Food Establishment Inspection Report Score: <u>98.5</u>										
Establishment Name: LITTLE CAESARS #1845-4' Establishment ID: 3034020684										
Location Address: 3800 REYNOLDA RD SUITE 130										
City: WINSTON SALEM State: NC Date: Ø 8 / 14 / 2017 Status Code: A										
Zip: 2^{7106} County: 3^{4} Forsyth Time In: 0^{2} ; 3^{5} mm 3^{6} pm Time Out: 0^{3} ; 4^{6} mm 3^{6} pm							40°_{∞} am			
Total Time: 1 hr 5 minutes										
Telephone: (336) 815-1279		<u></u>	~			F	DA	Es	stablishment Type: Fast Food Restaurant	
Wastewater System: Municipal/Community			•	stei	n	N	o. c	of F	Risk Factor/Intervention Violations:	
Water Supply: Municipal/Community On-Site Supply No. of Repeat Risk Factor/Intervention Violations: 0										
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. Build Health Interventions: Control measures to prevent foodborne illness or injury. Build Health Interventions: Control measures to prevent foodborne illness or injury. Build Health Interventions: Control measures to prevent foodborne illness or injury. Build Health Interventions: Control measures to prevent foodborne illness or injury. Build Health Interventions: Control measures to prevent foodborne illness or injury.							hogens, chemicals,			
IN OUT N/A N/O Compliance Status	OUT	CDI	R VR		IN	OUT	N/A	N/O	Compliance Status	OUT CDI R VR
Supervision .2652					1	<u> </u>		d W	ater .2653, .2655, .2658	
accredited program and perform duties	20						×		Pasteurized eggs used where required	
Employee Health .2652 2 X Image: Complex Strength and Complex Strength a	3 1.5 0				×				Water and ice from approved source	210
2 Image: Constraint of the second s	3 1.5 0			30			×	_	Variance obtained for specialized processing methods	10.50
Good Hygienic Practices .2652, .2653					1		nper	atur	re Control .2653, .2654 Proper cooling methods used; adequate	
4 X Proper eating, tasting, drinking, or tobacco use	210				×				equipment for temperature control	
5 🛛 🗌 No discharge from eyes, nose or mouth	1 0.5 0								Plant food properly cooked for hot holding	
Preventing Contamination by Hands .2652, .2653, .2655, .2656		-11		33	_			X	Approved thawing methods used	10.50
6 🛛 🗆 Hands clean & properly washed	420				X				Thermometers provided & accurate	10.50
7 🛛 🗆 🗆 No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0				ood		ntific	atic		
8 🛛 🗆 Handwashing sinks supplied & accessible	210						n of	For	Food properly labeled: original container od Contamination .2652, .2653, .2654, .2656, .26	21000
Approved Source .2653, .2655								100	Insects & rodents not present; no unauthorized animals	21000
9 🛛 🗌 Food obtained from approved source	210					X			Contamination prevented during food	21××□□
10 Food received at proper temperature	210								preparation, storage & display	
11 🛛 🗌 Food in good condition, safe & unadulterated	210								Wiping cloths: properly used & stored	
12 Required records available: shellstock tags, parasite destruction	210			40	-		X			-++++++++++++++++++++++++++++++++++++++
Protection from Contamination .2653, .2654					_	_		F L Ite	Washing fruits & vegetables ensils .2653, .2654	
13 Food separated & protected Food separated & protected	3 1.5 0	+ +							In-use utensils: properly stored	10.50
14 Second a sanitized	3×0	+ +							Utensils, equipment & linens: properly stored,	
15 Im Proper disposition of returned, previously served, reconditioned, & unsafe food	210								dried & handled Single-use & single-service articles: properly	
Potentially Hazardous Food Time/Temperature .2653 16 Image: Comparison of the state of the s	3 1.5 0			44					stored & used Gloves used properly	
							and	Fan	ipment .2653, .2654, .2663	
17 C Proper reheating procedures for hot holding	3 1.5 0							֊զս	Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	
18 Image: Constraint of the second secon	3 1.5 0			┨┣—	<u> </u>	_			constructed, & used Warewashing facilities: installed, maintained, &	
19 Image: Constraint of the second secon	3 1.5 0			1—	×				used; test strips	
20 X — Proper cold holding temperatures	3 1.5 0			47		X			Non-food contact surfaces clean	10.5 🗶 🗆 🗆
21 🛛 🗌 🔲 Proper date marking & disposition	3 1.5 0				hysi		Faci	litie	s .2654, .2655, .2656 Hot & cold water available; adequate pressure	
22 X C C C C C C C C C C C C C C C C C C	210								, , , , , , , , , , , , , , , , , , , ,	
Consumer Advisory .2653 23 Image: Consumer advisory provided for raw or undercooked foods	1 0.5 0			1-	X				Plumbing installed; proper backflow devices	
23 Image: Second s				i⊢	×				Sewage & waste water properly disposed	
24 Image: Subscription of pointering in the subscription of t	3 1.5 0			51	-				Toilet facilities: properly constructed, supplied & cleaned	
Chemical .2653, .2657				52	×				Garbage & refuse properly disposed; facilities maintained	
25 🔲 🖂 🔀 Food additives: approved & properly used	1 0.5 0			53	X				Physical facilities installed, maintained & clean	10.50
26 🔀 🗔	210			54	X				Meets ventilation & lighting requirements; designated areas used	10.50 🗆 🗆
Conformance with Approved Procedures .2653, .2654, .2658									Total Deductions	· 1.5
27 Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210									•

this

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: LITTLE	Establishmen		
Location Address: 3800 REYN	IOLDA RD SUITE 130		X Inspection
City: WINSTON SALEM		_ State: NC	Comment Addend
County: 34 Forsyth	Zip:_27	106	
Wastewater System: 🛛 Municipal/C Water Supply: 🕅 Municipal/C	Community 🗌 On-Site Sys		Email 1: ^{Ic.timd}
Permittee:	DUP IV, LLC		Email 2:

Establishment ID: 3034020684

Inspection	Re-Inspection	Date: 08/14/2017
omment Addendum	Attached?	Status Code: A

Status Code:	А	
Category #:		
Caleuoly #.	••	

Email 1. lc.timdeaton@gmail.com

Telephone: (336) 815-1279

	Temperature Observations						
Location make-unit	Temp 39	ltem ServSafe	Location Elizabeth Ellis 8-24-18	Temp 0	Item	Location	Temp
make-unit	40						
make-unit	39						
make-unit	38						
walk-in cooler	38						
cheese pizza	205						
3-compartment sink	200						
3-compartment sink	124						
	make-unit make-unit make-unit walk-in cooler cheese pizza 3-compartment sink	make-unit39make-unit40make-unit39make-unit38walk-in cooler38cheese pizza2053-compartment sink200	make-unit39ServSafemake-unit40make-unit39make-unit38walk-in cooler38cheese pizza2053-compartment sink200	make-unit39ServSafeElizabeth Ellis 8-24-18make-unit40make-unit39make-unit38walk-in cooler38cheese pizza2053-compartment sink200	make-unit39ServSafeElizabeth Ellis 8-24-180make-unit40make-unit39make-unit38walk-in cooler38cheese pizza2053-compartment sink200	make-unit39ServSafeElizabeth Ellis 8-24-180make-unit40make-unit39make-unit38walk-in cooler38cheese pizza2053-compartment sink200	make-unit39ServSafeElizabeth Ellis 8-24-180make-unit40make-unit39make-unit38walk-in cooler38cheese pizza2053-compartment sink200

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.

14 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P - 4 spray bottles of sanitizer measured less than 150 ppm quat on test strip. Quat sanitizers shall be 150-400 ppm. CDI - Bottles emptied by manager.

- 37 3-307.11 Miscellaneous Sources of Contamination C Employee beverage on prep table during beginning of inspection. Employee beverages must not be stored where food is prepared. CDI - Bottle moved during inspection. 0 pts.
- 47 4-602.13 Nonfood Contact Surfaces C Clean utensil shelf has grease residue and requires additional cleaning. Nonfood contact surfaces shall be maintained clean. 0 pts.

Person in Charge (Print & Sign):	<i>First</i> Elizabeth	Ellis	Last	Ingero		
Regulatory Authority (Print & Sign)	<i>First</i> Andrew	Lee	Last	andre		
REHS ID	2544 - Lee, Andrew			Verification Required Date://		
REHS Contact Phone Number: (336) 703 - 3128						
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 ID: 3034020684

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Spell

Establishment ID: 3034020684

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.



Spell

Establishment ID: ______3034020684

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.



Establishment ID: 3034020684

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.

