F	00	<u>)d</u>	E	S	tablishment Inspection	R	ep	0	rt						Sco	ore: <u>9</u>	7.	<u>5</u>	_
Es	stal	olis	hn	nei	nt Name: PAUL'S FINE ITALIAN								E	st	ablishment ID: 3034010313				
					ress: 3443-B ROBINHOOD RD.														
Ci	tv:	WI	NS.	IOT	N SALEM	Stat	te:	N	С			Da	ate	: 0	01/11/2018 Status Code: A				
	, <sub>-</sub> р:				County: 34 Forsyth	O.u.						Ti	me	lr	n: <u>∅ 4</u> : <u>1 5 ⊗ am</u> Time Out: <u>∅ 6</u> : <u>1</u>	5 & ai	m m		
					PESA, INC.										ime: 2 hrs 0 minutes	0 р.			
	erm			٠ -								C	ate	go	ry #: IV				
					(336) 768-2645							FI	DA	Es	stablishment Type: Full-Service Restaurant				
					System: Municipal/Community					tei	m				Risk Factor/Intervention Violations:	)			_
W	ate	r S	Sup	pl	y: ⊠Municipal/Community □On-	Site	Sυ	ıpp	oly			N	0. 0	of I	Repeat Risk Factor/Intervention Viola	tions:			_
	Foo	dha	orna	e II	ness Risk Factors and Public Health Int	erve	ntic	ns							Good Retail Practices				_
	Risk	facto	ors: (	Cont	ributing factors that increase the chance of developing foodb	oorne ill	Iness				Goo	d Re	tail F	rac	tices: Preventative measures to control the addition of patho	gens, chei	nical	з,	
					rventions: Control measures to prevent foodborne illness or				_		T	Ī <u>.</u>			and physical objects into foods.				_
	Supe		N/A ion	N/O	Compliance Status .2652	OUT	Г	CDI	R VR	9	afe I		N/A		F	OUT	CDI	R \	/R
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0						×	u vv	Pasteurized eggs used where required	1 0.5 0		丣	_
ı	mpl	oye	e He	alth	.2652					⊩		П			Water and ice from approved source			計	_
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5	0			-			×		Variance obtained for specialized processing	1 0.5 0		#	_
3	X				Proper use of reporting, restriction & exclusion	3 1.5	0			╙	ᆮ	Ten		atui	re Control .2653, .2654				
-		ΙНу	gien	ic P	ractices .2652, .2653							×	Poi	u tu.	Proper cooling methods used; adequate equipment for temperature control	1 🗙 0	X	JE	
4	X				Proper eating, tasting, drinking, or tobacco use	2 1	0			32			П	×	Plant food properly cooked for hot holding	1 0.5 0	-	╁	$\overline{}$
5	X				No discharge from eyes, nose or mouth	1 0.5	0			33	-				Approved thawing methods used	1 0.5 0	+	$\dashv$	_
_		entin	ig C	onta	mination by Hands .2652, .2653, .2655, .2656			<b>—</b> Т.		⊩	×				Thermometers provided & accurate	1 0.5 0		#	_
-	×				Hands clean & properly washed  No bare hand contact with RTE foods or pre-	4 2	$\vdash$			I 📖	ood	Ider	ntific	atio	·				
7	×		Ш	Ш	approved alternate procedure properly followed	3 1.5	$\vdash$	_			X				Food properly labeled: original container	210		示	ā
_	×			L	Handwashing sinks supplied & accessible	21	0			Р	reve	ntio	n of	Fo	od Contamination .2652, .2653, .2654, .2656, .2657	7			
-	Appr	oved	d So	urce				<b>—</b> Тг		36	X				Insects & rodents not present; no unauthorized animals	210		ון⊏	
⊢					Food obtained from approved source	21	$\vdash$			37	×				Contamination prevented during food preparation, storage & display	210		][	
⊢				X	Food received at proper temperature	21	$\vdash$			38	X				Personal cleanliness	1 0.5 0		<u> </u>	$\overline{\Box}$
$\vdash$	×		_	_	Food in good condition, safe & unadulterated  Required records available: shellstock tags,	21	$\vdash$			39	×				Wiping cloths: properly used & stored	1 0.5 0		寸	$\overline{\Box}$
12		L	×	<u>                                     </u>	parasite destruction	2 1	0			40	X				Washing fruits & vegetables	1 0.5 0		<u> </u>	_
_	<b>X</b>				Contamination .2653, .2654 Food separated & protected	3 1.5									ensils .2653, .2654				
⊢	X			Н	Food-contact surfaces: cleaned & sanitized	3 1.5				41	X				In-use utensils: properly stored	1 0.5 0		<u> </u>	
⊢					Proper disposition of returned, previously served,	21				42	X				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0			
_		 ntial	lv Ha	azar	reconditioned, & unsafe food dous Food TIme/Temperature .2653		ושו	-11		43	X				Single-use & single-service articles: properly stored & used	1 0.5 0		<b>]</b> [	
$\overline{}$				×	Proper cooking time & temperatures	3 1.5	0			44	×				Gloves used properly	1 0.5 0		<u> </u>	
17				×	Proper reheating procedures for hot holding	3 1.5	0			U	tens	ils a	and	Equ	lipment .2653, .2654, .2663				
18	X				Proper cooling time & temperatures	3 1.5	0		10	45		×			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 <b>X</b> 0		$\mathbf{z}$	
19	×				Proper hot holding temperatures	3 1.5	0		=	46	П	×			Constructed, & used Warewashing facilities: installed, maintained, &	1 🗶 0			_ X
20	×				Proper cold holding temperatures	3 1.5	0		=	47		X			used; test strips  Non-food contact surfaces clean	1 0.5		<u> </u>	_
21		П	П	П	Proper date marking & disposition	3 1.5	0	$\exists$	$\forall \Box$		hysi		- Faci	litie			ارت		Ī
22		_	$\mathbf{X}$	П	Time as a public health control: procedures &				===	48	T				Hot & cold water available; adequate pressure	210		<b>T</b>	$\exists$
_	Cons	ume		dvis	records .2653	تعالجا	الحار			49	X				Plumbing installed; proper backflow devices	210		<u> </u>	$\overline{\Box}$
23			×		Consumer advisory provided for raw or undercooked foods	1 0.5	0			50	X				Sewage & waste water properly disposed	210		<u> </u>	
		y Sı		ptib	le Populations .2653					ĺ⊢	×				Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0		<b>寸</b>	_
24			×		Pasteurized foods used; prohibited foods not offered	3 1.5	0			52	-		_		Garbage & refuse properly disposed; facilities			X	_
25	Chen	nical	I X		.2653, .2657	1 63			71-	┡	×				maintained  Physical facilities installed, maintained & clean	1 0.5 0		#	_
	H				Food additives: approved & properly used			<u> </u>		-	-				Meets ventilation & lighting requirements;			#	_
26		orm.	ance	) Wii	h Approved Procedures .2653, .2654, .2658		0			54	X	Ш			designated areas used	0.5 0	니니		
27			×	7011	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21	0								Total Deductions:	2.5			
$\overline{}$					1.000000 oxygon paoming ontona or rincor plan	ш	$\perp$			_									





Establishme	ent Name: PAUL'S FIN	NE ITALIAN			Establishment ID: 3034010313								
Location A	ddress: 3443-B ROBII	NHOOD RD			✓ Inspection ☐ Re-Inspection Date: 01/11/2018								
City: WINS	TON SALEM			ate: NC	Comment Addendum Attached? Status Code: A  Category #:								
County: 34			Zip: 27106										
	System: 🛭 Municipal/Con	nmunity 🗌 (	On-Site System		Email 1:	<b>o</b> ,							
Water Supply	•	nmunity 🗌 (	On-Site System										
	PESA, INC.				Email 2:								
Telephone	: (336) 768-2645				Email 3:								
			Tempe	erature O	bservatio	ns							
					olding w	ill change to 41 de	•						
hot plate temp	Location dish machine	Temp 166	Item spaghetti	Location cooling		Temp Item 60	Location Temp						
gravy	stove top	150	mushrooms	walk-in co	oler	39							
meat sauce	stove top	160	marinara	walk-in co	oler	38							
marinara	stove top	155	meat sauce	walk-in co	oler	38							
tomato sauce	stove top	144	hot water	2-compart	ment sink	110							
mushrooms	make-unit	40	ServSafe	Lisa Mass	ey 11-26-18	0							
spinach	make-unit	39											
cauliflower	make-unit	41											
approv		alk-in cool	er rusted, bee	r cooler at b	ar has rustii	elving for pots and pans a ng shelves, and upright co nmercial use.							
function Establi proced	ning. Repair or replac shment is using 2-cor ures, acquire deterge	e broken p npartment nt-sanitize	oressure gaug sink and dish r, or acquire h	e. // 4-301.′ machine. S not water sa	12 Manual V Submit 2-cor nitizing stick	npartment sink variance to	artment Requirements - PF - o use alternative warewashino achine not functioning. VR -						
Text							_						
Text	/B. I. I. B. I. I.		rst		ast	1,5	$\Lambda_{\infty}$						
Text	rge (Print & Sign):	isa		Massey		dv	Norw						
Text  Person in Cha	rge (Print & Sign): L othority (Print & Sign):	isa <i>Fi</i>	rst	Massey	ast ast	Andrew 3	Morro Lu REHS						

\_ Verification Required Date:  $\underline{\emptyset 1}$  /  $\underline{21}$  /  $\underline{2018}$ 

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 Name: PAUL'S FINE ITALIAN Establishment ID: 3034010313

#### **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.



47 4-602.13 Nonfood Contact Surfaces - C - Shelving units in walk-in cooler have light residue buildup and need to be cleaned. Nonfood contact surfaces shall be maintained clean. 0 pts.

52 5-501.13 Receptacles - C - Repeat - Dumpster is rusted through at bottom. Dumpsters must be leak proof and be in good repair. Contact waste management company to replace dumpster.





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Observations and Corrective Actions
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Establishment Name: PAUL'S FINE ITALIAN Establishment ID: 3034010313

#### **Observations and Corrective Actions**

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Establishment Name: PAUL'S FINE ITALIAN Establishment ID: 3034010313

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