# Food Establishment Inspection Report

Score: 93.5

Establishment Name: DIOLIS AT THE VILLAGE

Establishment ID: 3034012213

Date: 06 / 27 / 2013 Status Code: A

Time In: 08 : 40 ⊗ am ○ pm Time Out: 10 : 40 ⊗ am ○ pm

Total Time: 2 hrs 0 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 122 REYNOLDA VILLAGE

City: WINSTON SALEM

State: NC Zip: 27106

County: 34 Forsyth

**Permittee:** DIOLIS ITALIAN MARKET 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 | ⊗ 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: DIOLIS AT THE VILLAGE  Establishment ID: 3034012213

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:

| *First* | *Last* |
|---|---|
| Kelly | Frazier |

Person in Charge (Print)

Person in Charge (Signature)

| *First* | *Last* |
|---|---|
| Christy | Allred |

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: ( ____ ) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 4

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: | 6.5 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: DIOLIS AT THE VILLAGE

Establishment ID: 3034012213

Date: 06/27/2013

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 122 REYNOLDA VILLAGE

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27106

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

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

**Permittee:** DIOLIS ITALIAN MARKET LLC

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| air temp | beverage cooler service | 40 | hot water | 2 comp sink | 135 | | | |
| almond milk | cooler beneath tea urns | 44 | chlorine | dish machine | 50 | | | |
| pimento | make unit by stove | 38 | chlorine | spray bottle | 100 | | | |
| ham | make unit by stove | 39 | | | | | | |
| mozzarella | make unit by dish | 39 | | | | | | |
| chicken-baked | 3 door reach-in | 37 | | | | | | |
| roulade type | 3 door reach in | 38 | | | | | | |
| mozzarella | 3 door reach-in | 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

6 Observed employee rinse hands in the handsink, dry hands on a wiping cloth then use the cloth for cleaning counter tops. Observed employee leave restroom and did not wash hands before cleaning espresso machine and serving food. Employees need to use the paper towel they dried their hands with to turn off the water. Touching the handles with bare hands after washing gets the germs from the handles back on hands.

13 Soiled pans were being soaked in the 2 compartment sink with food on the drain board. This sink either needs to be used for utensil washing or food prep.

23 0-pts. Need have a consumer advisory on the menu for the eggs cooked to order. Please refer to the CD for guidance on a consumer advisory.

26 Keep all chemical bottles labeled, including sanitizer bottles. there were 2 unlabeled bottles. This was marked on the last inspection.

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: DIOLIS AT THE VILLAGE Establishment ID: 3034012213

## Observations and Corrective Actions

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35 0-pts. There was a container of flour and a container of sugar that were unlabeled in the dry storage room. Be sure to keep dry food items that are not easily recognizable labeled.

39 0-pts. Be sure to keep in-use wiping cloths stored in sanitizer.

41 There are several cups in the containers of sugar and flour. Need to use scoops with handles for dispensing dry product and the handle must be kept out of the product. The container used for storing ladles needs cleaning. The spoons and the thermometer for the espresso are being stored on a wiping cloth, need to keep these items on a clean dry surface.

45 A residential cooler had been put in the dry storage room. There is a residential griddle and fryer in the kitchen. Food service equipment must be ANSI/NSF equivalent. Any changes to equipment need to be approved by the department. Please call Nathan Ward at 703-3134 to change or add equipment.

52 The lid is broken off of the trash dumpster and both doors are open. This was general commented last inspection.

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## Observations and Corrective Actions

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Spell