Food Establishment Inspection	n Report	Sc	ore: <u>98</u>				
Establishment Name: MARIOS PIZZA		Establishment ID: 3034011512					
Location Address: 1469 RIVER RIDGE							
City: CLEMMONS	State: NC	Date: <u>11</u> / <u>16</u> / <u>2017</u> Status Code: A					
$\begin{array}{c} \hline & & \\ \hline \hline & & \\ \hline \hline & & \\ \hline \hline & & \\ \hline \hline \\ \hline & & \\ \hline & & \\ \hline \hline \\ \hline & & \\ \hline \hline \\ \hline \\$							
Permittee: MARIOS PIZZA OF LEWISVILLE, INC. Total Time: <u>2 hrs 30 minutes</u>							
Telephone: (336) 778-2002		Category #: IV					
		FDA Establishment Type: Fast Food Restaurant					
Wastewater System: Municipal/Community	-	No. of Risk Factor/Intervention Violations:					
Water Supply: Municipal/Community On	-Site Supply	No. of Repeat Risk Factor/Intervention Viol	ations: <u>1</u>				
Foodborne Illness Risk Factors and Public Health In Risk factors: Contributing factors that increase the chance of developing foor Public Health Interventions: Control measures to prevent foodborne illness	dborne illness.	Good Retail Practices Good Retail Practices: Preventative measures to control the addition of path and physical objects into foods.	ogens, chemicals,				
IN OUT N/A N/O Compliance Status	OUT CDI R VR	IN OUT N/A N/O Compliance Status	OUT CDI R VR				
Supervision .2652 1 Image: Comparison of the program and perform duties		Safe Food and Water .2653, .2655, .2658 28 Image: Comparison of the state of the					
Image: Constraint of the second sec							
2 Image: Second state 1 Management, employees knowledge; responsibilities & reporting	31.50						
3 X Proper use of reporting, restriction & exclusion	31.50						
Good Hygienic Practices .2652, .2653		Proper cooling methods used; adequate					
4 🖾 🗆 Proper eating, tasting, drinking, or tobacco use	210 🗆 🗆	31 🖾 □ equipment for temperature control 32 □ □ X Plant food properly cooked for hot holding					
5 🕅 🗌 No discharge from eyes, nose or mouth	10.50						
Preventing Contamination by Hands .2652, .2653, .2655, .2656							
6 🛛 🗌 Hands clean & properly washed	420	34 🛛 Thermometers provided & accurate Food Identification .2653					
7 🕅 🗆 🗆 🗠 No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	31.50	35 ⊠ □ Food properly labeled: original container	21000				
8 🛛 🗌 Handwashing sinks supplied & accessible	210	Prevention of Food Contamination .2652, .2653, .2654, .2656, .265					
Approved Source .2653, .2655		36 🛛 🗆 Insects & rodents not present; no unauthorized animals	210				
9 🛛 🗌 Food obtained from approved source		37 🛛 🗆 Contamination prevented during food preparation, storage & display	210				
10 Image: Second se		38 X D Personal cleanliness					
11 Image: Second condition 12 Image: Second condition 13 Image: Second condition 14 Image: Second condition 15 Image: Second condition 16 Image: Second condition 17 Image: Second condition 18 Image: Second condition 19 Image: Second condition 10 Image: Second condition 11 Image: Second condition 12 Image: Second condition 13 Image: Second condition 14 Image: Second condition 15 Image: Second condition 16 Image: Second condition 17 Image: Second condition 18 Image: Second condition 19 Image: Second condition <t< td=""><td>210</td><td>39 🔀 🗌 Wiping cloths: properly used & stored</td><td></td></t<>	210	39 🔀 🗌 Wiping cloths: properly used & stored					
12 □ □ ⊠ □ parasite destruction	21000	40 🗙 🗌 🗍 Washing fruits & vegetables					
Protection from Contamination .2653, .2654 13 Image: Contamination Image: Contamination Food separated & protected Image: Contamination Image: Contamination	31.50	Proper Use of Utensils .2653,.2654					
		41 🛛 🗌 In-use utensils: properly stored	10.50				
		42 🛛 🗆 Utensils, equipment & linens: properly stored, dried & handled	10.50				
15 Image: Constraint of the second state of th	, 210	43 Single-use & single-service articles: properly stored & used	10.5 🗙 🗆 🗆 🗆				
16 X D Proper cooking time & temperatures	31.50	44 🗙 🗌 Gloves used properly					
17 C X Proper reheating procedures for hot holding	31.50	Utensils and Equipment .2653, .2654, .2663					
18 □ □ ☑ Proper cooling time & temperatures	31.50	45 X C Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	21000				
19 Image: Imag	31.50	46 X U Warewashing facilities: installed, maintained, &					
20 🗙 🗆 🗆 Proper cold holding temperatures	31.50	40 used; test strips 47 Non-food contact surfaces clean					
21 🛛 🗌 🔲 Proper date marking & disposition	31.50	Physical Facilities .2654, .2655, .2656					
22 🔽 🗖 🗖 Time as a public health control: procedures &		48 X Hot & cold water available; adequate pressure	21000				
Consumer Advisory .2653		49 🛛 🗌 Plumbing installed; proper backflow devices	210000				
23 Consumer advisory provided for raw or undercooked foods		50 🛛 🗌 Sewage & waste water properly disposed					
Highly Susceptible Populations .2653		51 V C Toilet facilities: properly constructed, supplied					
24 C Pasteurized foods used; prohibited foods not offered	31.50	Garbage & refuse properly disposed; facilities					
Chemical .2653, .2657 25 X Food additives: approved & properly used		32 Imaintained 53 Imaintained Figure 1 Physical facilities installed, maintained & clean					
		EA D Meets ventilation & lighting requirements;	+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$				
26 Image: Conformance with Approved Procedures .2653, .2654, .2658		54 X Kers ventilation & lighting requirements;					
27 Image: Second strain Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210	Total Deductions:	2				



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: MARIOS PIZZA					Establishment ID: 3034011512				
City: <u>CLEN</u> County: <u>34</u> Wastewater Water Suppl Permittee:		nmunity 🗌 (nmunity 🔲 (_ Zip: 27012 Dn-Site System Dn-Site System	tate: <u>NC</u> C	Inspection comment Addend mail 1: mail 2: mail 3:	Re-Inspection um Attached?	Date: <u>11/16/2017</u> Status Code: <u>A</u> Category #: <u>IV</u>		
			Temp	perature Obs	ervations				
	Effectiv	/e Janu	ary 1, 20 [.]	19 Cold Hold	ding will ch	ange to 41 de	grees		
ltem Servsafe	Location Noel Luna 1/18/19	Temp 0	Item Noodles	Location walk in cooler		np Item	Location	Temp	
Cheesecake	reach in cooler	42	Ham	walk in cooler	40				

Sausage	make unit	38	Hot water	3 compartment sink	169	
Ham	make unit	37	Chkn wing	final cook	192	
Sld tomatoes	make unit	39	Steak	final cook	201	
Provolone	make unit	41	Quat	3 compartment sink	150	
Chicken	reach in cooler	40	Air tempt	hot holding unit	181	
Meatball	hot holding	149	Quat	bucket	200	

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.

14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P Repeat. The clean can opener, meat slicer, two tongs and commercial blender were soiled. Food-contact surfaces of equipment and utensils shall be clean to sight and touch. CDI: All items were taken to the 3 compartment sink.

- 43 4-502.13 Single-Service and Single-Use Articles-Use Limitations C 0 points. Feta cheese containers being reused for red pepper and garlic. Single-service and single-use articles may not be reused.
- 53 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed C Repeat. No coved base in the bathrooms. Floor and wall junctures shall be coved to facilitate easy cleaning.

Lock

Text				
	First	Last	IT A COL	
Person in Charge (Print & Sign):	Noel	Luna	Mar	
	First	Last		
Regulatory Authority (Print & Sign):):	Grayson Hodge REHSI	2.81 mush 2 Bla gray	om Hodge ÆFKST
REHS ID): 2554 - Hodge, Gra	yson	Verification Required Date:	//
REHS Contact Phone Number	r: (336)7Ø3-3	383		
North Carolina Department	t of Health & Human Services DHH 3			otection Program

Establishment ID: 3034011512

	Observations and Corrective Actions	\checkmark
	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
54	6 202 11 Intensity Lighting C. O pointe Lighting for women's handwaching sink 11 feet conduct women's toilet (right side) 5.7	-

6-303.11 Intensity-Lighting - C 0 points. Lighting for women's handwashing sink 11 foot candles, women's toilet (right side) 5-7 foot candles, microwave to end of prep table 32-42 foot candles, and flat top to small side table by the fryer 33-38 foot candles. Lighting intensity shall be at least 20 foot candles for handwashing and toilet rooms; and at least 50 foot candles where food employee is working with food or utensils.





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√ Spell

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