Food Establishment Inspection Report Score: <u>98</u> Establishment Name: BRIXX WOOD FIRED PIZZA Establishment ID: 3034012128 Location Address: 1295 CREEKSHIRE WAY City: WINSTON SALEM Date: 08/10/2017 Status Code: A State: NC Time In: $\underline{10} : \underline{40} \overset{\otimes}{\bigcirc} \overset{am}{\bigcirc}$ Time Out: $\underline{12} : \underline{55} \overset{\bigcirc}{\otimes} \overset{am}{\bigcirc}$ pm County: 34 Forsyth Zip: 27103 Total Time: 2 hrs 15 minutes NAS INTERNATIONAL, INC Permittee: Category #: IV Telephone: (336) 837-0664 FDA Establishment Type: Full-Service Restaurant

Wastewater System: ⊠Municipal/Community □On-Site System Water Supply: ⊠Municipal/Community □On-Site Supply											۱ ا	No. of Repeat Risk Factor/Intervention Violations: No. of Repeat Risk Factor/Intervention Violations:							
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.									Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
	IN	OUT	N/A	N/O	Compliance Status	OUT	CD	I R	VR		IN O	1 TU	N/A	N/O	Compliance Status	OUT	CDI	R VR	
-	$\overline{}$	visi			.2652					-	fe Fo	$\overline{}$	$\overline{}$	W t	ater .2653, .2655, .2658	 			
\perp	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0			28 [X		Pasteurized eggs used where required	1 0.5 (
$\overline{}$	\neg	oye	He	alth	.2652		_	_		29 [\mathbf{X}				Water and ice from approved source	210			
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5				30 [X		Variance obtained for specialized processing methods	1 0.5 (
3	3 ☑ ☐ Proper use of reporting, restriction & exclusion ☐ ☐ ☐ ☐									Fo	Food Temperature Control .2653, .2654								
Good Hygienic Practices .2652, .2653							31 [-T	J.			Proper cooling methods used; adequate equipment for temperature control	1 0.5 (
4	X				Proper eating, tasting, drinking, or tobacco use	2 1	0			32 [+	1		V	Plant food properly cooked for hot holding	1 0.5 0			
5	X				No discharge from eyes, nose or mouth	1 0.5				-	-	= 1					+		
Pr	eve	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656					33 [-	-			Approved thawing methods used	1 0.5 (
6	X				Hands clean & properly washed	42	0			34 [\mathbf{X}	<u> </u>			Thermometers provided & accurate	1 0.5 0			
7	X				No bare hand contact with RTE foods or pre-	3 1.5	0				_	od Identification							
\vdash	X	П			approved alternate procedure properly followed Handwashing sinks supplied & accessible	21	П	t	Н	35	_	<u> </u>			Food properly labeled: original container	210			
\perp		Nec	l Sn	Source .2653, .2655				Ľ	$\overline{}$	$\overline{}$	tior	n of	Foc	od Contamination .2652, .2653, .2654, .2656, .2653 Insects & rodents not present; no unauthorized					
\Box	X		1 30	uicc	Food obtained from approved source	21	0	ПП	П	36 [X	1			animals	210			
+				×	Food received at proper temperature	\vdash				37 [X	1			Contamination prevented during food preparation, storage & display	210			
\vdash	X				Food in good condition, safe & unadulterated					38 [X [4			Personal cleanliness	1 0.5 C			
12	_	_	X	П	Required records available: shellstock tags,				Ħ	39 [$\mathbf{z} $				Wiping cloths: properly used & stored	1 0.5 0			
Di	oto	ctio		m (parasite destruction		ЩС		Ц	40 [X [Washing fruits & vegetables	1 0.5 0			
13	$\overline{}$	tection from Contamination .2653, .2654					П	Pro	Proper Use of Utensils .2653, .2654										
\vdash		<u> </u>			·		= =			41 [X [In-use utensils: properly stored	1 0.5 0			
14 15	X				Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,				H	42 [X C	寸			Utensils, equipment & linens: properly stored, dried & handled	1 0.5 (
\perp		tial	v H:	72r	reconditioned, & unsafe food dous Food Tlme/Temperature .2653		Ш		Щ	43 [ź [٦ĺ			Single-use & single-service articles: properly stored & used	1 0.5 0			
16	$\overline{}$				Proper cooking time & temperatures	3 1.5	0 🗆				X	7			Gloves used properly	1 0.5 0			
17		П		×	Proper reheating procedures for hot holding	3 1.5	ПГ	ln	П	Ute	ensil	s ar	nd E	qu	ipment .2653, .2654, .2663				
\vdash	X				Proper cooling time & temperatures					45 [I			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	212			
19	X				Proper hot holding temperatures	3 1.5	0 🗆			46 [X	╗			constructed, & used Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0			
20	X				Proper cold holding temperatures	3 1.5	0 🗆			47 [X C	╗				1 0.5 (
21		×			Proper date marking & disposition	3 1.5	XX				ysica		acil	ities	s .2654, .2655, .2656				
22		П	×	П	Time as a public health control: procedures &	+++	ПП	L	Н	48 [X [Hot & cold water available; adequate pressure	210			
\perp	ons	ume		lviso	records ory .2653					49 [3			Plumbing installed; proper backflow devices	2 X (
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5	0 [50 [\mathbf{x}	╗			Sewage & waste water properly disposed	210			
Hi	ghl	y Sı	sce	ptib	le Populations .2653					51 [_	_ _ _ 			Toilet facilities: properly constructed, supplied	1 0.5 0			
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5	0 [H	-	7			& cleaned Garbage & refuse properly disposed; facilities				
Chemical .2653, .2657						-	_	◂			maintained	0.5		X					
25	X				Food additives: approved & properly used	1 0.5	0 _			53 [X]			Physical facilities installed, maintained & clean	1 0.5 (
\vdash	X				Toxic substances properly identified stored, & used	21	0			54 [X				Meets ventilation & lighting requirements; designated areas used	1 0.5 (
C	onfo	rma		wit	h Approved Procedures .2653, .2654, .2658										Total Deductions:	2			
27	Ш	Ш	X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21									Total Deductions.				





	Comment A	Addend	dum to	Food Es	stablish	men	t Inspecti	on Report					
Establishn	nent Name: BRIXX WO	OOD FIRED F	PIZZA		Establishment ID: 3034012128								
City:_WIN	Address: 1295 CREEN NSTON SALEM 34 Forsyth	(SHIRE WAY		tate: NC	Inspecti Comment Ac		Re-Inspection	Date: 08/10/2017 Status Code: A Category #: IV					
Water Sup Permitte	er System: Municipal/Copply: Municipal/Copply: Municipal/Copply: NAS INTERNATION	mmunity 🗌 (Email 1: nik_vad@yahoo.com Email 2:								
Telephoi	ne:_(336) 837-0664		Temp	erature O	Email 3: bservation	S							
Item Jennifer	Location 9/23/20	Temp 0	Item tomato	Location salad coole		Temp 38	Item tomato	Location walk in	Temp 38				
tomato	pizza make unit	38	hummus	salad coole	er	40	spinach dip	walk in	40				
pimento	pizza make unit	39	meatballs	steam unit		171	sanitizer	dish machine (ppm)	50				

Observations and Corrective Actions

steam unit

pasta cooler

pasta cooler

pasta cooler

walk in

168

37

38

41

41

sanitizer

hot water

three comp sink (ppm)

three comp sink

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.

3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF One 1/6th pan of pimento cheese in pizza make unit date marked with preparation date of 7/31, date of inspection is 8/10 with pimento cheese held for total of 10 days. Potentially hazardous foods held for more than 24 hours must be date marked and held for a maximum of 7 days at 41F or below. CDI: PIC discarded the pimento cheese during inspection. 0 pts



400

124

- 4-501.11 Good Repair and Proper Adjustment-Equipment C One metal cart for drying glasses is rusted with peeling blue plastic on its corners. Replace the damaged cart. / Corners of pizza make unit cutting table are chipped and no longer easily cleanable. Repair or replace the cutting board. / Equipment shall be kept in good repair. 0 pts
- 5-203.14 Backflow Prevention Device, When Required P Hose reel with spray nozzle attached is connected to spigot on patio. Spigot is equipped with a vacuum breaker backflow prevention device. When a water supply is under continuous pressure (spray nozzle) it must be equipped with a backflow prevention device rated for continuous pressure applications. Establishment must add a continuous pressure backflow preventer to the patio spigot or remove the spray nozzle after each use. CDI: Sprayer removed and placed in office area during inspection. PIC stated that wheels will be attached to the hose reel and it will be moved into the kitchen after usage.

Person in Charge (Print & Sign):

First

Gibson

First

Last

Regulatory Authority (Print & Sign):

Joseph

Chrobak

pizza make unit

mixed veggies

shrimp

chicken

tomato

black beans

38

36

38

39

38

spinach dip

pasta

chicken

tomato

chicken

__ Verification Required Date: ____ / ____ / ____ /

REHS Contact Phone Number: (336) 703 - 3164

REHS ID: 2450 - Chrobak, Joseph



ve.

Establishment Name: BRIXX WOOD FIRED PIZZA Establishment ID: 3034012128

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

52 5-501.111 Area, Enclosures and Receptacles, Good Repair - C / 5-501.113 Covering Receptacles - C Repeat: Right side door of blue dumpster is missing. Contact supplier and have door replaced.





Establishment Name: BRIXX WOOD FIRED PIZZA Establishment ID: 3034012128

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.





Establishment Name: BRIXX WOOD FIRED PIZZA Establishment ID: 3034012128

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.





Establishment Name: BRIXX WOOD FIRED PIZZA Establishment ID: 3034012128

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.



