

Food Establishment Inspection Report

Score: 94

Establishment Name: THE LOOP PIZZA AND GRILL

Establishment ID: 3034012136

Date: 01 / 18 / 2013 Status Code: A

Time In: 01 : 10 am pm Time Out: 04 : 10 am pm

Total Time: 3 hrs 0 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 1030 SOUTH MAIN STREET

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: KVILLE LOOP LLC

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	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
Employee Health .2652												
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<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"/>	
Good Hygienic Practices .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"/>	
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"/>	
Preventing Contamination by Hands .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"/>	
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"/>	
Approved Source .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"/>	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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"/>	
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"/>
Protection from Contamination .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 type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT			Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<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"/>
Potentially Hazardous Food Time/Temperature .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 type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<input checked="" type="radio"/>
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures				<input type="radio"/> 3	<input 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"/>
Consumer Advisory .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Consumer advisory provided for raw or undercooked foods				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
Highly Susceptible Populations .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"/>
Chemical .2653, .2657												
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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 type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A		Toxic substances properly identified stored, & used				<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" type="radio"/> 0	<input type="radio"/>
Conformance with Approved Procedures .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: THE LOOP PIZZA AND GRILL

Establishment ID: 3034012136

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:

JEROME BABER
Person in Charge (Print)

[Signature]
Person in Charge (Signature)

Greg Gartner REHS
Regulatory Authority (Print)

[Signature]
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3383

Verification Required Date: ___ / ___ / ___

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/
Intervention
Violations: 4

No. of Repeat Risk
Factor/Intervention
Violations: 1

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	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654								
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification .2653								
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Wiping cloths: properly used & stored	1 0.5 0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Gloves used properly	1 0.5 0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .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	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
52	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1 0.5 0	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1 0.5 0	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
54	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1 0.5 0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Deductions:				6				

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012136

Date: 01/18/2013

Location Address: 1030 SOUTH MAIN STREET

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: KVILLE LOOP LLC

Telephone: _____

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
onions	stove top	127	lettuce	sandwich make	38			
black bean	cold drawer	37	lettuce	salad make	40			
portabello	cold drawer	37	cheese	salad make	40			
mushroom	pizza make	35	lettuce	two door reach in	40			
spinach	pizza make	35	chicken	final cook	202			
cheese	reach in	36	grilled chicken	final cook	167			
tomatoes	sandwich make	38						
cantaloupe	sandwich make	38						

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.

- 13 Carton of raw eggs over pineapple in walk in. Raw hamburger stored behind pre-cooked bacon and portabella burgers in cold drawer. Foods must be stored to avoid potential cross-contamination. Corrected during inspection.
- 14 Deli slicer and cheese shredder parts, ice cream dispensing utensils found unclean. Salad spinner needed additional light cleaning today. These must be washed, rinsed, sanitized, and air dried more thoroughly. / Cell phone stored on food prep surface. Do not store personal items on tables.
- 19 Grilled onions hot holding on stove top between 127-136°F. Potentially hazardous foods must be hot held at 135°F.
- 26 Disinfectant stored in pre-labeled bottle labeled as sanitizer in bathroom area. Chemicals must be labeled correctly.



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Observations and Corrective Actions

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- 39 Wiping cloths stored improperly throughout kitchen. 15A NCAC 18A .2653 ref. 3-304.14(B-E) Cloths in-use for wiping counters and other equipment surfaces shall be held between uses in a chemical sanitizer solution at proper concentration and laundered daily. Cloths in-use for wiping surfaces in contact with raw animal foods shall be kept separate from cloths used for other purposes. Chemical sanitizing solution shall be free of food debris and visible soil. Containers of chemical sanitizing solutions shall be stored off the floor and used in a manner that prevents contamination of food, utensils, linens, and equipment. Single-use disposable sanitizer wipes shall be used in accordance with EPA-approved manufacturer's label use instructions.
- 44 Employee observed changing gloves without washing hands. Hands must be washed between glove changes.
- 45 Replace cracked metal casing at joint of hanging hose. (Repeat Violation). / Repair condensate leak at walk in freezer. / Remove any cracked/chipped plastic utensils that cause sharp edges and uncleanable edges.
- 51 Trash receptacles in women's restrooms are uncovered. 15A NCAC 18A .2655 ref. 5-501.17: A toilet room used by females shall be provided with a covered receptacle for sanitary napkins
- 52 Replace missing dumpster plug in cardboard recycler. 15A NCAC 18A .2655 ref. 5-501.114: Drains in receptacles and waste handling units for refuse, recyclables, and returnables shall be drain plugs in place.
- 53 Clean walls under dish machine area (Repeat Violation). / Light cleaning needed on walls under prep sinks. / Repair ceiling leak outside of office door.
- 54 Lighting does not meet the minimum 20 foot candles (fc) in the men's and women's restroom toilets or handsinks. Light intensity ranges between 6-12 foot candles. Increase lighting.

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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



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