Food Establishment Inspection Report

Establishment Name: ELIZABETH'S PIZZA

	Location Address: 3490 MARTIN'S TRAIL LANE											Γ
	City: WALKERTOWN State: North Carolina											
	Zip: 27051 County: 34 Forsyth											
	Permittee: FIMA, LCC											
	Telephone: (336) 754-4115											
	⊗ Inspection ○ Re-Inspection											
	Wastewater System:											
	Ø Municipal/Community ○ On-Site System											
	Water Supply:											
		0) N	lun	icipal/Community O On-Site Supply							
	Fc	od	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ition	s		
I					Contributing factors that increase the chance of developing foo				ness.			
					Interventions: Control measures to prevent foodborne illness						\square	
C	ò	mp	lia	nc	e Status		001	Г	CDI	R	VR	
S	upe	rvis	ion	1 1	.2652	_						
1	X	оит	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0				
2	X	оит	N/A		Certified Food Protection Manager	1		0				Ē
E	mp	loye	еH	ealt		_						
3	Ņ	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0				
4	X	оит			Proper use of reporting, restriction & exclusion	3	1.5	0				:
5	Ж	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0				
G				nic F	Practices .2652, .2653	_						
6 7	1.	OUT OUT	<u> </u>		Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1 1	0.5	0				
			-	Cont	tamination by Hands .2652, .2653, .2655, .265	_	0.5	•			Ŀij	-
	_	оит	-		Hands clean & properly washed	4	2	0				
9	X	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0				-
10	IN	о х (т	N/A		Handwashing sinks supplied & accessible	2	1	X	Х		\vdash	
A	ррі	ove	d S	ourc								
<u> </u>	<u> </u>	оит			Food obtained from approved source	2	1	0				-
	-	оит оит	<u> </u>	\$%	Food received at proper temperature Food in good condition, safe & unadulterated	2	1	0				
	<u> </u>	оит		N/O	Required records available: shellstock tags,	2	1	0				
					parasite destruction	-	1	Ľ				
	_				Contamination .2653, .2654 Food separated & protected	2	1 5					-
		оит			Food-contact surfaces: cleaned & sanitized		1.5 1.5				$\left \right $	
		оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0				
P	ote	ntial	lv F	laza	rdous Food Time/Temperature .2653						L	-
18	IN	ουτ	N/A	N X ∕	Proper cooking time & temperatures	3	1.5					-
	1.	оит оит				3 3	1.5 1.5	-				Ì
	-	OUT	<u> </u>	1		3	1.5	-				ŀ
		оит			Proper cold holding temperatures	3	1.5	-				ł
	ŕ	оит			Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5					
		оит			records	3	1.5	0				
	T	OUT	<u> </u>		consumer advisory provided for raw/	1	0.5					
_					undercooked foods	1	0.5	0				
	Ē	Ē		ΓT	ble Populations .2653 Pasteurized foods used; prohibited foods not	Г					$ \square$	
26	IN	оит	NXA		offered	3	1.5	0				ľ
_		nica	-		.2653, .2657	17	0.5					
<u> </u>	+	оит О х т		\square	Food additives: approved & properly used Toxic substances properly identified stored & used	1 2	0.5 X	0	х		\square	
	-		-	e wi	ith Approved Procedures .2653, .2654, .2658	<u> </u>			7.			ļ
29	IN	оит	NXA		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0				╞
	1				ILL. North Carolina Department of Health &	H	uma	n S	ervice	es • F	Division	L n of

Establishment ID: 3034012553

Status Code: <u>A</u>
Time Out: <u>1:05 PM</u>
Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 2 No. of Repeat Risk Factor/Intervention Violations: 0

					and physical objects into foods.						
С	Compliance Status						OU.	Г	CDI	R	,
Sa	ıfe∣	Food	d an	d Wa	ater .2653, .2655, .2658						
30	30 IN OUT A Pasteurized eggs used where required										
31	X	OUT			Water and ice from approved source		1	0			
32	IN	оит	¢¥4		Variance obtained for specialized processing methods	2	1	0			
Fo	bod	Ten	nper	atur	e Control .2653, .2654						
33	×	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	.5 0			
34	IN	OUT	N/A	NX0	Plant food properly cooked for hot holding	1	0.5	0			t
35	Ņ	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			ſ
36	Ņ	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	ood	lder	ntifie	catio	n .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			Γ
Pr	eve	entio	on o	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57		-			
38	Insects & rodents not present: no unauthorized					2	1	0			Γ
39	M	оит			Contamination prevented during food preparation, storage & display	2	1 0				
40	M	OUT		Personal cleanliness							t
41	M	OUT			Wiping cloths: properly used & stored	1	0.5	0			ſ
42	2 X OUT N/A Washing fruits & vegetables						0.5	0			Γ
Pr	ор	er Us	se o	fUte	ensils .2653, .2654						
43	M	OUT			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	tens	sils a	and	Equ	ipment .2653, .2654, .2663						_
47	IN	% ™			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	x			
48	×	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	IN	¢X ⊺			Non-food contact surfaces clean	1	0.5	X			
Pł	nys	ical	Faci	ilitie	s .2654, .2655, .2656						
-		(out N/A Hot & cold water available; adequate pressure				1	0.5	-			
51	_	оXт			2	Ж	0			Ĺ	
52							1	0			L
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	L 0.5 0				
		OUT			Garbage & refuse properly disposed; facilities maintained Physical facilities installed, maintained & clean	1	0.5 0.5	· ·			
55	IN	о)4(т		$\left \right $		1	0.5	PA-	-	-	┞
56	IN	о х т		ı	Meets ventilation & lighting requirements;	1	0X5	0	1	1	L



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Comment Addendum to Food Establishment Inspection Report

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City: WALKERTOWN	State:NC							
County: 34 Forsyth	Zip: 27051							
Wastewater System: 🛛 Municipal/Community	On-Site System							
Water Supply: X Municipal/Community	On-Site System							
Permittee: FIMA, LCC								
Telephone: (336) 754-4115								

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X Inspection Re-Inspection	Date: 02/01/2023								
Comment Addendum Attached? X	Status Code: A								
Water sample taken? Yes X No	Category #: IV								
Email 1: illionomourizio@vohoo.com									

Email 1:illianomaurizio@yahoo.com

ephone.

Email 3: **Temperature Observations**

	Effectiv	/e Janu	ary 1, 2019	Cold Holding	is now 41 degr	ees or less	
ltem Mozzarella	Location Pizza Flip Top	Temp 39	Item Sanitizer Quaternary	Location 3 Compartment Sink	Temp Item 400	Location	Temp
Ham	Pizza Flip Top	40	Sanitizer Chlorine	Dish Machine	100		
Sausage	Pizza Flip Top	39					
Italian Sausage	Pizza Flip Top	38					
Tomato	Pizza Flip Top	39					
Steak	Sandwich Flip Top	38					
Tomato	Sandwich Flip Top	39					
Lettuce	Sandwich Flip Top	38					
Spaghetti	Pasta Flip Top	40					
Fettucini	Pasta Flip Top	38					
White Beans	Pasta Flip Top	38					
Lasagna	Pasta Flip Top	35					
Pasta	Pasta Flip Top	38					
Marinara	Reheated for Hot Holding	174					
Meatballs	Steam Table	158					
Sauce	Walk in Cooler	40					
Turkey	Walk In Cooler	39					
Ambient	Dressing Reach In	38					
Pizza	Cooked for BHC	202					
Hot Water	3 Compartment Sink	138					
Person in C	harge (Print & Sign): M	F <i>irst</i> 1aurizo		Last Iliano	Mus	Reg July	
		First		Last	Hen	Parta	
Regulatory Au	thority (Print & Sign): G	len	F	Pugh			
REHS ID:3016	δ - Pugh, Glen		Verific	cation Required Date:			
REHS Contact	Phone Number:				ze final report to ived via Email:		
444S N	orth Carolina Department of He		DHHS is ar	sion of Public Health • E n equal opportunity employe Establishment Inspection Re		 Food Protection Program 	(Certific

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Date: 02/01/2023 Time In: 11:00 AM Time Out: 1:05 PM

		Certification	າຣ					
Name Certificate # Type Issue Date Expiration Date								
Maurizo Illiano	23089435	Food Service	01/06/2023	01/06/2028				
Violations	Obse cited in this report must be corr	ervations and Corre		s 8-405.11 of the food code.				
provided with: (A	Drying Provision (Pf) - Eacl) Individual, disposable to vel dispenser in the back by	wels.		NDWASHING SINKS shall be ls refilled.				
and PERSONAL ***Chemicals are	CARE ITEMS shall bear a	bel.	SONOUS OR TOXIC MATERIALS vere labeled by PIC. DO NOT accept					
47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - Equipment shall be maintained in good repair. ***The racks in the walk in cooler are rusted / corroded and will need to be refinished.								
49 4-601.11 (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. ***The walk in cooler fan guards need additional cleaning.								
***There is a lea	51 5-205.15 (B) System Maintained in Good Repair (C) - A PLUMBING SYSTEM shall be: Maintained in good repair. ***There is a leak at the sprayer at 3 compartment sink. The cold water valve at 3 compartment sink for left faucet does not work. The hot water push valve in the men's restroom on right hand wash sink does not work.							
good repair.	ing - Premises, Structures, penser next to pizza statior			cal facilities shall be maintained in k in cooler and freezer.				
storage of EMPL ***Employees pe	OYEES' clothing and othe ersonal belongings are beir	r possessions. ng left on racks, tables, etc	All personal items in	shall be provided for the orderly cluding food, drinks, keys, phones, inate any restaurant supplies				

including single service articles like pizza or to go boxes.