Food Establishment Inspection Report

Score: 92.5

Establishment Name: DOMINO S PIZZA #8960 Establishment ID: 3034020533

Date: 11 / 27 / 2012 Status Code: A

Time In: 02 : 45 ○ am ⊗ pm Time Out: 5 : 00 ○ am ⊗ pm

Total Time: 2 hrs 15 minutes

Category #: II

Establishment Type:

Instructions:

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

Location Address: 4700 WALKERTOWN PLAZA BLVD

City: WALKERTOWN

State: NC Zip: 27051

County: 34 Forsyth

Permittee: TRIAD PIZZA

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: DOMINO S PIZZA #8960 Establishment ID: 3034020533

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:

x Jay Flynn
Person in Charge (Print)

x
Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 7

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:	7.5			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: DOMINO S PIZZA #8960

Establishment ID: 3034020533

Date: 11/27/2012

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 4700 WALKERTOWN PLAZA BLVD

City: WALKERTOWN State: NC

County: 34 Forsyth Zip: 27051

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

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

Permittee: TRIAD PIZZA

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hamburger	make unit	39	pizza	hot holding cabinet	139			
cheese	make unit	41						
chicken	make unit	40						
ham	walk-in cooler	37						
philly steak	walk-in cooler	39						
hot water	3 comp. sink faucet	130						
wash water in	3 comp. sink	98						
pizza final	oven	212						

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 PIC did not meet requirements for demonstrating food safety knowledge. The PERSON IN CHARGE shall demonstrate this knowledge by being a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. Manager was made aware of the matter during inspection.

2 Employee health policy is not implemented. FOOD EMPLOYEES and CONDITIONAL EMPLOYEES must be informed of their responsibility to report in accordance with LAW, to the PERSON IN CHARGE, information about their health and activities as they relate to diseases that are transmissible through FOOD, as specified under ¶ 2-201.11(A). Information provided during inspection.

4 Employee beveragea were stored in bottle and uncovered cups. Employee beverages are to be contained in a cup with a lid and straw. Beverage containers shall not be stored on or above a food contact surface and must be handled in a way so as to avoid cross-contamination. Manager was educated on sanitary beverage consumption during inspection.

6 Use towel to turn off faucet handle. Manager educated about the matter as corrective action.

Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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14 Quat. sanitizer weak in the bottle at 100 ppm. Maintain at 200-400 ppm. Keep sanitizing vat and adjacent drainboard free of food debris. Some dishes needed additional cleaning. Dishes sent for rewashing during inspection. Sanitizer was sent to refill during inspection

20 Alfredo sauce was 63 F and not under temperature control. Marinara sauce was not under temperature control. Maintain PHF at 45 F or below when cold holding. Alfredo sauce was relocated to the refrigerator during inspection. Manager was made aware that marinara sauce is to be refrigerated.

26 Bottle unlabeled in the kitchen. Label chemical bottles with the name of the contents inside. Manager relabeled during inspection.

34 One thermometer was about 4 degrees off temperature and another was not operating. Calibrate thermometers often and use to check food temperatures.

35 Label cooking oils and bottles not easily identifiable with common name.

37 Remove work table from location next to the dirty side of the 3 comp. sink. Separate by 18 inches or install splash guard.

42 Pizza peelers were stored in contact with the soda crates. Soda crates are used to store clean utensils. Remove soda crates and store utensils on clean shelving.

Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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Spell

45 Randell make unit is starting to rust in the corners on the bottom shelf and metal is not sealed properly to plastic housing. Repair or replace. Replace any rusted shelving. Repair leak in the walk-in cooler and wrap water line in easily cleanable protective sleeving. Repair cooler damage that is outside the door. Replace utensils that are not easily cleanable such as the small plastic containers.

53 Seal holes in the walls.

Spell check complete

Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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Spell