

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: LITTLE CAESARS 1845-0006

Establishment ID: 3034020919

Location Address: 7819 NORTH POINT BLVD

City: WINSTON SALEM State: North Carolina

Zip: 27106 County: 34 Forsyth

Permittee: THE DEATON GROUP V

Telephone: (336) 842-5548

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 04/11/2024 Status Code: A

Time In: 2:30 PM Time Out: 4:00 PM

Category#: II

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

**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
<b>Supervision</b> .2652					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
<b>Employee Health</b> .2652					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
<b>Good Hygienic Practices</b> .2652, .2653					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
<b>Approved Source</b> .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN/OUT	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN/OUT	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination</b> .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature</b> .2653					
18	<input checked="" type="checkbox"/> IN/OUT	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN/OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN/OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN/OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> OUT/N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory</b> .2653					
25	<input checked="" type="checkbox"/> IN/OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations</b> .2653					
26	<input checked="" type="checkbox"/> IN/OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical</b> .2653, .2657					
27	<input checked="" type="checkbox"/> IN/OUT	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN/OUT	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0

**Good Retail Practices**

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN/OUT	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN/OUT	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control</b> .2653, .2654					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN/OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN/OUT	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification</b> .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display	2	1	X
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN/OUT	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils</b> .2653, .2654					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	X
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
<b>Utensils and Equipment</b> .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained & used; test strips	1	0.5	X
49	<input checked="" type="checkbox"/> IN	Non-food contact surfaces clean	X	0.5	X
<b>Physical Facilities</b> .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN	Physical facilities installed, maintained & clean	X	0.5	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>			<b>3.5</b>		



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: LITTLE CAESARS 1845-0006  
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 City: WINSTON SALEM State: NC  
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 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: THE DEATON GROUP V  
 Telephone: (336) 842-5548

Establishment ID: 3034020919  
 Inspection  Re-Inspection Date: 04/11/2024  
 Educational Visit Status Code: A  
 Comment Addendum Attached?  Category #: II  
 Email 1: LC.TimDeaton@gmail.com  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pepperoni Pizza/cooked for hot holding	185.0				
Pizza Cups/cooked for hot holding	180.0				
Marinara Sauce/walk-in cooler	39.0				
Mozzarella/pizza make-unit	40.0				
Beef/pizza make-unit	30.0				
Ham/pizza make-unit	36.0				
Sausage/pizza make-unit	36.0				
Hot Water/3-compartment sink	132.0				
Quat Sani/3-compartment sink	400.0				

*First*  
 Person in Charge (Print & Sign): Mariah  
*First*  
 Regulatory Authority (Print & Sign): Victoria

*Last*  
Allman  
*Last*  
Murphy

  


REHS ID: 2795 - Murphy, Victoria Verification Dates: Priority: Priority Foundation: 04/21/2024 Core:  
 REHS Contact Phone Number: (336) 703-3814 Authorize final report to be received via Email: \_\_\_\_\_

# Comment Addendum to Inspection Report

**Establishment Name:** LITTLE CAESARS 1845-0006

**Establishment ID:** 3034020919

**Date:** 04/11/2024 **Time In:** 2:30 PM **Time Out:** 4:00 PM

## Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Mariah Allman		Food Service	05/01/2019	05/01/2024

## 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.

- 39 3-305.11 Food Storage - Preventing Contamination from the Premises-C: Boxes of pizza sauce were stored on a soiled dunnage rack. (A) Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (1) In a clean, dry location
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing-REPEAT-C: Dishes were being stored on heavily soiled shelving in the clean dish area. (A) Except as specified in (D) of this section, cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored:(1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-REPEAT-C: Cap holes in 3-compartment sink. Equipment shall be maintained in good repair.
- 48 4-302.13 Temperature Measuring Devices, Manual Warewashing-PF: The test strips in the establishment were damaged and there were no more test strips in the establishment. (A) In manual warewashing operations, a temperature measuring device shall be provided and readily accessible for frequently measuring the washing and sanitizing temperatures. VR: A verification is required by 4/21/24. Contact Victoria Murphy at [murphyvl@forsyth.cc](mailto:murphyvl@forsyth.cc) or (336)703-3814
- 49 4-602.13 Nonfood Contact Surfaces-REPEAT-C: Thorough cleaning is needed to/on the following: dunnage racks, dry storage shelves, speeded racks, dough cutter, and all outer surfaces of equipment. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods-REPEAT-C: Recaulk around pipe penetration in the ceiling . Physical facilities shall be maintained in good repair./6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Thorough cleaning is needed along floors, walls, and ceilings throughout the establishment. Physical facilities shall be cleaned as often as necessary to keep them clean.