Γ(U	<i>u</i>	Е	<u>.5</u> l	labiistiment inspection	Rep	JUL						50	ore:		<u>ان.</u>	<u>ວ</u>	_
Establishment Name: PAPA JOHNS PIZZA 2024									Establishment ID: 3034020432								_	
Location Address: 1215B W CLEMMONSVILLE RD									⊠Inspection ☐ Re-Inspection									
City: WINSTON SALEM State: NC								Date: Ø 5 / 1 4 / 2 Ø 1 8 Status Code: A										
Zip: 27127 County: 34 Forsyth								Time In: $01:35 \otimes pm$ Time Out: $05:15 \otimes pm$										
200520 110								Total Time: 3 hrs 40 minutes										
	- cillilitiee								Category #: II									
Felephone: (336) 788-9004										FDA Establishment Type: Fast Food Restaurant								
Wastewater System: ⊠Municipal/Community ☐ On-Site System								/ste	No. of Risk Factor/Intervention Violations: 2									
Water Supply: ⊠Municipal/Community ☐ On-Site Supply									No. of Repeat Risk Factor/Intervention Violations: 1									
_		-11-		- 111	Diele France and Dahlis Haalib ha								O D - t - il Dun - ti		_			_
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.								Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,										
F	ubli	с Не	alth I	Inter	ventions: Control measures to prevent foodborne illness or	injury.							and physical objects into foods.	3 ,			-,	
			N/A	N/O	Compliance Status	OUT	CDI R V	'R		OUT		_		OU	г	CDI	R۱	/R
1	upe	rvis			.2652 PIC Present; Demonstration-Certification by			١,	Safe	$\overline{}$	$\overline{}$	d W						_
<u> </u>	mnl	OVO:	e He	alth	accredited program and perform duties .2652				28 🗆	+	×		Pasteurized eggs used where required	1 0.		\rightarrow		=
2	IIIPI	Uye	епе	aitii	Management, employees knowledge; responsibilities & reporting	3 1.5 0		٦l⊦	29 🛚	+			Water and ice from approved source	2 1			Щ	ᆜ
3	X				Proper use of reporting, restriction & exclusion	3 1.5 0			30 🗆		×		Variance obtained for specialized processing methods	1 0.	5 0			_
Good Hygienic Practices .2652, .2653								1	$\overline{}$	$\overline{}$	nper	atu	re Control .2653, .2654 Proper cooling methods used; adequate					
4	×		gicii		Proper eating, tasting, drinking, or tobacco use	210			31 🛮	+			equipment for temperature control	1 0.		\dashv	Щ	ᆜ
5	X	П			No discharge from eyes, nose or mouth	1 0.5 0			32 🗆		X		Plant food properly cooked for hot holding	1 0.	0			\exists
		entin	ig Co	onta	mination by Hands .2652, .2653, .2655, .2656	ا کارکارکا			33 🗆			×	Approved thawing methods used	1 0.	5 0			\exists
6	X		Ĭ		Hands clean & properly washed	420		<u> </u>	34 🔀				Thermometers provided & accurate	1 0.	5 0			
7		×			No bare hand contact with RTE foods or pre-	3 1.5	N O	1	Food	_	ntific	atio	on .2653				Ţ	
8	approved alternate procedure properly followed								35 🗵 🗌 Food properly labeled: original container								_	
		ove	d So	urce				-11	\neg	$\overline{}$	n of	Fo	od Contamination .2652, .2653, .2654, .2656, .265	$\overline{}$				
9	X				Food obtained from approved source	210		ᄀᆘ	36 🗆	+-			animals	2 🛪	LO		Ц	ᆜ
10				×	Food received at proper temperature	210		713	37 🔀				Contamination prevented during food preparation, storage & display	2 1	0			\exists
11	×	П			Food in good condition, safe & unadulterated	210			38 🗆	×			Personal cleanliness	1 0.	X			\Box
12		П	×	П	Required records available: shellstock tags,	210			39 🗷				Wiping cloths: properly used & stored	1 0.	0			\Box
	rote	ctio		om (parasite destruction Contamination .2653, .2654				40 🛮				Washing fruits & vegetables	1 0.	5 0			
$\overline{}$	×				Food separated & protected	·				$\overline{}$	se o	f Ut	ensils .2653, .2654					
	X	П			Food-contact surfaces: cleaned & sanitized	3 1.5 0		74	41 X	₽			In-use utensils: properly stored	1 0.	0			\exists
	×	П			Proper disposition of returned, previously served,	210		= -	42 🔀				Utensils, equipment & linens: properly stored, dried & handled	1 0.	5 0			
15 Image: Independent of the condition								43 🔀				Single-use & single-service articles: properly stored & used	1 0.:	5 0				
16	X				Proper cooking time & temperatures	3 1.5 0		3	14 🗵	10			Gloves used properly	1 0.	5 0			$\overline{}$
17	X	ď			Proper reheating procedures for hot holding	3 1.5 0		71	Uten	sils a	and	Equ	ipment .2653, .2654, .2663					
18		П	×	П	Proper cooling time & temperatures	3 1.5 0			45 🗆				Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 🔀	0			X
19			×		Proper hot holding temperatures	3 1.5 0		1	4/ 🗖				constructed, & used Warewashing facilities: installed, maintained, &	1 0				_
20	\boxtimes		Ė			3 1.5 0		;; -	46 🗆	_			used; test strips	1 0.	+	-	_	_
20					Proper cold holding temperatures			— L	47 🔲 Phys	×	Faci	litio	Non-food contact surfaces clean		0	Ш	X	_
21	$\overline{\mathbf{X}}$				Proper date marking & disposition Time as a public health control: procedures &	3 1.5 0			Pnys 48 □	ICal X	Faci	nue	Hot & cold water available; adequate pressure	2 🕱		П		X
22	<u> </u>	Ш	X	<u> </u>	records	210		┦┞	49 🔀	+	H		Plumbing installed; proper backflow devices	21	+	\equiv		_
22 (ons	ume	er Ac	IVISO	Consumer advisory provided for raw or	1 0.5 0		╗╌	-	+				++				_
23 -	liahl	v Sı	$\overline{}$	ntib	undercooked foods le Populations .2653				50 🗵	+			Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied	2 1	\Box			_
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5 0			51 🗆	×	띧		& cleaned	1 0.	X	Ц		ᆜ
C	hen	nica			.2653, .2657				52 🔀			L	Garbage & refuse properly disposed; facilities maintained	1 0.	5 0			\exists
25			X		Food additives: approved & properly used	1 0.5 0			53 🗆	X			Physical facilities installed, maintained & clean	X 0.	5 0		X	j
26	X				Toxic substances properly identified stored, & used	210			54 🗆	×			Meets ventilation & lighting requirements; designated areas used	1 0.	×		×	_
C	onf	orma		wit	h Approved Procedures .2653, .2654, .2658									6.5	+			
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210		$\exists L$					Total Deductions:	0.5				



27 🗆 🗆 🗷



Establishme	nt Name: PAPA JOHNS	S PIZZA 2	2024		Establish	nment ID: 3034	020432				
Location A	ddress: 1215B W CLEM										
City: WINS	City: WINSTON SALEM State			ite: <u>NC</u>	Comment A	Addendum Attach	Status Code: A				
County: 34			Zip: <u>27127</u>		Water samp	ole taken? 🗌 Ye	s X No	Category #:			
Wastewater System: Municipal/Community Water Supply: Municipal/Community Permittee: CODECO INC					Email 1:						
					Email 2:						
Telephone: (336) 788-9004					Email 3:						
			Tempe	rature Ol	oservatio	ns					
	Effective	Janua	arv 1. 2019	Cold Ho	oldina wi	ill change to	o 41 de	arees			
ltem sanitizer-quat	Location 3 comp/bottle 200-400		Item ham	Location make unit		Temp Item 41		Location	Temp		
pizza	final cook	196	chicken	mak eunit		40					
cheese bread	final cook	199	chicken	reheat 138-	-148	144					
tomato	make unit	39	chicken	second reh	eat 197-211	204					
wings	bucket	41	wash water	sink		103					
wings	bucket-recent prep	50	hot water	3 comp		137					
cheese	make unit	44									
sausage	make unit	40									
	iolations cited in this report		Observation								
1 2-102.1 certifica food pro	2 Certified Food Protect ation. At least one emp eparation and service s n passing a test that is p	ction Ma loyee wh shall be a	nager - C-REF no has superv certified food	PEAT-Perso isory and ma protection r	n in charge anagement nanager wh	does not have responsibility a no has shown p	certified fo nd the auth roficiency	ood protection me hority to direct a of required infor	and control		
pizza b hands a CDI-En	1 Preventing Contamir ox. Except when wash and shall use suitable unployee educated, pepponcini in the future to a	ing fruits itensils s peroncin	and vegetabluch as deli tis discarded, to	es, food em sue, spatula ngs used. 1	ployees ma ıs, tongs, siı	ly not contact ex ngle use gloves	posed, real, or dispen	ady to eat food nsing equipmen	with their bare t.		
Lock Text — Person in Chai	rge (Print & Sign): Bro	<i>Fii</i> oke	rst	<i>La</i> Naghdi	ast	B	TEDI	k lace	(d)		

Last First Regulatory Authority (Print & Sign): Nora Sykes

REHS ID: 2664 - Sykes, Nora

Verification Required Date: $\underline{\emptyset 5}$ / $\underline{24}$ / $\underline{2018}$

REHS Contact Phone Number: (336) 703 - 3161

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

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Establishment Name: PAPA JOHNS PIZZA 2024 Establishment ID: 3034020432

Observations and Corrective Actions



- 6-202.15 Outer Openings, Protected C-Front door does not close all of the way on its own. There were a few flies present. Outer openings of a food establishment shall be protected against the entry of insects and rodents by: (1) Filling or closing holes and other gaps along floors, walls, and ceilings; (2) Closed, tight-fitting windows; and (3) Solid, self-closing, tight-fitting doors. Repair door so that it is self closing.
- 38 2-402.11 Effectiveness-Hair Restraints C-Food employee not wearing hair restriant. Food employees shall wear effective hair restraints. 0pts.
- 4-202.11 Food-Contact Surfaces-Cleanability PF-Two spatulas with cuts and breaks in rubber food contact portion. (Discarded) Cutting board where prep takes place has holes in the top where food is getting caught. Multiuse food contact surfaces shall be smooth, free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. Replace cutting board. Contact Nora Sykes when cutting board is replaced by May 24, 2018. (336-703-3161, sykesna@forsyth.cc)
- 4-501.19 Manual Warewashing Equipment, Wash Solution Temperature PF-Active washing taking place in water of 103F. The temperature of the wash solution shall be maintained at not less than 110F or as specified by manufacturer. CDI- Water drained and remade. Dishes washed in water greater than 110F.
- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C-Tables where pizza is cut and dough is stretched have a heavy flour debris that is indistinguishable from caulk. Crevice between rack and cutting board needs additional cleaning. Nonfood contact surfaces shall be maintained clean. Clean and recaulk if necessary. Remove cutting board and clean.
- 5-103.12 Pressure PF-Very low pressure on the hot water in restroom. Water under pressure shall be provided to all fixtures that are required to use water. Repair and contact Nora Sykes by May 24, 2018. (336-703-3161, sykesna@forsyth.cc)
- 6-202.14 Toilet Rooms, Enclosed C-Restroom door that opens into kitchen is not self-closing. Except where a toilet room is located outside a FOOD ESTABLISHMENT and does not open directly into the FOOD ESTABLISHMENT such as a toilet room that is provided by the management of a shopping mall, a toilet room located on the PREMISES shall be completely enclosed and provided with a tightfitting and self-closing door. Opts.





Establishment Name: PAPA JOHNS PIZZA 2024 Establishment ID: 3034020432

Observations and Corrective Actions



- 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods C-REPEAT-Cracked/damaged floor tile at sanitizer vat of 3 comp sink, and at corner near front hand sink. Wall damage at corner of office. Recaulk the following: all 3 hand sinks, prep sink, 3 comp sink, toilet to floor. Seal pipe penetrations above water heater, under hand sink in back. Cut screws at condenser unit in walk in cooler to 2.5 screw threads, or cap. Replace or repair walk in cooler door, as it is busted on both bottom corners. Reattach cove base in the following areas: walk in cooler, at wall by back door. Reattach base tile behind make unit, and corner guard at oven/sink corner wall. Seal holes in wall in restroom. Physical facilities shall be maintained in good repair.
- 6-303.11 Intensity-Lighting C-REPEAT-Lights measured 6 foot candles in restroom. Lights shall be at least 20 foot candles at fixtures. 0pts.





Establishment Name: PAPA JOHNS PIZZA 2024 Establishment ID: 3034020432

Observations and Corrective Actions





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Observations and Corrective Actions



