<u> </u>	<u> </u>	O	Ŀ	S	tablishment Inspection	Re	9 00	ort	[Sco	ore: <u>9</u>	<u>16</u>	_	_
Establishment Name: CARMINE ITALIAN RESTAURANT AND PIZZERIA Establishment ID: 3034011933																			
Location Address: 420 M JONESTOWN ROAD									☐ Re-Inspection										
City: WINSTON SALEM						State: NC						Da	ate	: 0					
Zip: 27104 County: 34 Forsyth						Otate.									Ø 😞 aı	m			
								Time In: $04:00 \otimes_{pm}$ am Time Out: $06:00 \otimes_{pm}$ Total Time: $0 \otimes_{pm}$ Time Out: $0 \otimes_{pm}$											
r cillitace											Category #: IV								
Telephone: (336) 774-8758									FDA Fotobliobmont Type: Full-Service Restaurant										
	Wastewater System: $oxtimes$ Municipal/Community $oxtimes$ On-Site Sy									ter	No. of Risk Factor/Intervention Violations: 1								
Wa	ate	r S	up	ply	y: ⊠Municipal/Community □ On-	Site	Sup	ply	,						Repeat Risk Factor/Intervention Viola			_	_
Foodborne Illness Risk Factors and Public Health Interventions													Good Retail Practices						
Risk factors: Contributing factors that increase the chance of developing foo Public Health Interventions: Control measures to prevent foodborne illness						11 3				Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Н		OUT		_	Compliance Status	OUT	CDI	I R	VR		IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R V	 /R
S	upe	pervision .2652					Safe Foo			d an	d W	•							
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0 🗆			28			X		Pasteurized eggs used where required	1 0.5 0			
-	mpl	oyee	Не	alth	.2652			1_1		29	X				Water and ice from approved source	210			
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5	0			30			X		Variance obtained for specialized processing methods	1 0.5 0		3	
ш	X				Proper use of reporting, restriction & exclusion	3 1.5	0 🗆			F	ood	Tem	per	atur	re Control .2653, .2654				
\vdash			gien	ic P	ractices .2652, .2653					31	X				Proper cooling methods used; adequate equipment for temperature control	1 0.5 0		٦þ	
Н	×				Proper eating, tasting, drinking, or tobacco use	21	_			32				X	Plant food properly cooked for hot holding	1 0.5 0		3	
ш	×		0		No discharge from eyes, nose or mouth	1 0.5		Ш	Ш	33				X	Approved thawing methods used	1 0.5 0		37	$\overline{}$
\neg	reve	ntin	gu	onta	mination by Hands .2652, .2653, .2655, .2656 Hands clean & properly washed	42		Ы		34	X				Thermometers provided & accurate	1 0.5 0		귶	$\bar{\exists}$
\vdash	_		_		No bare hand contact with RTE foods or pre-	+++	_		H		ood	lder	ntific	atio	on .2653				
7	X		Ш	Ш	approved alternate procedure properly followed	3 1.5		Н	ᆜ	35	X				Food properly labeled: original container	210		T	
	X		I C a		Handwashing sinks supplied & accessible	21	0		Ш	-	_	ntio	n of	Fo	od Contamination .2652, .2653, .2654, .2656, .2657				
\Box	ppro		1 30	urce	2 .2653, .2655 Food obtained from approved source	21			П	36	X				Insects & rodents not present; no unauthorized animals	210		<u> </u>	
10				×	Food received at proper temperature	21	_	+		37		X			Contamination prevented during food preparation, storage & display	X 10		×	
\vdash		-				++	-	-		38	X				Personal cleanliness	1 0.5 0][Ī
$\vdash\vdash$	×				Food in good condition, safe & unadulterated Required records available: shellstock tags,	21	_			39	X				Wiping cloths: properly used & stored	1 0.5 0		<u> </u>	$\overline{\Box}$
12	roto		X	<u> </u>	parasite destruction Contamination .2653, .2654	21	0 🗆	Ш	ᆜ	40	X				Washing fruits & vegetables	1 0.5 0		1	$\overline{}$
13		\equiv			Food separated & protected	3 🗶		П	П					f Ut	ensils .2653, .2654				
14	×				Food-contact surfaces: cleaned & sanitized	3 1.5				41		X			In-use utensils: properly stored	1 🗙 0		<u> </u>	
Н					Proper disposition of returned, previously served,					42		X			Utensils, equipment & linens: properly stored, dried & handled	1 0.5			
ш	oter	 tiall	v Ha	azar	reconditioned, & unsafe food dous Food Tlme/Temperature .2653		0	Ш		43	X				Single-use & single-service articles: properly stored & used	1 0.5 0		3	
\neg	X				Proper cooking time & temperatures	3 1.5	0 0		П	44	×	П			Gloves used properly	1 0.5 0		╦	$\overline{}$
17		П		×	Proper reheating procedures for hot holding	3 1.5	0 0	П	П			ils a	and I	Equ	ipment .2653, .2654, .2663				
18				X	Proper cooling time & temperatures					45		×			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 1 🗶		┰	\neg
19	×				Proper hot holding temperatures					46		$\overline{\Box}$			constructed, & used Warewashing facilities: installed, maintained, &	1 0.5 0		7	_ _
20	X				Proper cold holding temperatures			H		47					used; test strips Non-food contact surfaces clean	1 0.5 0		╬	_ _
21	\boxtimes	П	П	П	Proper date marking & disposition				$\overline{\Box}$	_	hysi	cal I	Faci	litie				-11-	
22		П	\mathbf{X}	П	Time as a public health control: procedures &			П	\exists	48	Г				Hot & cold water available; adequate pressure	210		丣	$\overline{}$
\perp	ons			dvis	records .2653		عالت	Ш		49	X				Plumbing installed; proper backflow devices	2 1 0		<u> </u>	$\overline{}$
23		$\overline{}$	X		Consumer advisory provided for raw or undercooked foods	1 0.5	0 🗆			50		П			Sewage & waste water properly disposed	2 1 0		╁	$\overline{}$
Н	lighl	y Su	sce	ptib	le Populations .2653										Toilet facilities: properly constructed, supplied	1 0.5 0		7	=
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5	0 🗆								& cleaned Garbage & refuse properly disposed; facilities		#	#	_
\neg	hem	$\overline{}$.2653, .2657										maintained	1 0.5 0		#	_
25		Ш	X		Food additives: approved & properly used		0 🗆			53		×			Physical facilities installed, maintained & clean	1 0.5	<u> </u>	4	_ _
26	X				Toxic substances properly identified stored, & used	21	0 🗆			54	X				Meets ventilation & lighting requirements; designated areas used	1 0.5 0		먄	
П	onfo			wit	h Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,										Total Deductions:	4			
27	Ш	Ш	X		reduced oxygen packing criteria or HACCP plan	2 1	뾔니		Ш	$ldsymbol{f eta}$									





	Commen	t Adde	endum to I	<u> </u>	<u>stablishi</u>	<u>ment</u>	<u>Inspection</u>	Report			
Establishme	ent Name: CARMINE IT	ALIAN RE	STAURANT AND	PIZZERIA	Establish	ment ID): <u>3034011933</u>				
Location A	ddress: 420 M JONES	TOWN ROA		te: NC	⊠ Inspect		Re-Inspection	Date: 03/06/2018			
•			Stat Stat	Comment Addendum Attached? Status Code: A							
County: 34	System: 🛭 Municipal/Comr					Category #: IV					
Wasiewater Supply					Email 1: carmine@francescostriad.com						
	FRANCESCOSJONES	TOWNRES	STAURANTLLC		Email 2:						
Telephone	: (336) 774-8758				Email 3:						
			Tempe	rature Ob	oservation	าร					
	Effective	e Janua	ary 1, 2019	Cold Ho	olding wi	II char	nge to 41 de	grees			
Item turkey	Location make-unit	Temp 41	Item meatball	Location make-unit	_	Temp 40		Location Sarah Watts 8-22-21	Temp 0		
marinara	make-unit	41	spaghetti	upright cool	ler	40	hot water 3	3-compartment sink	125		
marinara	hot hold	155	angel hair	upright cool	ler	39					
tomato sauce	hot hold	153	penne	upright cool	ler	41					
meat sauce	hot hold	149	chicken wing	final cook		175					
sausage	hot hold	161	marinara	walk-in coo	ler	40					
chicken soup	hot hold	155	chlorine (ppm)	dish machir	ne	100					
chili	hot hold	160	quat (ppm)	3-compartm	nent sink	200					
	/iolations cited in this repo		Observation								
37 3-307.7 Also, tr contam 41 3-304.7	where they can potent 11 Miscellaneous Sour ash bags used to store nination. Acquire food of 12 In-Use Utensils, Berof container of chicken	ces of Co ed bread i grade bag	ontamination - (in walk-in coole is and make su e Storage - C -	C - Repeat er and in ma ire employe	- Employee ake-unit. Foo ees do not si	cell phor ods shall ore cell	ne stored on rim be protected ag phones on food	the inside of the ma ainst potential sourc prep surfaces. sured 100F. Also, bo	es of		
Lock Text — Person in Cha	rge (Print & Sign):		rst		ast		Seral	e REUS	<u> </u>		
Regulatory Au	rst	Lée Lee	ast	<u>U</u>	ntreur L	e KEHS					
	REHS ID:	2544 - Le	ee, Andrew			Verifica	ation Required Dat	e://			
REHS C	ontact Phone Number:	(336)	703-312	8							

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 Name: CARMINE ITALIAN RESTAURANT AND PIZZERIA Establishment ID: 3034011933

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.



- 42 4-901.11 Equipment and Utensils, Air-Drying Required C Several stacks of containers still wet. Utensils shall be air dried fully prior to stacking. 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C Spice rack is partially melted and needs to be replaced. Equipment shall be maintained in good repair. // 4-501.12 Cutting Surfaces C 2 cutting boards have deep cut marks and need to be resurfaced or replaced. // 4-205.10 Food Equipment, Certification and Classification C Hand held blender is for domestic use only. Equipment shall be NSF-approved for commercial use. Remove from establishment. 0 pts.
- 6-201.11 Floors, Walls and Ceilings-Cleanability C Floor damage present around toilet in women's restroom. Floors, walls and ceilings shall be easily cleanable and in good repair. 0 pts.



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