Food Establishment Inspection	Repo	rt						Sc	ore: <u>97</u>	
Establishment Name: DOMINO'S PIZZA						Ε	sta	ablishment ID: <u>3034011777</u>		
Location Address: 1022 S MAIN ST SUITE M								XInspection Re-Inspection		
City: KERNERSVILLE	State: _N	IC			Da	ate		1/25/2020 Status Code: A		
	Total Time: 1 hr 40 minutes									
Telephone: (336) 996-7807								tablishment Type: Fast Food Restaurant		
								Risk Factor/Intervention Violations:	4	
Water Supply:         Municipal/Community         On-Site Supply         No. of Repeat Risk Factor/Intervention Violations:										
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, and physical objects into foods.					
Public Health Interventions: Control measures to prevent foodborne illness o		R VR		IN C		NI/A	N/O	Compliance Status	OUT CDI	I R VR
Supervision .2652			S	afe F				•		
1         Image: Second state of the second state of t	200		28	T T		$\mathbf{X}$		Pasteurized eggs used where required	1 0.5 0	
Employee Health .2652	<u> </u>		29	$\mathbf{X}$				Water and ice from approved source	210	
2         X         Image: Second seco	31.50			X				Variance obtained for specialized processing	10.50	
3 🛛 🗆 Proper use of reporting, restriction & exclusion	31.50				[emi	pera	atur	methods 2653, 2654		
Good Hygienic Practices .2652, .2653								Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	
4 🗆 🛛 Proper eating, tasting, drinking, or tobacco use	21 🗶 🗆 [		32	+		X		Plant food properly cooked for hot holding	1 0.5 0	
5 🛛 🗆 No discharge from eyes, nose or mouth	1050			+ +	-	_		Approved thawing methods used		
Preventing Contamination by Hands .2652, .2653, .2655, .2656			⊢	+					+ $+$ $+$ $+$ $+$	
6 🛛 🗌 Hands clean & properly washed	420 .						-4'-	Thermometers provided & accurate	1 0.5 0	
7       X       Image: A state of the state of	31.50			ood I			atio	n .2653 Food properly labeled: original container	210	
8 🔲 🔀 Handwashing sinks supplied & accessible	21 🗶 🗙 [				⊔ ⊔	ו of	For	od Contamination .2652, .2653, .2654, .2656, .265		
Approved Source .2653, .2655							100	Insects & rodents not present; no unauthorized animals	210	
9 🖾 🗌 Food obtained from approved source	210 -							Contamination prevented during food	210	
10  Food received at proper temperature	210 -							preparation, storage & display		
11 🛛 🗌 Food in good condition, safe & unadulterated	210 [							Personal cleanliness	1 0.5 0	
12 D Required records available: shellstock tags, parasite destruction	210 - (			X				Wiping cloths: properly used & stored	1 0.5 0	
Protection from Contamination .2653, .2654								Washing fruits & vegetables	1 0.5 0	
13 🛛 🗆 🗆 Food separated & protected	31.50					e of	Ute	In-use utensils: properly stored	10.50	
14 🔲 🔀 Food-contact surfaces: cleaned & sanitized	3 🗙 0 🗆 (			+	-					
15 🛛 🗆 Proper disposition of returned, previously served, reconditioned, & unsafe food	210 - [		42	+ +				Utensils, equipment & linens: properly stored, dried & handled	<b>X</b> 0.5 O 🗆	
Potentially Hazardous Food Time/Temperature .2653			43	X				Single-use & single-service articles: properly stored & used	1 0.5 0	
16 🗆	31.50 [		44	$\mathbf{X}$				Gloves used properly	1 0.5 0	
17 🗆 🗖 🔀 🔲 Proper reheating procedures for hot holding	31.50		U	tensi	ls ai	nd I	Equi	ipment .2653, .2654, .2663		
18 🔲 🔲 🔀 Proper cooling time & temperatures	31.50		45	$\mathbf{X}$				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2100	
19 🗆 🗖 🔀 🗆 Proper hot holding temperatures	31.50		46		×			Warewashing facilities: installed, maintained, & used; test strips	1 🛛 🗆	
20 🗆 🔀 🗔 Proper cold holding temperatures	315 🗶 🗙 [		47	X				Non-food contact surfaces clean	1 0.5 0	
21 🔀 🔲 🗍 Proper date marking & disposition	31.50		P	hysic	al F	aci	ities	s .2654, .2655, .2656		
22 🛛 🗆 🗆 Time as a public health control: procedures & records	2100		48	$\mathbf{X}$				Hot & cold water available; adequate pressure	210	
Consumer Advisory .2653			49	X				Plumbing installed; proper backflow devices	210	
23 Consumer advisory provided for raw or undercooked foods	10.50		50	$\mathbf{X}$				Sewage & waste water properly disposed	2100	
Highly Susceptible Populations .2653			51	X				Toilet facilities: properly constructed, supplied	1 0.5 0	
24 C Pasteurized foods used; prohibited foods not offered	31.50							& cleaned Garbage & refuse properly disposed; facilities	10.50	
Chemical .2653, .2657								maintained		
25 X   Image: Constraint of the second sec				X				Physical facilities installed, maintained & clean	1 0.5 0	
26 X D Toxic substances properly identified stored, & used			54	$\mathbf{X}$				Meets ventilation & lighting requirements; designated areas used	1 0.5 0	
Conformance with Approved Procedures         .2653, .2654, .2658           27         Image: Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210 - [							Total Deductions:	3	
										2

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

## Comment Addendum to Food Establishment Inspection Report

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Establishment Name: DOMING	D'S PIZZA	Establishment ID: 3034011777					
Location Address: 1022 S MA City: KERNERSVILLE County: 34 Forsyth Wastewater System: Municipal/C Water Supply: Municipal/C Permittee: WOW PIZZA LLC	State: Zip:27284 CommunityOn-Site System	<ul> <li>✓ Inspection ☐ Re-Inspection</li> <li>Comment Addendum Attached? ☐</li> <li>Water sample taken? ☐ Yes X No</li> <li>Email 1: <sup>micktingen@aol.com</sup></li> <li>Email 2:</li> </ul>	Date: <u>11/25/2020</u> Status Code: <u>A</u> Category #: <u>II</u>				
Telephone: (336) 996-7807		Email 3:					
Temperature Observations							
tem Location	Cold Holding Temperatur	re is now 41 Degrees or less	Location Te				

ServSafe	R. Engelman 8-20-24	00	Philly	Walk-in cooler	40	 
Hot water	3 comp sink	121	Chicken	Walk-in cooler	38	
Quat sani.	3 comp sink - ppm	400	Beef	Make unit 1 top	44	
Quat sani.	Bucket - ppm	200	Pepperoni	Make unit 1 top	41	
Pasta	Reheat	178	Ham	Make unit 1 reach-in	38	
Pep. pizza	Reheat	202	Wings	Make unit 2 top	40	
Ckn pizza	Reheat	198	Pasta	Make unit 2 top	33	
Cheese	2 door reach-in cooler	39	Chicken bites	Make unit 2 reach-in	39	

## **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

Δ 2-401.11 Eating, Drinking, or Using Tobacco - C Open employee drink stored on prep table at pizza oven and above food in walk-in cooler. An employee shall eat, drink, or use any form of tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils and linens; unwrapped single-service and single-use articles; or other items needing protection can not result.

6-301.12 Hand Drying Provision - PF No paper towels supplied at handwashing sink at pizza make units. Each handwashing sink 8 shall be provided with: individual, disposable towels or a continuous towel system that supplies the user with a clean towel. CDI: Person-in-charge supplied paper towels in dispenser.

14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P Several food containers of various sizes observed with food debris or sticky residue. Equipment food-contact surfaces and utensils shall be clean to sight and touch. CDI: All placed at three compartment sink to be cleaned and sanitized. // 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P Chlorine dishmachine register 10ppm and Oppm after additional run. Maintain chlorine sanitizer between 50-200ppm. \*Verification required by 12-3-20 to Christy Whitley Lock when complete. Contact 336-703-3157 or Whitleca@forsyth.cc\*

$\bigcirc$	First	Last				
Person in Charge (Print & Sign):			66			
	First	Last				
Regulatory Authority (Print & Sign):	Y	WHITLEY	Christia Wastlein KSHS			
REHS ID: 2610	- Whitley, Ch	risty	Verification Required Date: <u>12</u> / <u>Ø3</u> / <u>2020</u>			
REHS Contact Phone Number: (33	6)7Ø3-3	157				
North Carolina Department of Health		<ul> <li>Division of Public Health</li> <li>Envir</li> <li>HS is an equal opportunity employed</li> </ul>				
Baco 2 of Food Establishment Inspection Report 3/2013						

blishment Inspection Report, 3/2013

Comment Addendum to Food Establishment Inspection Report

Establishment Name: DOMINO'S PIZZA

20

Establishment ID: 3034011777

## Observations and Corrective Actions

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- 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding P Sliced cheese overstacked in make unit measuring 57F. / One container of beef (44F) and one container of sausage (45F) measuring above 41F. Food in containers should not be overstacked of load limit, and false pans put in place to maintain air circulation in top of unit. Ready-to-eat, potentially hazardous food shall be held cold at 41F and below. CDI: Person-in-charge voluntarily discarded sliced cheese. Other containers replaced with food measuring 41F.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required C Repeat. Several stacked containers on clean utensil shelving, stacked wet. / Container with clean lids and pans with standing water. After cleaning and sanitizing, equipment and utensils shall be air dried. Do not towel dry. // 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing C Clean lids and containers being stored in container with food debris. Ensure employees are routinely cleaning containers. Cleaned equipment, utensils and linens shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 6 inches above the floor.
- 46 4-302.14 Sanitizing Solutions, Testing Devices PF No chlorine test strips provided to measure concentration of chlorine dishmachine. A test kit or other device that accurately measures the concentration in MG/L of sanitizing solutions shall be provided. \*Verification required by 12-3-20 when test strips are obtained. Contact Christy Whitley at 336-703-3157 or Whitleca@forsyth.cc\*





Soell

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