

Food Establishment Inspection Report

Score: 91.5

Establishment Name: PIZZA HUT #2847

Establishment ID: 3034011062

Location Address: 593 S STRATFORD RD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 25 / 2016 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 01 : 34 ^{am} _{pm} Time Out: 05 : 10 ^{am} _{pm}

Total Time: 3 hrs 36 minutes

Permittee: NPC INTERNATIONAL

Category #: II

Telephone: (336) 768-9933

FDA Establishment Type: Fast Food Restaurant

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/Intervention Violations: 3

Water Supply: Municipal/Community On-Site Supply

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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Supervision .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	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	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	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	0.5	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	0	<input 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	1.5	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	0	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	<input checked="" type="checkbox"/>	0	<input checked="" 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	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	<input checked="" type="checkbox"/>	<input checked="" 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	0.5	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	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	0.5	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	0.5	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	0.5	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	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	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	0.5	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	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			<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			<input checked="" type="checkbox"/>	0.5	0	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	<input type="checkbox"/>
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	0.5	0	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Total Deductions:							8.5			



Comment Addendum to Food Establishment Inspection Report

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 Location Address: 593 S STRATFORD RD
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27103
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: NPC INTERNATIONAL
 Telephone: (336) 768-9933

Establishment ID: 3034011062
 Inspection Re-Inspection Date: 08/25/2016
 Comment Addendum Attached? Status Code: A
 Category #: II
 Email 1:
 Email 2:
 Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Hannah Granger Exp.	00	Ambient	walk-in cooler	42			
Quat sanitizer	Bucket	200	Diced	Make unit	42			
Chlorine	Dish machine	50	Salad	Buffet	44			
Sausage	Make unit	44	Diced	Buffet	40			
Mozzarella	Make unit	43	Diced	walk-in cooler	43			
Chicken	Reach-in cooler	41	Ambient	McCall Cooler	40			
Bacon	Make unit	41						
Hot water	3-comp sink	122						

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.

- 8 6-301.12 Hand Drying Provision - PF - Two of the three handsinks in the preparation areas did not have paper towels in the dispensers. Each handsink shall be provided with a hand drying device, a continuous towel system, or individual, disposable paper towels. Person in charge stated more paper towels would be delivered that evening. CDI - Single-use, paper napkins provided to dry hands at both sinks.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Repeat: Approximately 10% of utensils were soiled including: beverage nozzles, tongs, bowls, spreader, and a few pizza pans. Equipment food contact surfaces shall be clean to sight and touch. CDI - Soiled utensils rewashed, rinsed, and sanitized during inspection.
- 21 3-501.18 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Disposition - P - 0 pts - Two containers of chicken wings were stored in the reach-in cooler with a preparation date of 8-12-16 and 8-16-16. Potentially hazardous foods shall be discarded after 7 days from preparation if the food is held at 41F or below, or after 4 days from preparation if the food is held between 42F-45F. CDI - Both containers of chicken wings discarded.



Person in Charge (Print & Sign): Graham First Last

Regulatory Authority (Print & Sign): Grayson First Hodge Last

Grayson Hodge REHS I

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: 09 / 01 / 2016

REHS Contact Phone Number: (336) 703 - 3383



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- 39 3-304.14 Wiping Cloths, Use Limitation - C - 0 pts - One of three sanitizer buckets (used for storing wet wiping cloths) measured 0 ppm quat. Sanitizer buckets used for holding wet wiping cloths shall be held in a chemical sanitizer solution at a concentration of 150-400 ppm quat or according to the manufacturer's instructions. Adjust sanitizer to the proper concentration.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C - Repeat: Three stacks of pans were stacked wet. Equipment and utensils shall be fully air-dried after cleaning. Do not stack trays or plates until they are completely dry.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Repeat: Repair the following: Wheels on the rolling cart, laminate cabinets, damaged hood filters, wheels on the hot hold unit, and the damaged self-closing drive thru window. Equipment and utensils shall be in good repair.
- 47 4-602.13 Nonfood Contact Surfaces - C - Repeat - Cleaning needed in the following areas: shelving throughout the facility, clean inside of the service counter, the floors, walls and ceilings of the walk-ins, inside the pizza hot hold oven, in the upright cooler, fixtures and pipes under the 3-comp sink and prep sink, doors of the make unit, around the sprayer beside the dish machine, inside and outside of the dish machine, etc. Nonfood contact surfaces of equipment shall be kept clean.
- 49 5-205.15 System Maintained in Good Repair - C - Leaks present underneath the sanitizer compartment of the 3-comp sink, at the sprayer of the 3-comp, at the faucet of the mop sink, and at the left fixture of the 3-comp sink. Repair loose toilet seats and recondition the rusting handsink in the men's restroom. Plumbing systems shall be maintained in good repair. Repair.// 5-203.14 Backflow Prevention Device, When Required - P - Provide documentation for built-in backflow preventer on the tea urn. Install backflow preventer according to plumbing code if there is not a built-in preventer. Verification required by 9-1-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 52 5-501.15 Outside Receptacles - C - 0 pts - 2 doors open of the outside dumpster. Doors and lids shall remain closed when not in use.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Repeat: Wall and floor cleaning needed throughout the establishment, especially in hard-to-reach areas under and behind equipment. Floors, walls, and ceiling shall be kept clean.// 6-201.11 Floors, Walls and Ceilings-Cleanability - C - The splash guard mount in the service area needs to be flush with the ceiling, coved bases needed in the walk-in cooler and freezer to allow for easy cleaning, caulk needed at the bases of both toilets, reattach escutcheon plate to the wall under men's handsink, and caulk needs replaced throughout where it is damaged. Floors, walls, and ceilings shall be smooth and easily cleanable.



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- 54 6-303.11 Intensity-Lighting - C - Repeat: Lighting low in the following areas: pizza slice table at 15-28 foot candles, men's sink and toilet at 8-13 ft/c, and the prep sink and prep table at 14-24 ft/c. Lighting shall be at least 50 foot candles at food prep areas and 20 at bathroom fixtures and handsinks. Increase lighting.



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✓
Spell



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Spell

