, .2656 OUT $\bigcirc \bigcirc \bigcirc$ 0 Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 0000 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

Total Deductions:

Establishment Name: VENEZIA ITALIAN RESTAURANT II				Establish	ment ID:	3034012111	Date: 03/13/2	013	
Location Address: 4926 COUNTRY CLUB RD City: WINSTON SALEM State: NC County: 34 Forsyth Zip: 27104 Wastewater System: Water Supply: Municipal/Community On-Site System Water Supply: Water Supply: VENEZIA ITALIAN RESTAURANT IIINC Telephone:			System				Status Code: A Category #: IV Email 1: Email 2: Email 3:		
			Temp	erature Observa	tions				
Item pizza	Location hot holding	Temp 135	·	Location make unit	Temp 44	Item	Location	Temp	
carrots	salad bar	40	steak	make unit	34				
cheese	salad bar	37	meat balls	warmer	174				
eggs	salad bar	44	cheese	pizza make unit	44				
tomatoes	salad bar	39	tomatoes	pizza amke unit	44				
carrots	make unit	45	sausage	pizza make unit	45				
cheese	make unit	45							
ham	make unit	45							
taken . 2	rson in charge of the i 2-102.12	report must be	corrected within	ns and Corrective the time frames below, od safety training cert sick; please refer to the	or as stated i	n sections 8-405	o point deduction	will be	

Each employee must be trained when to report a food borne illness. 2-201.12

.Do not place dirty glasses on the cutting board of the make unit. The sanitizer in the three compartment sink had no sanitizer need 200ppm; need to mix by hand and until vendor repairs tower. 4-601.11,4-501.114



	Comment Addendum to Food Establishment Inspection Report						
E	stablishment Name: VENEZIA ITALIAN RESTAURANT II	Establishment ID: _3034012111					
Г	Observations and Corre Violations cited in this report must be corrected within the time frames be	ective Actions lelow, or as stated in sections 8-405.11 of the food code.					
21	Prepared food in the cooler that is held for more than 24 hours must be						
34	Thermometer must be readily available, must use to check food temper	eratures. 4-302.12					
34	NA						
41	Do not store ice scoop handle in ice at ice machine; keep handle out c	f ice. 3-304.12					
45	A few proofing pans are starting to crack; replace as needed.						
46	New employee must be trained to use test strips to check for 200ppm	sanitizer.					



Comment Addendum to Food Establishment Inspection Report

Establishment Name: VENEZIA ITALIAN RESTAURANT II Establishment ID: 3034012111

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.





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.



