

# Food Establishment Inspection Report

Score: 95

Establishment Name: RONNI'S

Establishment ID: 3034010368

Location Address: 1615 LEWISVILLE-CLEMMONS RD.

Inspection  Re-Inspection

City: CLEMMONS

State: NC

Date: 01 / 13 / 2017 Status Code: A

Zip: 27012

County: 34 Forsyth

Time In: 01 : 25 <sup>am</sup> <sub>pm</sub> Time Out: 04 : 00 <sup>am</sup> <sub>pm</sub>

Total Time: 2 hrs 35 minutes

Permittee: RONNI'S INC.

Category #: III

Telephone: (336) 766-5822

FDA Establishment Type: Full-Service Restaurant

Wastewater System:  Municipal/Community  On-Site System

No. of Risk Factor/Intervention Violations: 1

Water Supply:  Municipal/Community  On-Site Supply

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
<b>Supervision</b> .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"/>
<b>Employee Health</b> .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"/>
<b>Good Hygienic Practices</b> .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"/>
<b>Preventing Contamination by Hands</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	<input type="checkbox"/>
<b>Approved Source</b> .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"/>
<b>Protection from Contamination</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	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"/>
<b>Potentially Hazardous Food Time/Temperature</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	0	<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"/>
<b>Consumer Advisory</b> .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"/>
<b>Highly Susceptible Populations</b> .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"/>
<b>Chemical</b> .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Conformance with Approved Procedures</b> .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
<b>Safe Food and Water</b> .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"/>
<b>Food Temperature Control</b> .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"/>
<b>Food Identification</b> .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input type="checkbox"/>
<b>Prevention of Food Contamination</b> .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	1	0	<input checked="" type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
<b>Proper Use of Utensils</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	0	<input type="checkbox"/>
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input checked="" type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<input type="checkbox"/>
<b>Utensils and Equipment</b> .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	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			1	0.5	0	<input checked="" type="checkbox"/>
<b>Physical Facilities</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	0.5	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	0	<input checked="" type="checkbox"/>
<b>Total Deductions:</b>							<b>5</b>			



# Comment Addendum to Food Establishment Inspection Report

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 City: CLEMMONS State: NC  
 County: 34 Forsyth Zip: 27012  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: RONNI'S INC.  
 Telephone: (336) 766-5822

Establishment ID: 3034010368  
 Inspection  Re-Inspection Date: 01/13/2017  
 Comment Addendum Attached?  Status Code: A  
 Category #: III  
 Email 1: gprein1@bellsouth.com  
 Email 2:  
 Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Warren Nouchi	3-12-19 00	Chicken	Final cook	190	Mozzarella	Upright cooler	42
Hot water	2-compartment sink	125	Cheese stick	Final cook	200	Chicken	Upright cooler 2	41
Quat ppm	Sanitizer bucket	200	Butter mix	Hot hold	182			
Tomatoes	Make unit	44	Sausage	Make unit 2	46			
Turkey	Make unit	45	Ham	Make unit 2	46			
Mozzarella	MAke unit	43	Chicken	Reach-in cooler 2	42			
Ambient	Beverage cooler	40	Milk	Walk-in cooler	43			
Ham	Reach-in cooler	43	Hot dogs	Walk-in cooler	42			

## 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.

- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF - A package of turkey, a container of bacon, a container of sausage, and a container of chicken were not labeled with the date they were thawed. Potentially hazardous food can be held indefinitely if it is frozen, but shall be labeled with the preparation date and also the date that it is thawed. Once the potentially hazardous food is thawed, date marking continues. CDI - All food containers were date marked with the thaw date.
- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C - 0 pts - A box of bacon was stored on the floor inside the walk-in freezer. Food shall be stored at least 6 inches above the floor. CDI - Box of bacon relocated to shelving./The lid to the ice bin was open during the inspection. Food shall be stored to prevent contamination from splash, dust, or other debris. Keep the ice bin closed when it is not in use.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - 0 pts - Single-service cups and lids are stored in an unfinished closet beside of the walk-in cooler. Person in charge stated that they were in the process of finishing the closet and installing a coved base. Single-service articles shall be stored in a finished area.



Person in Charge (Print & Sign): Deborah <sup>First</sup> Considine <sup>Last</sup>

Deborah A. Considine

Regulatory Authority (Print & Sign): Grayson <sup>First</sup> Hodge <sup>Last</sup>

Grayson Hodge REHSI

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: \_\_\_ / \_\_\_ / \_\_\_

REHS Contact Phone Number: ( 336 ) 703 - 3383



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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Repeat: Repair the damaged door frame inside of the walk-in cooler and the toilet seat in the first women's restroom. The hobart mixer paint is starting to chip. The stopper on the right compartment of the 2-comp sink does not hold water. Install PVC pipe wrap around the drain lines of the condenser inside of the walk-in cooler and freezer. Equipment shall be maintained in good repair.//4-101.19 Nonfood-Contact Surfaces - C - The wooden casters on the wheels below the upright cooler and the wooden block below the wheels of the upright cooler in the beer storage room are not easily cleanable. Nonfood contact surfaces of equipment shall be smooth and easily cleanable. Finish the wooden blocks and install approved casters on the upright cooler in the kitchen.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Repeat: Cleaning needed in the following areas: pipes around the stove hood, on top of the pizza oven, around ceiling pipes and shelves in the beer storage room, the flour shelf near the tea storage, around the thermometer shelf and equipment, fans/floors inside of the walk-in cooler and freezer, and shelves inside of the walk-in cooler and freezer. Nonfood contact surfaces shall be kept clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Repeat: The top of the baseboards are damaged in some areas of the kitchen, floor tile damage at the doorway between the kitchen and beer storage room, one strip of the ceiling is not finished in the beer storage room, wall paint is starting to chip beside of the handsink in the women's restroom. Floors, walls, and ceilings shall be smooth and easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C - Floor cleaning is needed under the upright cooler in beer storage and around the pizza oven. Ceiling vent is dusty in the first women's restroom. Wall cleaning is needed around the handsink and around the hobart mixer. Floors, walls, and ceilings shall be maintained clean.
- 54 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition - C - Repeat: The air vent to outside in the beer storage room is heavily dusted. Intake and exhaust air ducts shall be clean.//6-303.11 Intensity-Lighting - C - Lighting is 2-5 foot candles at the first restroom fixtures and 2-6 ft/c in the walk-in freezer. Lighting shall be at least 20 foot candles at restroom fixtures and 10 foot candles in walk-in units. Increase lighting.



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✓  
Spell



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Spell

