

Food Establishment Inspection Report

Score: 97

Establishment Name: TIME SQUARE PIZZA

Establishment ID: 3034012422

Location Address: 1155 SILAS CREEK PARKWAY

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02 / 14 / 2017 **Status Code:** A

Zip: 27127

County: 34 Forsyth

Time In: 10 : 15 ^{am}_{pm} **Time Out:** 12 : 20 ^{am}_{pm}

Total Time: 2 hrs 5 minutes

Permittee: CMM LOOZ INC.

Category #: IV

Telephone: (336) 722-0021

FDA Establishment Type: Full-Service Restaurant

Wastewater System: ☒ Municipal/Community ☐ On-Site System

No. of Risk Factor/Intervention Violations: 2

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.											
Public Health Interventions: Control measures to prevent foodborne illness or injury.											
IN	OUT	N/A	N/O	Compliance Status				OUT	CDI	R	VR
Supervision .2652											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties				2	0	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652											
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				3	15	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				2	1	0	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				1	05	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				4	2	0	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed				3	15	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				2	1	0	<input type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature				2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				3	15	0	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures				3	15	0	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				3	15	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures				3	15	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures				3	15	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				3	15	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	15	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records				2	1	0	<input type="checkbox"/>
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				1	05	0	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				3	15	0	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	05	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				2	1	0	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658											
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				2	1	0	<input type="checkbox"/>

Good Retail Practices												
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
IN	OUT	N/A	N/O	Compliance Status				OUT	CDI	R	VR	
Safe Food and Water .2653, .2655, .2658												
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required				1	05	0	<input type="checkbox"/>	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				2	1	0	<input type="checkbox"/>	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				1	05	0	<input type="checkbox"/>	
Food Temperature Control .2653, .2654												
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				1	05	0	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used				1	05	0	<input type="checkbox"/>	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	05	0	<input type="checkbox"/>	
Food Identification .2653												
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657												
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	1	0	<input type="checkbox"/>	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	0	<input type="checkbox"/>	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	0	<input type="checkbox"/>	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	05	0	<input type="checkbox"/>	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				1	05	0	<input type="checkbox"/>	
Proper Use of Utensils .2653, .2654												
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				1	05	0	<input type="checkbox"/>	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	05	0	<input type="checkbox"/>	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0	<input type="checkbox"/>	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	0	<input type="checkbox"/>	
Utensils and Equipment .2653, .2654, .2663												
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	05	0	<input type="checkbox"/>	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				1	05	0	<input type="checkbox"/>	
Physical Facilities .2654, .2655, .2656												
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure				2	1	0	<input type="checkbox"/>	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				2	1	0	<input type="checkbox"/>	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				2	1	0	<input type="checkbox"/>	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				1	05	0	<input type="checkbox"/>	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				1	05	0	<input type="checkbox"/>	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	05	0	<input type="checkbox"/>	
Total Deductions:										3		



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Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 02/14/2017

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27127

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: pef.2342@gmail.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: CMM LOOZ INC.

Email 3:

Telephone: (336) 722-0021

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
sauce	reheating	125	ServSafe	Michael Scottodifrega	0			
meatballs	hot hold	146						
cheese	make top	43						
sausage	make top	41						
cut tomato	make top	37						
sliced tomato	make top	38						
hot water	prep sink	130						
CL sanitizer	3 comp sink	200						

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.

- 2 2-103.11 (M) Person in Charge-Duties - Written health policy not available. PIC not able to discuss employee health policy. It is not required to have a written health policy, but PIC and employees must be able to discuss and understand illness reporting responsibilities. CDI - Sample employee health policy provided.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Food pans had dry food particles on them. Deli slicer had dry food and greasy residue. Thoroughly wash, rinse, and sanitize all equipment and utensils thoroughly before storing. CDI - All returned for washing.
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 0 points - Bottles storing various ingredients in the pizza make unit and reach in cooler are not labeled. Except for containers holding food that can readily and unmistakably be recognized (ex: pasta), working containers storing food must be labeled.

✓
Spell

Person in Charge (Print & Sign): Michael *First* Scottodifrega *Last*

Regulatory Authority (Print & Sign): Carla *First* Day *Last*

REHS ID: 2405 - Day, Carla

Verification Required Date: / /

REHS Contact Phone Number: (3 3 6) 7 0 3 - 3 1 4 4



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45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - 0 points- Condensation leak present on 3 door reach in freezer. Evaluate and repair.

52 5-501.13 Receptacles - C - 0 points- Small dumpster missing lid. Replace.



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