

# Food Establishment Inspection Report

Score: 97

Establishment Name: DOMINO'S PIZZA

Establishment ID: 3034011777

Location Address: 1022 S MAIN ST SUITE M

☒ Inspection ☐ Re-Inspection

City: KERNERSVILLE

State: NC

Date: 07 / 10 / 2017 Status Code: A

Zip: 27284

County: 34 Forsyth

Time In: 03 : 40 <sup>am</sup> <sub>pm</sub> Time Out: 05 : 05 <sup>am</sup> <sub>pm</sub>

Permittee: WOW PIZZA LLC

Total Time: 1 hr 25 minutes

Telephone: (336) 996-7807

Category #: II

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

FDA Establishment Type: Fast Food Restaurant

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

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 1

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
<b>Supervision .2652</b>										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
<b>Employee Health .2652</b>										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	13	0	
<b>Good Hygienic Practices .2652, .2653</b>										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	03	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>										
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	0	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	
<b>Approved Source .2653, .2655</b>										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	
<b>Protection from Contamination .2653, .2654</b>										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	13	0	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	
<b>Consumer Advisory .2653</b>										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	
<b>Highly Susceptible Populations .2653</b>										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
<b>Chemical .2653, .2657</b>										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>										
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	

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
<b>Safe Food and Water .2653, .2655, .2658</b>										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	03	0	
<b>Food Temperature Control .2653, .2654</b>										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	03	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	03	0	
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0	0	
<b>Food Identification .2653</b>										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	03	0	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables			1	03	0	
<b>Proper Use of Utensils .2653, .2654</b>										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	03	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	03	0	
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>										
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	0	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	03	0	
<b>Physical Facilities .2654, .2655, .2656</b>										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	03	0	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	0	
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	03	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	0	
Total Deductions: 3										



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CR  
Off



# Comment Addendum to Food Establishment Inspection Report

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City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

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

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

Permittee: WOW PIZZA LLC

Telephone: (336) 996-7807

Establishment ID: 3034011777

☒ Inspection ☐ Re-Inspection Date: 07/10/2017

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: micktingen@aol.com

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Kelly Taylor	03/19/20	0	Chicken	Make unit	41			
Hot water	3 comp sink	125	Sausages	Make unit	35			
Quat sanitizer	3 comp sink	150	Breaded	Make unit	41			
Pizza	Final	208						
Sausages	Walk-in cooler	44						
Air temp	Walk-in cooler	41						
Spinach	Make unit	42						
Pasta	Make unit	33						

## 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.

- 6 2-301.14 When to Wash - P- REPEAT. One food employee washed hands and turned off water faucet using bare hands. Food employees shall wash their hands after engaging in activities that contaminate the hands and shall use a barrier such as paper towels to turn off water faucet. CDI- Employee asked to re-wash hands.
- 34 4-502.11 (B) Good Repair and Calibration - PF- 2 out of 2 thermometers in establishment are out of calibration by 5 degrees. Thermometers shall be in good repair and proper calibration. Verification required before JULY 20th. Contact Eva Robert at (336)703-3135 or at robertea@forsyth.cc.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C- 5 stacks of pizza boxes stored with food-contact surface exposed. Single-service articles shall be stored in a manner necessary to prevent contamination. Invert pizza boxes while in storage or store inside original protective package.



Person in Charge (Print & Sign): Kelly Taylor

Regulatory Authority (Print & Sign):<sup>Eva</sup> Robert REHSI

*Kelly Taylor*

*Eva Robert, REHSI*

REHS ID: 2551 - Robert, Eva

Verification Required Date: 07 / 20 / 2017

REHS Contact Phone Number: ( 336 ) 703 - 3135



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- 52 5-501.113 Covering Receptacles - C- 0 pts. One door open on refuse and 2 recycling receptacles. Receptacles shall be maintained covered with tight-fitting door. Keep door closed at all time.

✓  
Spell



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