Food Establishment Inspection Report Score: <u>96.5</u>

Establishment Name: LITTLE CAESAR'S PIZZA	Establishment ID: 3034020677						
Location Address: 1401 SILAS CREEK PARKWAY		☐ Inspection ☒ Re-Inspection					
City: WINSTON SALEM State:	NC	Date: <u>Ø 9</u> / <u>2 4</u> / <u>2 Ø 2 Ø</u> Status Code: A					
Zip: 27127 County: 34 Forsyth		Time In: $12$ : $30 \overset{\bigcirc}{\otimes}$ pm Time Out: $02$ : $10 \overset{\bigcirc}{\otimes}$ pm					
Permittee: CUTTING EDGE PIZZA LLC	Total Time: 1 hr 40 minutes						
Telephone: (336) 750-0888	Category #: _II  FDA Establishment Type: Fast Food Restaurant						
Wastewater System: ⊠Municipal/Community ☐ On-Site							
Water Supply: ⊠Municipal/Community ☐ On-Site Sup	No. of Risk Factor/Intervention Violations: 2 No. of Repeat Risk Factor/Intervention Violations: 2						
		·					
Foodborne Illness Risk Factors and Public Health Interventions	Good Retail Practices						

Wa	Water Supply: ⊠Municipal/Community ☐ On-Site Supply  No. of Repeat Risk Factor/Intervention Violations: 2																	
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.												
П	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R VI	2	IN	оит	N/A	N/O	Compliance Status	(	DUT	CDI	R VR
S	upe	rvisi	ion		.2652				,	Safe I	Food	and	d Wa	ater .2653, .2655, .2658				
1		X			PIC Present; Demonstration-Certification by accredited program and perform duties			X	]  28	8 🗆		$\boxtimes$		Pasteurized eggs used where required	1	0.5		
E	mpl	oye	e He	alth	.2652				2	9 🛛				Water and ice from approved source	2	1	0 🗆	
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5	0 🗆		]   30			×		Variance obtained for specialized processing methods	1	0.5		
3   ☑   Proper use of reporting, restriction & exclusion   3 13 0 □ □ □ □								1	Food	Tem		atur	e Control .2653, .2654					
G	000	Ну	gieni	ic Pı	ractices .2652, .2653				3.	$T_{-}$	Ы	İ		Proper cooling methods used; adequate		0.5	āПП	
4	X				Proper eating, tasting, drinking, or tobacco use	21	0 🗆		3	+		×	П	equipment for temperature control  Plant food properly cooked for hot holding	1	0.5		
5	X				No discharge from eyes, nose or mouth	discharge from eyes, nose or mouth								Approved thawing methods used	1	=		
P	eve	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				3			ш	Ц		۲	-	_	
6	X				Hands clean & properly washed	42	0 🗆		] 3		Ш			Thermometers provided & accurate	1	0.5		
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0 🗆			Food Identification .2653								
8	X	П			Handwashing sinks supplied & accessible	21	0 🗆		3!	<u> </u>	Ш		$\Box$	Food properly labeled: original container	2	1		
ш		2000	d Soi	urce	- ''	الناكا	الالك			Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
-	X		300	uicc	Food obtained from approved source	2 1		ПГ	3	6 🛛				Insects & rodents not present; no unauthorized animals	2	1 (		
10				×	Food received at proper temperature	21	_		3	7 🛛				Contamination prevented during food preparation, storage & display	2	1	0 🗆	
$\vdash$	X				Food in good condition, safe & unadulterated				38	8 🗷				Personal cleanliness	1	0.5	ם ב	
12			×	_	Required records available: shellstock tags,				3	9 🛛				Wiping cloths: properly used & stored	1	0.5	ם כ	
ш	roto	otio		<u> </u>	parasite destruction Contamination .2653, .2654	النالكا	الاالا		40	0 🗆		X		Washing fruits & vegetables	1	0.5 (	0 🗆	
13	X	CIIO			,	2011				Prope	er Us	se of	Ute	ensils .2653, .2654				
14	] [2	×	Ш	ш	Food separated & protected  Food-contact surfaces: cleaned & sanitized	3 1.5	X X	X C	4	1 🗵				In-use utensils: properly stored	1	0.5	ם ם	
H					Proper disposition of returned, previously served,				42	2 🛛				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	<u> </u>	
$\perp$	X otor	tial	lv Ua	170r	reconditioned, & unsafe food double food double food Time/Temperature .2653	21			4:	3 🗷				Single-use & single-service articles: properly stored & used	1	0.5		
16			Iy Ha		Proper cooking time & temperatures	3 1.5		T	] 4	_	П			Gloves used properly	1	0.5 (		
Н	X	$\overline{\Box}$		$\overline{\Box}$	Proper reheating procedures for hot holding	3 1.5	0 0		⊣⊢	Utensils and Equipment .2653, .2654, .2663								
18					Proper cooling time & temperatures				1 4					Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2	1 (		ПП
$\vdash$	X				Proper hot holding temperatures				:  -					constructed, & used Warewashing facilities: installed, maintained, &				
Н	X				Proper cold holding temperatures	+++			40					used; test strips	1	0.5 (		
Н						3 1.5	_		4	/ ∟ Physi		Faci	litio	Non-food contact surfaces clean	X	0.5	<u> </u>	
21	X				Proper date marking & disposition  Time as a public health control: procedures &			_  _	1 F	8 🔀			iities	S .2654, .2655, .2656  Hot & cold water available; adequate pressure	2		0 🗆	
$\vdash$	X	Ш		<u> </u>	records	21		ᆜ┖	⊣ا <sup>ر</sup>	+				, , ,	2	1		
	ons	ume	r Ad	IVIS	ory .2653 Consumer advisory provided for raw or				7 H	9 🛚				Plumbing installed; proper backflow devices	H			
23			×	. 171	undercooked foods	1 0.5		_  _	50	0 🛛				Sewage & waste water properly disposed	2	1		
	igni		isce	ptib	le Populations .2653 Pasteurized foods used; prohibited foods not				5	1 🛛	$ \Box $			Toilet facilities: properly constructed, supplied & cleaned	1	0.5	<u> </u>	
24	L O				offered	3 1.5			5	2 🛛				Garbage & refuse properly disposed; facilities maintained	1	0.5		
25	nen	nical	×		.2653, .2657	1 0 5		71-	5	+	×			Physical facilities installed, maintained & clean	F	×		
25 26	<u>□</u>				Food additives: approved & properly used  Toxic substances properly identified stored, & used			_   <u>-</u> _  -	⊣⊢	3 □ 4 🔀				Meets ventilation & lighting requirements;	1	0.5	_	
-		nrm.		\\/i+	h Approved Procedures .2653, .2654, .2658	اللالكال			1 3	04							44	
27												Total Deductions:	3.	.5				





	<u>Commer</u>	<u>ıt Adde</u> ı	<u>ndum to</u>	Food Es	<u>stablish</u> r	<u>nent l</u>	<b>Inspection</b>	Report	
Establishm	ent Name: LITTLE CAI						:_3034020677		
Location Address: 1401 SILAS CREEK City: WINSTON SALEM			Sta	ate: NC	☐ Inspect	/2020 le: A			
County: 3			Zip: 27127				Yes X No	Category #	: <u>II</u>
Wastewater Water Supp	System: ⊠ Municipal/Com lly: ⊠ Municipal/Com				Email 1: <sup>c</sup>	arrie.allen	@cepizza.com		
	: CUTTING EDGE PIZZ				Email 2:				
Telephon	e: (336) 750-0888				Email 3:				
			Tempe	erature O	bservatior	าร			
	C	old Hold	ding Tem	perature	is now 4'	1 Degr	ees or less	<u> </u>	
Item mozz cheese	Location pizza make unit	Temp 40	Item hot water	Location three comp	sink	Temp 130	Item	Location	Тетр
sausage	pizza make unit	35	quat sani	sani spray		300			
ham	pizza make unit	34	quat sani	three comp	sink	200			
ambient	pizza make unit	33.7							
wings	hot holding	150							
mozz cheese	reheat walk in cooler	178 ———— 40							
ambient	walk in cooler	36							
ambient	walk in cooler				orrective A	\ _4:			1
has su certific Ameri  14 4-601 inspec	.12 Certified Food Profupervisory and manage ed food protection man can National Standard .11 (A) Equipment, Foction)- Approximately the sight and touch. CD	ement responsement	onsibility and as shown pr ANSI)-accre Surfaces, No containers v	I the authorit oficiency of dited progra onfood-Cont were soiled v	y to direct ar required info m. act Surfaces vith food resi	nd contro rmation , and Ute	ol food preparat through passing ensils - (P)-REF	ion and service g a test that is p PEAT (improver	e shall be a part of an mark of an ment from last
on she	.11 (B) and (C) Equipn elving near pizza racks ood contact surfaces o	near three	compartmen	nt sink, on flo	oor of reach i	in freeze	r, sides of pizza	a oven, and doเ	
Lock Text									
Doroca III Ol	orgo (Drint o Ci)	First ade	st	<i>L</i> . Gary	ast		and.		
Person in Ch	arge (Print & Sign):		¬+	•	act			70 V	<u>4</u>
Regulatory A	uthority (Print & Sign): <sup>S</sup>	Firs hannon	o.	Maloney	ast	X	Many	rWal	over.
	REHS ID:	2826 - Ma	ıloney, Shaı	nnon		Verifica	ation Required Da	ate: / /	, X
RFHS (	— Contact Phone Number:	(336)	703-33	 8 3		_	1		—()

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

DHHS is an equal opportunity employer.

Page 2 of \_\_\_\_\_ Food Establishment Inspection Report, 3/2013

Establishment Name: LITTLE CAESAR'S PIZZA Establishment ID: 3034020677

## **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.



/ 6-501.12 Cleaning, Frequency and Restrictions - REPEAT- (improvement from last inspection)- additional cleaning required on all walls and floors of establishment. All physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them clean and by methods that prevent contamination of food products.





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