F	00	<u>)d</u>	E	S	tablishment Inspection	R	ep	0	rt						Sco	ore: <u>9</u>	9.5	5_		
Es	tal	olis	shn	nei	nt Name: TRE NONNE								E	st	ablishment ID: 3034012444					
							X Inspection ☐ Re-Inspection													
City: WINSTON SALEM State: NC Date								ate	e: 11 / 07 / 2017 Status Code: A											
	-		104		County: 34 Forsyth	O.u.				Time In: $11:30\%$ am $0$ Time Out: $01:30\%$ pm										
					MARESCA LLC					Total Time: 2 hrs 0 minutes										
			ee:	٠ -							Category #: IV									
					(336) 842-3296							FI	DΑ	Es	stablishment Type: Full-Service Restaurant					
					System: Municipal/Community				-	tei	m				Risk Factor/Intervention Violations:	1			_	
W	ate	er S	Sup	pl	y: ⊠Municipal/Community □ On-	Site	Su	pp	ly			N	o. c	of F	Repeat Risk Factor/Intervention Viola	ations:				
	Foo	dbo	orne	e III	lness Risk Factors and Public Health Int	erve	ntio	ns							Good Retail Practices				_	
ı	Risk	facto	ors: (	Cont	ributing factors that increase the chance of developing foodb	orne il	Iness	_			Goo	d Re	tail F	Prac	tices: Preventative measures to control the addition of patho	gens, cher	micals	3,		
_			N/A		rventions: Control measures to prevent foodborne illness of				D VD		Ты	OUT	NI/A	N/O	and physical objects into foods.	OUT	CDI	<u> </u>		
9		rvis		IN/O	Compliance Status	OUT	1	וטי	R VR	S	afe l		N/A d an		- · · · · · · · · · · · · · · · · · · ·	001	CDI	K	/K	
1	×				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0						X		Pasteurized eggs used where required	1 0.5 0		<u> </u>	_	
E	mp	loye	e He	alth	.2652					29	×				Water and ice from approved source	210		7	$\overline{}$	
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5	0			-	П	П	×		Variance obtained for specialized processing	1 0.5 0		7	_	
3	×				Proper use of reporting, restriction & exclusion	3 1.5	0			╙	ഥ	Ten		atur	re Control .2653, .2654					
-			gien	ic P	ractices .2652, .2653			Ţ				×			Proper cooling methods used; adequate equipment for temperature control	1 🗷 0		X [		
$\vdash$	×				Proper eating, tasting, drinking, or tobacco use	21	0		40	32				×	Plant food properly cooked for hot holding	1 0.5 0		<u> </u>	$\overline{}$	
_	×		L	L	No discharge from eyes, nose or mouth	1 0.5	0			33	-			×	Approved thawing methods used	1 0.5 0	_	$\dashv$	$\overline{}$	
_		entin	ig Ci	onta	Imination by Hands			715		—	×	П			Thermometers provided & accurate	1 0.5 0		7	$\exists$	
$\vdash$	×				Hands clean & properly washed  No bare hand contact with RTE foods or pre-	4 2			╬	I 📖	ood	Ider	ntific	atio	·					
7	Ш		Ш	X	approved alternate procedure properly followed	3 1.5		ا <u>ا</u> ـــ	ፗ	35	X				Food properly labeled: original container	210			$\overline{\Box}$	
	Name (		4 6 0	uro	Handwashing sinks supplied & accessible	21	0	_  -		P	reve	ntio	n of	Fo	od Contamination .2652, .2653, .2654, .2656, .2657					
-	Appr	oved	d So	urce	E .2653, .2655 Food obtained from approved source	21		71		36	×				Insects & rodents not present; no unauthorized animals	210				
$\vdash$				×	Food received at proper temperature	21				37	X				Contamination prevented during food preparation, storage & display	210		$\exists$		
⊢	×				Food in good condition, safe & unadulterated	21	$\vdash$			38	X				Personal cleanliness	1 0.5 0			$\overline{\Box}$	
$\vdash$					Required records available: shellstock tags.	+				39	X				Wiping cloths: properly used & stored	1 0.5 0				
12		ctio	n fr	om (	parasite destruction  Contamination .2653, .2654	2 1	0	_  -		40	X				Washing fruits & vegetables	1 0.5 0			$\overline{\Box}$	
	×				Food separated & protected	3 1.5	0								ensils .2653, .2654					
⊢	×				Food-contact surfaces: cleaned & sanitized	3 1.5	0			41	×				In-use utensils: properly stored	1 0.5 0				
⊢	×				Proper disposition of returned, previously served,	21				42	X				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0				
_		ntial	ly Ha	azar	reconditioned, & unsafe food dous Food TIme/Temperature .2653					43	X				Single-use & single-service articles: properly stored & used	1 0.5 0				
16				×	Proper cooking time & temperatures	3 1.5	0			44	X				Gloves used properly	1 0.5 0				
17	×				Proper reheating procedures for hot holding	3 1.5	0			U	Itens	ils a	and	Equ	ipment .2653, .2654, .2663					
18	×				Proper cooling time & temperatures	3 1.5	0			45	×				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	210				
19	×				Proper hot holding temperatures	3 1.5	0			46	×				Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0			_	
20	×				Proper cold holding temperatures	3 1.5	0			47	×				Non-food contact surfaces clean	1 0.5 0			_	
21		X			Proper date marking & disposition	3 1.5	X :	X [		Р	hysi	cal	Faci	litie	s .2654, .2655, .2656					
22			×		Time as a public health control: procedures & records	21	0	][		48	X				Hot & cold water available; adequate pressure	210			$\Box$	
(	Cons	ume	er Ad	dvis	ory .2653					49	X				Plumbing installed; proper backflow devices	2 1 0				
23			×		Consumer advisory provided for raw or undercooked foods	1 0.5	0			50	X				Sewage & waste water properly disposed	210				
-		ly Sι	$\overline{}$	ptib	le Populations .2653  Pasteurized foods used; prohibited foods not				71	51	×				Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0		7	Ī	
24		nical	I X		offered .2653, .2657	3 1.5	0	_  L		52	×				Garbage & refuse properly disposed; facilities maintained	1 0.5 0			_	
25			×		Food additives: approved & properly used	1 0.5	0			53	-	×			Physical facilities installed, maintained & clean	1 0.5		<u> </u>	5	
26		F	Ī		Toxic substances properly identified stored, & used	211	0			╟		F			Meets ventilation & lighting requirements;	1 0.5 0			_	
_		orm	ance	e wit	th Approved Procedures .2653, .2654, .2658	ت ا	ا تدر	-1-							designated areas used			-1		
27			×		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21	0								Total Deductions:	0.5				
_								_						_				_	-	





		Auue	illuulli to i	roou Es	stabiisiii	пеп	mspection	Report		
Establishmer	nt Name: TRE NONNE				Establish	ment ID	): <u>3034012444</u>			
Location Ad	ddress: 177 JONESTOW	N RD			X Inspect	tion	Re-Inspection	Date: <u>11</u>	/07/2017	
City: WINST	ON SALEM		Stat	te: <u>NC</u>	Comment A	ddendum	Attached?	Status C	Code: A	
County: 34	Forsyth		_ Zip: <u>27104</u>						y #: _IV_	
	system: 🛛 Municipal/Commu				Email 1: <sup>tı</sup>	renonne@	gmail.com			
Water Supply	Municipal/Commu MARESCA LLC	inity 📙 0	On-Site System		Email 2:					
	(336) 842-3296				Email 3:					
relephone.	(600) 0 12 0200		Tomore	ио <del>т</del> ио Ок						
			<u> </u>		servation					
Item	Location Location	Janua Temp		Cold Ho	olding wi	III char Temp	nge to 41 deg	grees _ocation		Temp
sausage	make-unit	39	chicken soup	hot hold		204	item i	-ocation		remp
meatball	make-unit	41	hot plate temp	dish machir	ne	161				_
chicken	make-unit	38	quat (ppm)	dispenser		150				
marinara	reheat	166	hot water	3-compartm	nent sink	141				
baked ziti	walk-in cooler	40	ServSafe	Anthony Ma	aresca	0				
tomato	walk-in cooler	41								
pasta salad	cooling	53	_							
mushroom	hot hold	179								
	olations cited in this report		Observation							
31 3-501.1 foods sl 53 6-201.1	oreparation counting as 5 Cooling Methods - PF nall be left uncovered on 1 Floors, Walls and Ceined to wall beside fryer.	- Reper loosely	eat - Pasta sala / covered wher	nd actively con cooling. C	ooling in wa DI - Lid rem ge present ir	alk-in coc noved fro	m pasta salad co	ntainer.	ard needs	
	ge (Print & Sign): <sup>Ton</sup> hority (Print & Sign): <sup>And</sup>	Fil	rst	Maresca	ast ast	<u>A</u> R	nthony h	Jan Lu	esco	ī
			ο ο Λια-Ινα-···			0				
	REHS ID: 25	044 - L6	ee, Andrew			Verifica	ation Required Date	»:/_	_/	
	ontact Phone Number: (		703 - 312		Health • Envir	onmental H	ealth Section • Food	1 Protection P	Program	

DHHS is an equal opportunity employer.

Page 2 of \_\_\_\_\_ Food Establishment Inspection Report, 3/2013



Establishment ID: 3034012444 Establishment Name: TRE NONNE

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.





Establishment Name: TRE NONNE	Establishment ID: 3034012444

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.





Establishment Name: 7	TRE NONNE	<b>Establishment ID:</b>	3034012444

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.





Establishment Name: TRE NONNE	Establishment ID: 3034012444
-------------------------------	------------------------------

## **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.



