Εn		A	_	c l	tablichment Inchection	Doi	nor	+						Score: 07.5				
					ablishment Inspection				RAP		_			Score: <u>97.5</u>				
	Stablishment Name: QUANTO BASTA ITALIAN EATERY AND WINE BAR Establishment ID: 3034012371																	
Location Address: 680 WEST 4TH STREET									Inspection Re-Inspection									
•	City: WINSTON SALEM State: NC								Date: <u>Ø 6</u> / <u>2 1</u> / <u>2 Ø 1 7</u> Status Code: A									
Zip:	p: <u>27101</u> County: <u>34 Forsyth</u>							Time In: $0 \ 2 \ : \ 3 \ 0 \ \otimes \ pm$ Time Out: $0 \ 4 \ : \ 4 \ 5 \ \otimes \ pm$										
Per	Permittee: QUANTO BASTA LLC						Total Time: 2 hrs 15 minutes											
Telephone: (336) 893-6144								Category #: _IV										
	Vastewater System: Municipal/Community On-Site System FDA Establishment Type: Full-Service Restaurant																	
	No. of Hisk Factor/Intervention Violations:																	
wa	ter	3	up	pi	7: Minufficipal/Confinitionity Uni-	Site S	uppiy	<i>y</i>		N	0.	of F	Repeat Risk Factor/Intervention V	iolations:				
Fo	000	dbo	orne	e III	ness Risk Factors and Public Health Int	erventi	ons						Good Retail Practices					
	Risk factors: Contributing factors that increase the chance of developing foodborne illness.									Good Retail Practices: Preventative measures to control the addition of pathogens, and physical objects into foods.								
Public Health Interventions: Control measures to prevent foodborne illness or injury. IN OUT N/A N/O Compliance Status OUT CDI R VR							Ivp.	1	OUT		. I NIO		OUT ON D VD					
	per			N/O	Compliance Status .2652	OUT	CDI R	VK	Safe			N/O	•	OUT CDI R VR				
$\overline{}$	Z				PIC Present; Demonstration-Certification by	2 0			28 🗆		×	$\overline{}$	Pasteurized eggs used where required	1050				
		yee	e He	alth	accredited program and perform duties .2652				29 🔀	₽		+	Water and ice from approved source					
$\overline{}$	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			\vdash		×	1	Variance obtained for specialized processing					
3 2	Z				Proper use of reporting, restriction & exclusion	3 1.5 0				LTon	_		methods	1 0.5 0				
		Hyc	gieni	ic P	ractices .2652, .2653				31	$\overline{}$	ре	eratur	re Control .2653, .2654 Proper cooling methods used; adequate					
$\overline{}$	Z I				Proper eating, tasting, drinking, or tobacco use	210				닏		_	equipment for temperature control					
5 2	Ş	П			No discharge from eyes, nose or mouth	1 0.5 0			32 🗆	Ш	L		Plant food properly cooked for hot holding	1 0.5 0				
_	_	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				33				Approved thawing methods used	1 0.5 0				
6 2	X				Hands clean & properly washed	420			34				Thermometers provided & accurate	1 0.5 0				
7 2	3				No bare hand contact with RTE foods or pre-	3 1.5 0			Food	_	ntifi	icatio						
-	<u> </u>	П			approved alternate procedure properly followed Handwashing sinks supplied & accessible	210		IH	35	_			Food properly labeled: original container	210 -				
		proved Source .2653, .2655					1		Т	n c	of Foo	od Contamination .2652, .2653, .2654, .2656, Insects & rodents not present; no unauthorized	·					
9 2	Z				Food obtained from approved source	210			36	-			animals					
10 [X.	Food received at proper temperature	210			37				Contamination prevented during food preparation, storage & display	210				
+-	_				Food in good condition, safe & unadulterated	210			38				Personal cleanliness	1 0.5 0				
+	+				Required records available: shellstock tags,				39 🗷				Wiping cloths: properly used & stored	1050				
		Lio	X n fro	m (parasite destruction Contamination .2653, .2654	2 1 0		Щ	40 🔀		Е]	Washing fruits & vegetables	1 0.5 0				
13	\neg				Food separated & protected	3 1.5 0			Prop	er Us	se o	of Ute	ensils .2653, .2654					
	-+] [·				41				In-use utensils: properly stored	1 0.5 0				
+	X				Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,	3 1.5 0			42 🔀				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0				
15 X L reconditioned, & unsafe food							43	+			Single-use & single-service articles: properly	1 0.5 0						
$\overline{}$	\neg	tiaii	у на	azar	,	3 1.5 0		П		H			stored & used Gloves used properly					
16	=+:				Proper cooking time & temperatures	++-				sile 1	and	l Fau	ipment .2653, .2654, .2663					
17 [-		Ш	X	Proper reheating procedures for hot holding	3 1.5 0				Т	1110	Lqu	Equipment, food & non-food contact surfaces					
18 2	Z I				Proper cooling time & temperatures	3 1.5 0			45 🗆	X			approved, cleanable, properly designed, constructed, & used					
19 5	a li	П			Proper hot holding temperatures	3 1.5 0			16 🖂				Warewashing facilities: installed, maintained, &					

used; test strips 20 🗷 Proper cold holding temperatures 47 🔀 Non-food contact surfaces clean 21 🗆 \square Proper date marking & disposition **Physical Facilities** .2654, .2655, .2656 48 🛛 🗀 🗀 Time as a public health control: procedures & Hot & cold water available; adequate pressure 49 🛛 🗀 Plumbing installed; proper backflow devices Consumer Advisory .2653 Consumer advisory provided for raw or undercooked foods 23 🗆 🗆 🗷 50 🗷 🗆 Sewage & waste water properly disposed **Highly Susceptible Populations** .2653 Toilet facilities: properly constructed, supplied 51 🛛 🗆 Pasteurized foods used; prohibited foods not offered & cleaned 24 🗆 🗆 🗷 Garbage & refuse properly disposed; facilities maintained 52 🗷 🗆 Chemical .2653, .2657 25 🛛 🗆 53 🗷 🗆 Food additives: approved & properly used Physical facilities installed, maintained & clean Meets ventilation & lighting requirements; designated areas used 26 🗵 🗆 Toxic substances properly identified stored, & used 54 🔀 Conformance with Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan **Total Deductions:** 27 🗆 🗀 🔀 210 - -





	Comment Ad	<u>denc</u>	<u>lum to F</u>	ood Es	<u>tablishr</u>	<u>nent</u>	Inspecti	on Report				
Establishm	ent Name: QUANTO BAS	TA ITALI	AN EATERY AN	ID WINE BAR	R Establishment ID: 3034012371							
Location	Address: 680 WEST 4TH S	TREET										
City: WIN	STON SALEM			te: <u>NC</u>	Comment Addendum Attached? Status Code: A							
County: 3			Zip: 27101	Category #: _IV								
Water Supp	r System: 🔀 Municipal/Commui oly: 🔀 Municipal/Commui :: QUANTO BASTA LLC			Email 1: tim@springhousenc.com Email 2:								
	e:_(336) 893-6144				Email 3:							
<u> </u>			Tempe	rature Ob	servations							
Item	Location n reach in	Temp 40	Item	Location make unit 2		Temp	Item faro	Location salad make unit	Temp			
Chicken parn cooked potate		40	sausage shrimp	make unit 2		38	pork	salad make unit	39 41			
swiss chard	steam well	178	clams	make unit 2		<u>·</u>		pizza make unit	38			
marinara	steam well	169	meatballs	steam well 2			onion	pizza make unit	34			
	ts make unit	39	sauce	steam well 2		158 beans		walk in	38			
orzo	make unit	40	rottis. chicken	final cook		193	sanitizer	three comp sink (ppm)	200			
chicken	make unit	39	beans	salad make		35	sanitizer	dish machine (ppm)	100			
shreaded	make unit 2	44	tomato	salad make		38	Christopher	1-27-19	0			
 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF In make u cooler on main cook line one cardboard serving boat had two cooked chicken breasts date marked 6/10, In pizza make unit one plastic container of Caponata was date marked for 6/2. and one bag of sliced pork in salad make unit did not have a date mark PIC indicated that product was cooked and frozen and at a later date is placed in coolers for use.// All potentially hazardous focheld for more than 24 hours must have date marking and can be held for no more than 7 days at 41 degrees and under (or 4 diat 41-45F). Any foods prepared and frozen should have an initial prep date and freeze date and a thaw date shall be labelled uthawing to continue monitoring for allowed holding day limit. CDI: PIC discarded noted foods. All other foods following date mar procedures correctly. 4-501.11 Good Repair and Proper Adjustment-Equipment - C Repeat: Heavy ice leak and broken foam insulation around walk freezer inlet water pipe. Remove ice build up, keep food away from leak to prevent contamination, and have unit repaired to sto leak. /Gasket torn on front pizza make unit door. Replace damaged gasket. / Equipment shall be kept in good repair. // 4-205.11 Food Equipment, Certification and Classification - C One white black and decker food processor in dry storage room is not of A approved construction "for household use only", All equipment must be constructed to ANSI approved standards. Remove food processor from establishment. 												
	arge (Print & Sign):	Fir Fir		ast ast	ONJUL							
Regulatory A	uthority (Print & Sign): ^{Jose}	eph		Chrobak		A	w					
	REHS ID: 24	150 - Ch	nrobak, Josep	oh		Verifica	ation Required Da	ate://				

REHS Contact Phone Number: (336)703 - 3164



Establishment Name: QUANTO BASTA ITALIAN EATERY AND WINE BAR Establishment ID: 3034012371

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.





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