

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 11-18-22	Time in: 1030	Time out: 1110	License/Permit #	Est. Type: BBQ	Risk Category: LOU	Page 1 of 3	
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input checked="" type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	Total Score

Establishment Name: MOW PIZZA	Contact/Owner Name:	* Number of Repeat Violations: 0	✓ Number of Violations COS:
Physical Address: 11650 Hwy 380 #400	City/County: <u>Town of Cross Roads</u>	Zip Code:	Phone:
			99

Compliance Status: **OUT** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site **R** = repeat violation
 Mark the appropriate points in the **OUT** box for each numbered item. Mark "✓" a checkmark in appropriate box for **IN, NO, NA, COS**. Mark an asterisk "*" in appropriate box for **R**.

Compliance Status						Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																							
OUT	IN	NO	NA	COS	R	Time and Temperature for Food Safety (F = degrees Fahrenheit)																							
						<input checked="" type="checkbox"/>						1. Proper cooling time and temperature						<input checked="" type="checkbox"/>						12. Management, food employees and conditional employees, knowledge, responsibilities, and reporting					
						<input checked="" type="checkbox"/>						2. Proper Cold Holding temperature (41°F/45°F)						<input checked="" type="checkbox"/>						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
						<input checked="" type="checkbox"/>						3. Proper Hot Holding temperature (135°F)						Preventing Contamination by Hands											
						<input checked="" type="checkbox"/>						4. Proper cooking time and temperature						<input checked="" type="checkbox"/>						14. Hands cleaned and properly washed/ Gloves used properly					
						<input checked="" type="checkbox"/>						5. Proper reheating procedure for hot holding (165°F in 2 Hours)						<input checked="" type="checkbox"/>						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y,N)					
						<input checked="" type="checkbox"/>						6. Time as a Public Health Control, procedures & records						Highly Susceptible Populations											
						Approved Source						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>						16. Pasteurized foods used; prohibited food not offered. Pasteurized eggs used when required						
						<input checked="" type="checkbox"/>						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						Chemicals											
						<input checked="" type="checkbox"/>						8. Food Received at proper temperature						<input checked="" type="checkbox"/>						17. Food additives, approved and properly stored; <u>Washing Fruits & Vegetables</u>					
						Protection from Contamination						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>						18. Toxic substances properly identified, stored and used						
						<input checked="" type="checkbox"/>						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing											
						<input checked="" type="checkbox"/>						10. Food contact surfaces and Returnables, Cleaned and Sanitized at _____ ppm/temperature						<input checked="" type="checkbox"/>						19. Water from approved source; Plumbing installed; proper backflow device					
						<input checked="" type="checkbox"/>						11. Proper disposition of returned, previously served or reconditioned						<input checked="" type="checkbox"/>						20. Approved Sewage/Wastewater Disposal System, proper disposal					

Compliance Status						Priority Foundation Items (3 Points) violations Require Corrective Action within 10 days																							
OUT	IN	NO	NA	COS	R	Demonstration of Knowledge/ Personnel																							
						<input checked="" type="checkbox"/>						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						<input checked="" type="checkbox"/>						27. Proper cooling method used; <u>Equipment Adequate to Maintain Product Temperature</u>					
						<input checked="" type="checkbox"/>						22. Food Handler/ no unauthorized persons/ personnel						<input checked="" type="checkbox"/>						28. Proper Date Marking and disposition					
						Safe Water, Recordkeeping and Food Package Labeling						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>						29. Thermometers provided, accurate, and calibrated; <u>Chemical/ Thermal test strips</u>						
						<input checked="" type="checkbox"/>						23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation											
						<input checked="" type="checkbox"/>						24. Required records available (shellshock tags, parasite destruction); <u>Packaged Food labeled</u>						<input checked="" type="checkbox"/>						30. Food Establishment Permit (Current & Valid)					
						Conformance with Approved Procedures						<input checked="" type="checkbox"/>					Utensils, Equipment, and Vending												
						<input checked="" type="checkbox"/>						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods, manufacturer instructions						<input checked="" type="checkbox"/>						31. Adequate handwashing facilities: Accessible and properly supplied, used					
						Consumer Advisory						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used						
						<input checked="" type="checkbox"/>						26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate/ Allergen label)						<input checked="" type="checkbox"/>						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					

Compliance Status						Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First																							
OUT	IN	NO	NA	COS	R	Prevention of Food Contamination																							
						<input checked="" type="checkbox"/>						34. No Evidence of Insect contamination, rodent/other animals						<input checked="" type="checkbox"/>						41. Original container labeling (Bulk Food)					
						<input checked="" type="checkbox"/>						35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities											
						<input checked="" type="checkbox"/>						36. Wiping Cloths; properly used and stored						<input checked="" type="checkbox"/>						42. Non-Food Contact surfaces clean					
						<input checked="" type="checkbox"/>						37. Environmental contamination						<input checked="" type="checkbox"/>						43. Adequate ventilation and lighting; designated areas used					
						<input checked="" type="checkbox"/>						38. Approved thawing method						<input checked="" type="checkbox"/>						44. Garbage and Refuse properly disposed; facilities maintained					
						Proper Use of Utensils						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>						45. Physical facilities installed, maintained, and clean						
						<input checked="" type="checkbox"/>						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						<input checked="" type="checkbox"/>						46. Toilet Facilities; properly constructed, supplied, and clean					
						<input checked="" type="checkbox"/>						40. Single-service & single-use articles; properly stored and used						<input checked="" type="checkbox"/>						47. Other Violations					

Received by: <u>Austin Bandy</u> (signature)	Print: <u>Austin Bandy</u>	Title: Person In Charge/ Owner
Inspected by: <u>John W. Bandy, B.S.</u> (signature)	Print: <u>John Bandy</u>	Business Email:

Corrective Actions to Ensure Safe Food

Item No.

1 Cooling

- TCS* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:

Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours

2 Cold Hold

- TCS food held above 41° F (45° F) more than 4 hours:

Action: Voluntary destruction

- TCS food held above 41° F (45° F) less than 4 hours:

Action: Rapid cool (e.g. ice bath)

3 Hot Hold

- TCS food held below 135° F more than 4 hours:

Action: Voluntary destruction

- TCS food held below 135° F less than 4 hours:

Action: Rapid reheats to 165° F or more

4 Cooking

- TCS food undercooked:

Action: Re-cook to proper temperature

5 Rapid Reheating

- TCS food improperly reheated:

Action: Reheat rapidly to 165° F

7 Approved Source/Sound Condition

- Foods from unapproved sources/unsound condition:

Action: Voluntary destruction

9 Cross-Contamination of Raw/Cooked Foods

- Ready-To-Eat food contaminated by raw TCS food:

Action: Voluntary destruction of ready-to-eat foods

14 Handwashing

- Food employees observed not washing hands:

Action: Instruct employees to wash hands as specified in the Rules.

15 Proper Handling of Ready-to-Eat Foods

- Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:

Action: Voluntary destruction

19, 23 Water Supply

- Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils:

Action: Voluntary suspension of food preparation

* Time/Temperature Control for Safety (TCS)

