

# Food Establishment Inspection Report

Score: 94.5

Establishment Name: MARCO'S PIZZA

Establishment ID: 3034012295

Location Address: 2215 B OLD SALISBURY RD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 04 / 18 / 2017 Status Code: A

Zip: 27127

County: 34 Forsyth

Time In: 12 : 45 <sup>am</sup><sub>pm</sub> Time Out: 03 : 15 <sup>am</sup><sub>pm</sub>

Permittee: HOOGLAND FOODS LLC

Total Time: 2 hrs 30 minutes

Telephone: (336) 771-9999

Category #: II

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Fast Food Restaurant

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Risk Factor/Intervention Violations: 3

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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Supervision .2652										
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	15	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	15	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	05	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	15	0	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654										
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated & protected			3	15	0	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	15	0	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	15	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	15	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	15	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	15	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	15	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
Consumer Advisory .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	05	0	<input type="checkbox"/>
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	15	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	05	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan			2	1	0	<input type="checkbox"/>

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	CDI	R	VR
Safe Food and Water .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	05	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	05	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	05	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	05	0	<input type="checkbox"/>
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	<input type="checkbox"/>
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	05	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	05	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	05	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	05	0	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	05	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	05	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	05	0	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	05	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	05	0	<input type="checkbox"/>
Total Deductions:							5.5			



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

CR  
Off



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MARCO'S PIZZA

Establishment ID: 3034012295

Location Address: 2215 B OLD SALISBURY RD

☒ Inspection ☐ Re-Inspection Date: 04/18/2017

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27127

Category #: II

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: scott.westberg@familyvideo.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: HOOGLAND FOODS LLC

Email 3:

Telephone: (336) 771-9999

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Hot water	3 comp sink	129	Wings	Walk-in cooler	37			
Ham	Make unit	41	Chicken	Walk-in cooler	39			
Tomato	Make unit	39	Cheese Pizza	Final	202			
Chicken	Reach-in cooler	39	Bleach	3 comp sink	100			
Steak	Reach-in cooler	40						
Sausage	Make unit	39						
Ham	Reach-in cooler	40						
Tomato	Walk-in cooler	35						

## 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.

- 1 2-102.12 Certified Food Protection Manager - C Person in charge during inspection does not have food protection manager certification. At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test ANSI-accredited program. Recommend more personnel obtaining certification.
- 6 2-301.14 When to Wash - P One food employee observed washing hands and turning off faucet without barrier such as disposable towel. Hand shall be washed when contaminated and employees shall use a clean barrier to operate and turn off faucet handles to avoid recontamination of hands. CDI: Employee rewashed hands correctly. All other handwashing correct. 0 pts
- 8 6-301.12 Hand Drying Provision - PF Handwashing sink next to 3 compartment sink not stocked with paper towels at beginning of inspection. Employee did not have paper towels to operate faucet handles with upon washing hands. Each handwashing sink shall be provided with individual, disposable towels. CDI: Person in charge provided paper towels.



Person in Charge (Print & Sign): Jason *First* Pierce *Last*

Regulatory Authority (Print & Sign): Christy *First* Whitley *Last* REHSI

*Jason Pierce*  
*Christy Whitley REHSI*

REHS ID: 2610 - Whitley Christy

Verification Required Date: 04 / 28 / 2017

REHS Contact Phone Number: ( 336 ) 703 - 3157



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: MARCO'S PIZZA

Establishment ID: 3034012295

## 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.



- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C A bag of yellow onion and a bag of red onion being stored on floor of walk-in cooler. Recommend purchasing additional storage if needed, or hooks to hang bags of onions from. Food shall be protected from contamination by storing the food at least 6 inches above the floor. CDI: Person in charge moved onions to dunnage rack and shall be washed before use.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Two torn gaskets at sub reach-in cooler. Torn gasket to dough proofer. One panel cap missing in walk-in cooler. Replace. Equipment shall be maintained in good repair. 0 pts
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Food debris left on handles of two whisks and oily residue on handle of one set of tongs. Clean and remove build up on grates and piping inside of hood. Condiment containers on wooden block with dried food. Bread containers on top of sub station with dried food. Fanguard in walk-in cooler with dust and debris. Shelving storing clean utensils 3 comp sink, prep sink, and behind prep table with dust. Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Clean. 0 pts
- 49 5-203.14 Backflow Prevention Device, When Required - P Splitter valve with 4 shut off valves installed at mop sink, with hose and pistol grip, and two additional hoses hooked to other chemicals. No backflow prevention device installed. Install backflow preventer rated for continuous pressure above shut off addition. Backflow preventer is required to protect potable water supply from potential backsiphonage. Verification of installation required to Christy Whitley at 336-703-3156 or whiteca@forsyth.cc by 4-28-17. // 5-205.15 System Maintained in Good Repair - C Leak present at pipe under prep sink. Leak present under sanitizer vat of 3 comp sink. Repair leaks. / Floor sink under 3 comp sink slow to drain and backed up with standing water. Repair. A plumbing system shall be maintained in good repair.
- 51 5-501.17 Toilet Room Receptacle, Covered - C Men and women's shared restroom has a trash can without lid. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. Obtain. 0 pts
- 52 5-501.113 Covering Receptacles - C One dumpster door open during inspection. Doors shall be maintained closed. // 5-501.114 Using Drain Plugs - C Drain plug missing from dumpster. Replace. Drains in receptacles and waste handling units for refuse shall have drain plugs in place. 0 pts
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Recaulk handsink to wall by dough proofer. Recaulk prep sink to wall. Seal loose trim piece to wall at mop sink. Floors, walls, and ceilings shall be smooth and easily cleanable.// 6-501.12 Cleaning, Frequency and Restrictions - C Floor cleaning needed under shelving and along base of walk-in cooler. Physical facilities shall be cleaned as often as necessary to maintain clean. 0 pts



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MARCO'S PIZZA

Establishment ID: 3034012295

## 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: MARCO'S PIZZA

Establishment ID: 3034012295

## 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: MARCO'S PIZZA

Establishment ID: 3034012295

## 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

