

The Town of Cross Roads Retail Food Establishment Inspection Report

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|------------------------------------------------|-------------------------|--------------------------------------------------|-----------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------|--------------------|
| Date: 5-5-23 | Time in: 1434 | Time out: 1525 | License/Permit # | Est. Type: Rest | Risk Category: Low | Page 1 of 3 | |
| Purpose of Inspection: | | 1-Compliance <input checked="" type="checkbox"/> | 2-Routine <input type="checkbox"/> | 3-Field Investigation <input type="checkbox"/> | 4-Visit <input type="checkbox"/> | 5-Other <input type="checkbox"/> | Total Score |
| Establishment Name: MDD PIZZA | | | Contact/Owner Name: | | * Number of Repeat Violations: 8 ✓ Number of Violations COS: 8 | | 98 |
| Physical Address: 11650 Hwy 380 #400 | | | City/County: Town of Cross Roads | | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |

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

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

| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------|----|----|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|----|----|----|-----|----------------------------------------------------------------------------------------------------------|---|
| Compliance Status | | | | | Compliance Status | | | | | | | | |
| OUT | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel | R | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | 27. Proper cooling method used; <u>Equipment Adequate to Maintain Product Temperature</u> | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel | | | | | | | 28. Proper Date Marking and disposition | |
| | | | | | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | 29. Thermometers provided, accurate, and calibrated; <u>Chemical/ Thermal test strips</u> | |
| | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | Permit Requirement, Prerequisite for Operation | |
| | | | | | 24. Required records available (shellshock tags; parasite destruction); <u>Packaged Food labeled</u> | | | | | | | 30. Food Establishment Permit (Current & Valid) | |
| | | | | | Conformance with Approved Procedures | | | | | | | Utensils, Equipment, and Vending | |
| | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan. Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | | | | | Consumer Advisory | | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | | | | | 26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate/ Allergen label) | | | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | |

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

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| Received by: | Print: Nicholas Ritter | Title: Person In Charge/ Owner |
| Inspected by: | Print: John D Glover | 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)



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|-----------------------------------------|------------------------------------------------|----------------------------------------|------------------|---------------------------|
| Establishment Name: <i>MOD PIZZA</i> | Physical Address: <i>11650 Hwy 380 #400</i> | City/State: <i>Town of Cross Roads</i> | License/Permit # | Page <i>3</i> of <i>3</i> |
|-----------------------------------------|------------------------------------------------|----------------------------------------|------------------|---------------------------|

| TEMPERATURE OBSERVATIONS | | | | | |
|----------------------------------------------------------------|--------------|---------------|------|---------------|------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| <i>Toys foodst & Walk in cooler marketables, receiving</i> | <i>41-47</i> | | | | |
| | | | | | |
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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
|-------------|---------------------------------------------------------------------------------------------------------------------------|
| <i>42</i> | <i>Non food contact surfaces: Spot clean walls</i> |
| <i>49</i> | <i>Store clean equipment to protect from cross con tamination.</i> |
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| Received by: (signature)  | Print: <i>Nicholas Ritter</i> | Title: Person In Charge/ Owner |
| Inspected by: (signature)  | Print: <i>John Glover</i> | Samples: Y <u>N</u> # collected <i>0</i> |