

# Food Establishment Inspection Report

Score: 91.5

Establishment Name: PAPA JOHNS PIZZA 2024

Establishment ID: 3034020432

Location Address: 1215B W CLEMMONSVILLE RD  
 City: WINSTON SALEM State: North Carolina  
 Zip: 27127 County: 34 Forsyth

Permittee: CODECO INC

Telephone: (336) 788-9004

Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 01/11/2022 Status Code: A

Time In: 11:25 AM Time Out: 2:10 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 6

No. of Repeat Risk Factor/Intervention Violations: 1

**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 .2652</b>					
1	IN	<input checked="" type="checkbox"/>	N/A		
PIC Present, demonstrates knowledge, & performs duties		X	0	X	
2	IN	<input checked="" type="checkbox"/>	N/A		
Certified Food Protection Manager		X	0		
<b>Employee Health .2652</b>					
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	IN	<input checked="" type="checkbox"/>	T		
Procedures for responding to vomiting & diarrheal events		1	0.5	X	X
<b>Good Hygienic Practices .2652, .2653</b>					
6	IN	<input checked="" type="checkbox"/>	T		
Proper eating, tasting, drinking or tobacco use		1	0.5	0	X
7	<input checked="" type="checkbox"/>	OUT			
No discharge from eyes, nose, and mouth		1	0.5	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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	IN	<input checked="" type="checkbox"/>	T	N/A	
Handwashing sinks supplied & accessible		2	X	0	X
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/>	OUT			
Food obtained from approved source		2	1	0	
12	IN	OUT		<input checked="" type="checkbox"/>	
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/>	OUT			
Food in good condition, safe & unadulterated		2	1	0	
14	IN	OUT		<input checked="" type="checkbox"/>	N/O
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
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 .2653</b>					
18	IN	OUT		<input checked="" type="checkbox"/>	N/O
Proper cooking time & temperatures		3	1.5	0	
19	IN	OUT		<input checked="" type="checkbox"/>	N/O
Proper reheating procedures for hot holding		3	1.5	0	
20	IN	OUT		<input checked="" type="checkbox"/>	N/O
Proper cooling time & temperatures		3	1.5	0	
21	IN	OUT		<input checked="" type="checkbox"/>	N/O
Proper hot holding temperatures		3	1.5	0	
22	IN	<input checked="" type="checkbox"/>	T	N/A	N/O
Proper cold holding temperatures		3	0.5	0	X
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 .2653</b>					
25	IN	OUT		<input checked="" type="checkbox"/>	
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	IN	OUT		<input checked="" type="checkbox"/>	
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	IN	OUT		<input checked="" type="checkbox"/>	
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 .2653, .2654, .2658</b>					
29	IN	OUT		<input checked="" type="checkbox"/>	
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 .2653, .2655, .2658</b>					
30	IN	OUT		<input checked="" type="checkbox"/>	
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	IN	OUT		<input checked="" type="checkbox"/>	
Variance obtained for specialized processing methods		2	1	0	
<b>Food Temperature Control .2653, .2654</b>					
33	IN	<input checked="" type="checkbox"/>	T		
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	X
34	IN	OUT		<input checked="" type="checkbox"/>	N/O
Plant food properly cooked for hot holding		1	0.5	0	
35	IN	OUT		<input checked="" type="checkbox"/>	N/O
Approved thawing methods used		1	0.5	0	
36	IN	<input checked="" type="checkbox"/>	T		
Thermometers provided & accurate		1	0.5	0	X
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/>	OUT			
Food properly labeled: original container		2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	IN	<input checked="" type="checkbox"/>	T		
Insects & rodents not present; no unauthorized animals		2	X	0	X
39	<input checked="" type="checkbox"/>	OUT			
Contamination prevented during food preparation, storage & display		2	1	0	
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"/>	OUT	N/A		
Washing fruits & vegetables		1	0.5	0	
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/>	OUT			
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/>	OUT			
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
45	IN	<input checked="" type="checkbox"/>	T		
Single-use & single-service articles: properly stored & used		1	0.5	0	X
46	<input checked="" type="checkbox"/>	OUT			
Gloves used properly		1	0.5	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	IN	<input checked="" type="checkbox"/>	T		
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	0	X
48	IN	<input checked="" type="checkbox"/>	T		
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	X
49	IN	<input checked="" type="checkbox"/>	T		
Non-food contact surfaces clean		1	0.5	0	X
<b>Physical Facilities .2654, .2655, .2656</b>					
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	IN	<input checked="" type="checkbox"/>	T		
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	X
55	IN	<input checked="" type="checkbox"/>	T		
Physical facilities installed, maintained & clean		X	0.5	0	X
56	<input checked="" type="checkbox"/>	OUT			
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>8.5</b>



# Comment Addendum to Food Establishment Inspection Report

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 Location Address: 1215B W CLEMMONSVILLE RD  
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 Water Supply:  Municipal/Community  On-Site System  
 Permittee: CODECO INC  
 Telephone: (336) 788-9004

Establishment ID: 3034020432  
 Inspection  Re-Inspection Date: 01/11/2022  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: II  
 Email 1:  
 Email 2:  
 Email 3:

## Temperature Observations

### Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
mozzarella	table	53						
cream cheese	table	53						
all foods (top and bottom)	make unit 36-40	40						
cheese sticks	walk in	44						
sausage	walk in	43						
nuggets	walk in	44						
beef	walk in	43						
meatball	walk in	43						
ham	walk in	44						
ambient	walk in 44.2-44.6	44.6						
pizza	cook	203						
water	3 comp	129						
quat-ppm	3 comp	300						

Person in Charge (Print & Sign): Josh *First* Hughes *Last*  
 Regulatory Authority (Print & Sign): Nora *First* Sykes *Last*

  


REHS ID: 2664 - Sykes, Nora Verification Required Date: 01/21/2022

REHS Contact Phone Number: (336) 703-3161

# Comment Addendum to Inspection Report

**Establishment Name:** PAPA JOHNS PIZZA 2024

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## 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 2-102.11 PIC shall demonstrate knowledge by being a certified food protection manager or by having no priority violations or by demonstration of knowledge in specific areas such as thermometer calibration and sanitizer testing. CDI-Education and corrected in other areas of this inspection report.
- 2 2-102.12 (A) Certified Food Protection Manager (C)- PIC shall be a certified food protection manager. Obtain certification.
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf)- No procedure available. A FOOD ESTABLISHMENT shall have written procedures for EMPLOYEES to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the FOOD ESTABLISHMENT. The procedures shall address the specific actions EMPLOYEES must take to minimize the spread of contamination and the exposure of EMPLOYEES, consumers, FOOD, and surfaces to vomitus or fecal matter. CDI- Handouts provided.
- 6 2-401.11 Eating, Drinking, or Using Tobacco (C)- Employee eating string cheese at 3 comp sink and handled clean utensil without hand washing. Employees shall eat, drink, or use any form of tobacco only in designated area to prevent cross contamination. CDI-Employee sent outside by manager.
- 10 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF- REPEAT- Back hand sink blocked with cart and boxes. Maintain hand sinks free for use at all times. CDI-Items moved so sink could be accessed.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)- All foods in walk in measured above 41F, as noted in temperature log. Cream cheese and mozzarella cheese on make line at 53F. Maintain TCS foods at 41F or less at all parts of the food. If the intention is to leave cheese out during the day, write a procedure for time as the public health control for 4 hours. Cheeses discarded. Verification required that foods can be maintained at 41F due to Nora Sykes by opening on Thursday January 13, 2022.
- 33 4-301.11 Cooling, Heating, and Holding Capacities - Equipment (Pf)- Walk in cooler not capable of holding foods at the required temperature of 41F. Ambient temperature 44.6-44.2F. EQUIPMENT for cooling and heating FOOD, and holding cold and hot FOOD, shall be sufficient in number and capacity to provide FOOD temperatures as specified under Chapter 3. Repair cooler and contact Nora Sykes for verification by opening of business on Thursday January 13, 2022. Contact information provided.
- 36 4-302.12 Food Temperature Measuring Devices (Pf)- No thin probe thermometer available. Thermometer on site measures temperature 1/3 up stem and was not properly calibrated. Provide an accessible thermometer for use. Provide a thin probe thermometer for accurate measure of thin foods. Obtain thermometer and contact Nora Sykes for verification within 10 days.
- 38 6-202.15 Outer Openings, Protected - C- REPEAT-Back door is not self closing. Exterior doors shall be self closing to prevent entry of insects and rodents.
- 45 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles - Storing (C)- Wrapped pizza boxes in floor by back door. Store at least 6 inches above floor.
- 47 4-501.11 Good Repair and Proper Adjustment-Equipment - C- REPEAT- Walk in door is busted on corners inside. Back hand sink is bent forward. Front hand sink faucet corroded. Doors at restroom and back entryway are in poor repair at bottom-restroom door has large gap underneath. Maintain equipment in good repair.
- 48 4-501.14 Warewashing Equipment, Cleaning Frequency (C)- Clean 3 compartment sink.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C)- Clean all shelving in walk in cooler, inside make unit and gaskets of make unit.

54 5-501.113 Covering Receptacles (C)- Dumpster door open. Maintain closed.

55 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- REPEAT- Newly added covered base tiles at area around back door is sitting on top of floor tiles, creating a 90 degree angle. Repair so that there is covered base. Seam strip cracked at wall behind make unit. Repair seal and cracked floor tiles around grease trap in front of 3 comp sink. Replace missing fan cover in restroom. Recaulk front hand sink. Cracked base tile under 3 comp sink. Replace strainers and covers on floor sink at 3 comp and prep sink as needed. Ceiling tiles peeling. Base tiles coming off wall near water heater. Maintain facilities in good repair and to be easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C-REPEAT- Clean floor sinks.