Food Establishment Inspection Report

Establishment Name: CUC	SINO FORNO CLEMMONS	Establishment ID: 3034012710	
Location Address: 6316 CLEM City: CLEMMONS Zip: 27012 Co Permittee: CUGINO FORNO	State: North Carolina unty: 34 Forsyth	Date: 11/24/2021 Status Code: A Time In: 10:45 AM Time Out: 12:15 PM	
Telephone: (336) 997-9750		Category#: II	
	○ Re-Inspection	FDA Establishment Type: Full-Service Restaurant	
Wastewater System: ⊗ Municipal/Community Water Supply: ⊗ Municipal/Community	On-Site System	No. of Risk Factor/Intervention Violations: 2 No. of Repeat Risk Factor/Intervention Violations: 0	
vy wuriicipai/Community	C Oil-Gite Supply		

														=
					e Illness Risk Factors and Public Health I					S				
					Contributing factors that increase the chance of developing for Interventions: Control measures to prevent foodborne illness				ness.					G
С	oı	mp	lia	nc	e Status	-	0U1	Γ	CDI	R	۷R	(C)
Sı	upe	ervis	ion		.2652							S	Saf	e
1	X	оит	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0				_	0	
2	X	оит	N/A		Certified Food Protection Manager	1		0					T	
Er	mp	loye	e H	ealt	h .2652							32	2	N
3	IN	o)X (r			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	X	Х			F	Fo	00
4	X	OUT		Ш	Proper use of reporting, restriction & exclusion	3	1.5	0				33	3	X
5		оХт			Procedures for responding to vomiting & diarrheal events	1	0.5	X	Х			l —	4	
				nic I	Practices .2652, .2653	1	0.5	0				i—	5	፦
7	!	OUT OUT	-	Н	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1	0.5	0					6	
_		_	_	Conf	tamination by Hands .2652, .2653, .2655, .265	_	0.0				_	_	Fo	_
8		ОПТ	_		Hands clean & properly washed	4	2	0				37	7	Х
	Г				No bare hand contact with RTE foods or pre-	t						F	Pre	×
	Ĺ	оит		N/O	approved alternate procedure properly followed Handwashing sinks supplied & accessible	2	1	0				38	В	×
	-	ove	_	our		_	-					20	,	M
_	_	OUT	_		Food obtained from approved source	2	1	0				i	9	
		OUT		n X O		2	1	0					0	
	-	оит	-		Food in good condition, safe & unadulterated	2	1	0				i—	1	
14	IN	оит	ı)XA	N/O	Required records available: shellstock tags, parasite destruction	2	1	0					2 Pro	
Pr	ote	ectio	n fi	rom	Contamination .2653, .2654	_						43	3	×
15	iχ	оит	N/A	N/O	Food separated & protected	3	1.5	0					4	
16	X	оит		П	Food-contact surfaces: cleaned & sanitized	3	1.5	0				44	•	~
17	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0				45	5	×
					rdous Food Time/Temperature .2653							46	6	×
	-	-	-		Proper cooking time & temperatures	3	1.5	-				ι	Ute	en
	-	OUT	-	/ ``		3	1.5	-				-	Т	_
	-	OUT	-			3	1.5					47	7	×
	٠.	OUT	-		_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	3	1.5							
		OUT	-	-		3	1.5	-				48	В	M
24	IN	оит	ıχ	N/O	Time as a Public Health Control; procedures & records	3	1.5	0					9	_
C	ons	sum	er A	dvis	sory .2653	_						F	Ph	ys
25	IN	оит	ΝX		Consumer advisory provided for raw/ undercooked foods	1	0.5	0					0	
н	gh	ly S	usc	epti	ble Populations .2653	_						_	2	
	Ť	оит	П	ĖΤ	Pasteurized foods used; prohibited foods not offered	3	1.5	0					3	
	_	nica			.2653, .2657							54	4	IN
		OUT			Food additives: approved & properly used	1	0.5	-				51	5	M
	_	оит	_	_	Toxic substances properly identified stored & used	2	1	0					Ť	
		OUT			ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0				56	6	×
			L		reduced oxygen packaging criteria or HACCP plan	Ĺ		Ĺ						

					ractices: Preventative measures to control the addition of pa and physical objects into foods.			,		a.o,	
С	Compliance Status						OUT		CDI	R	VR
Safe Food and Wa							-	_	001		•
		оит			Pasteurized eggs used where required	1	0.5	0			
31		OUT	74.		Water and ice from approved source	2	1	0			
32	IN	оит)X A		Variance obtained for specialized processing methods	2	1	0			
Fo	ood	Ten	nper	atur	e Control .2653, .2654						
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	N/A	ıχ	Plant food properly cooked for hot holding	1	0.5	0			
35	X	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	ood	Ider	ntific	atio	n .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			
Pr	reve	entio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	IN	о) (т			Personal cleanliness	1	0.5	X			
41		OUT		Ц	Wiping cloths: properly used & stored	1	0.5	0			
42	×	OUT	N/A		Washing fruits & vegetables	1	0.5	0	<u> </u>		
Pr	гор	er Us	se o	f Ute	nsils .2653, .2654						
43	M	OUT		П	In-use utensils: properly stored	1	0.5	0			
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	×	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	OUT			Gloves used properly	1	0.5	0			
Ut	ten	sils a	and	Equi	pment .2653, .2654, .2663						
47	×	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	X	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			
Pł	hys	ical	Faci	lities	.2654, .2655, .2656						
50	M	OUT	N/A	П	Hot & cold water available; adequate pressure	1	0.5	0			
51		OUT			Plumbing installed; proper backflow devices	2	1	0			
52	M	OUT			Sewage & wastewater properly disposed	2	1	0			
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54		о) (т			Garbage & refuse properly disposed; facilities maintained	1	0.5	X			
55	X	OUT		\vdash	Physical facilities installed, maintained & clean	1	0.5	0		Н	
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:	0					

Good Retail Practices





Score: 100

Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034012710 Establishment Name: CUGINO FORNO CLEMMONS Location Address: 6316 CLEMMONS POINT DR. Date: 11/24/2021 X Inspection Re-Inspection City: CLEMMONS State: NC Comment Addendum Attached? X Status Code: A County: 34 Forsyth Zip: 27012 Water sample taken? Yes X No Category #: II Email 1:cuginoforno@gmail.com Water Supply: Municipal/Community On-Site System Permittee: CUGINO FORNO CLEMMONS, LLC Email 2: Telephone: (336) 997-9750 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 00 ServSafe Yilmaz Guver 7-18-25 134 Hot water 3 comp sink 400 Quat sanitizer 3 comp sink - ppm 50 Chlorine sanitizer Dishmachine - ppm 38 Chickpeas Salad make unit top 40 Cut tomatoes Salad make unit top 39 Spring mix Salad reach-in 39 Buffalo mozzarella Walk-in cooler 36 Walk-in cooler Sauce 38 Cooked onion Walk-in cooler 39 Mozzarella Pizza make unit top 38 Pepperoni Pizza make unit top 39 Sausage Pizza make unit top 37 Buffalo mozzarella Pizza make unit reach-in

First Last

Person in Charge (Print & Sign): Yilmaz

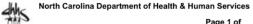
First Last

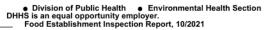
Guver

Regulatory Authority (Print & Sign): Christy Whitley

> REHS ID: 2610 - Whitley, Christy Verification Required Date:

REHS Contact Phone Number: (336) 703-3157









Comment Addendum to Inspection Report

Establishment Name: CUGINO FORNO CLEMMONS Establishment ID: 3034012710

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.

- 3 2-201.11 (A), B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) Employees are aware of illnesses and symptoms to be reported, however current copy of employeehealth policy does not have salmonella nontyphoidal as one of the reportable illnesses. A food employee shall report to the PIC if they have any of the "Big 6" reportable illnesses: norovirus, hepatitis A virus, shigella spp., shiga-toxin producing e.coli, salmonella typhi or salmonella nontyphoidal. CDI- Management educated and provided with new employee health policy containing reportable illnesses and symptoms
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf) Establishment does not have a written procedure in place for clean-up of vomit or diarrheal incidents. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI- Management educated and provided educational flyers and with an example of a written procedure that they may use.
- 40 2-402.11 Effectiveness Hair Restraints (C) Employees are lacking hair restraints while preparing food. FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES.
- 54 5-501.113 Covering Receptacles (C) Shared dumpster with door left open during inspection. Maintain doors and lids closed and tight fitting to prevent pest harborage.

Additional Comments

Discussed with person-in-charge key drop deliveries and ensuring that food temperatures are being documented, from approved sources, are placed into appropriate storage locations such that they are maintained at the required temperatures, protected from contamination, unadulterated, and accurately presented.