Food Establishment Inspection Report

Score: 96

Establishment Name: SBARRO S ITALIAN EATERY 409 Establishment ID: 3034020136

Date: 11 / 01 / 2012 Status Code: A

Time In: 02 : 15 ○ am ⊗ pm Time Out: 05 : 15 ○ am ⊗ pm

Total Time: 3 hrs 0 minutes

Category #: III

Establishment Type: Fast Food Restaurant

Instructions:

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

Location Address: 3320 SILAS CREEK PKWY

City: WINSTON-SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: SBARRO S 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: SBARRO S ITALIAN EATERY 409 Establishment ID: 3034020136

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:

J. Timberlake
Person in Charge (Print)

Person in Charge (Signature)

Scott Steed
Regulatory Authority (Print)

Scott Steed REHS
Regulatory Authority (Signature)

Contact Number: (336) 703-3141

Verification Required Date: ___/___/_____

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: 3

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:	4			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SBARRO S ITALIAN EATERY 409

Establishment ID: 3034020136

Date: 11/01/2012

Status Code: A

Category #: III

Email 1:

Email 2:

Email 3:

Location Address: 3320 SILAS CREEK PKWY

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: SBARRO S INC

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
meatballs	steam table	140	ham	pizza unit - bottom	40			
ziti	steam table	170	lettuce	wic	44			
mixed	steam table	139	cut tomatoes	wic	40			
shredded	pizza unit	41	cooked	wic	40			
sausage	pizza unit	42	spinach	wic	37			
mushrooms	pizza unit	40	breaded	wic	40			
sausage	pizza unit - bottom	40	stromboli	cook temp	160			
canadian	pizza unit - bottom	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 safety managers course must be present at all times of operation. Two points will be deducted for this requirement beginning 1/1/14.

20 In the ice bath, the pasta ranged from 44-56°, the lettuce in the salad was 55°F and the cut tomatoes were 61°F. All potentially hazardous food under cold holding must be 45°F or below at all times. The ice water mixture in an ice bath must come up around the sides of the containers in order to meet the temperature requirement.

21 Proper date marking must include the date of preparation, not only the day. This is to ensure that the 4/7 day requirement is being met.

31 The ziti was being tightly covered and placed in the walk-in cooler while it was still hot. This is not an approved cooling method and will lead to reduced oxygen packaging. Food that is placed in the walk-in cooler during the cooling process can be left completely open or vented to allow for more rapid cooling.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SBARRO S ITALIAN EATERY 409 Establishment ID: 3034020136

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

39 Wiping cloths used to wipe down equipment and surfaces must be kept in sanitizer. One was laid out on the counter today while all the others were being kept in the sanitizer.

45 Caulking is needed around the back splash of the three compartment sink and around the back hand sink. / The condensation drain line in the walk-in cooler needs to be insulated and wrapped to create a smooth, cleanable surface. There is currently a condensation leak on the line because it is not insulated. / Replace the excessively scarred and stained cutting board on the small prep table. / There is a condensation leak in the two door freezer that needs repair. / The hot water at the three compartment sink will not shut all the way off on the hot water handles and needs to be adjusted.

46 There are multiple cracks around the all three of the compartments of the three compartment sink. These either need to be properly welded and the welds polished, or the sink must be replaced.

47 Cleaning is needed on the storage shelves in the walk-in cooler and the shelf behind the door.

49 There is a leak on the drain on the middle compartment of the three compartment sink that needs repair and the unused water line by the bag-in-box rack needs to be capped off.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SBARRO S ITALIAN EATERY 409 Establishment ID: 3034020136

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

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SBARRO S ITALIAN EATERY 409 Establishment ID: 3034020136

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