

Food Establishment Inspection Report

Score: 97.5

Establishment Name: CICI'S PIZZA #216

Establishment ID: 3034011249

Location Address: 2857 REYNOLDA RD

City: WINSTON SALEM State: North Carolina

Zip: 27106 County: 34 Forsyth

Permittee: TOP SLICE LLC

Telephone: (336) 723-7273

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 03/18/2024 Status Code: A

Time In: 11:00 AM Time Out: 1:30 PM

Category#: II

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 0

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

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN OUT	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	X
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT	Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN OUT	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN OUT	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT/N/A/N/O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN OUT	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN OUT	Non-food contact surfaces clean	X	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN OUT	Plumbing installed; proper backflow devices	2	1	X
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					2.5



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CICI'S PIZZA #216
 Location Address: 2857 REYNOLDA RD
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27106
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: TOP SLICE LLC
 Telephone: (336) 723-7273

Establishment ID: 3034011249
☒ Inspection ☐ Re-Inspection Date: 03/18/2024
☐ Educational Visit Status Code: A
 Comment Addendum Attached? ☒ Category #: II
 Email 1: store216@cicispizza.com
 Email 2:
 Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pepperoni Pizza/cooked for hot bar	202.0				
Marinara Sauce/hot holding	152.0				
Soup/hot holding	147.0				
White Sauce/hot holding	142.0				
Salad/salad bar	38.0				
Beets/salad bar	39.0				
White Sauce/pizza station	40.0				
Chicken/pizza station	37.0				
Mozzarella/pizza station	40.0				
Ham/pizza station	37.0				
Salad/walk-in cooler	40.0				
Spinach/walk-in cooler	38.0				
Hot Water/3-compartment sink	144.0				
Quat Sani/3-compartment sink	200.0				
C. Sani/dish machine	100.0				

First
 Person in Charge (Print & Sign): Devan
 First
 Regulatory Authority (Print & Sign): Victoria

Last
 Wojciechowski
 Last
 Murphy




REHS ID: 2795 - Murphy, Victoria Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____
 REHS Contact Phone Number: (336) 703-3814 Authorize final report to be received via Email: _____



North Carolina Department of Health & Human Services

Page 2 of _____
 Division of Public Health • Environmental Health Section
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 12/2023

Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: CICI'S PIZZA #216

Establishment ID: 3034011249

Date: 03/18/2024 **Time In:** 11:00 AM **Time Out:** 1:30 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Devan Wojciechowski		Food Service	05/15/2021	05/15/2026

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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils-PF: Two drink nozzle were observed soiled at the drink station. Food-contact surfaces shall be clean to sight and touch. CDI: The PIC immediately cleaned and sanitized the nozzles. *left at zero points due to 6 out of 8 nozzles were cleaned*
- 24 3-501.19 Time as a Public Health Control-P: There was no time stamp for the premade pizzas on the wall. (B) If time without temperature control is used as the public health control up to a maximum of 4 hours: (3) The food shall be marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control. CDI: The PIC stated that the items were made 30 minutes prior. The PIC was allowed to place a time stamp on the items.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-REPEAT-C: The ceiling grid is rusting/the wheels of the oven is melting into the floor/the floor drains are cracking/replace rusting floor drain grid/replace front bolt in the dish machine/legs and shelving of equipment are rusting. Equipment shall be maintained in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils-REPEAT-C: Cleaning is needed to/on the following: cabinets under dining room beverage station, on oven conveyer, and shelves in the walk-in cooler. Nonfood-contact surfaces shall be free of dust, dirt, food residue, and debris.
- 51 5-205.15 (B) System Maintained in Good Repair-C: A leak was observed at the pipe behind the table holding the burner. A plumbing system shall be maintained in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods-C: Recaulk around the 3-compartment sink. Physical facilities shall be maintained in good repair.//6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Cleaning is needed on walls in the prep and warewashing areas and ceilings in the pizza preparation area. Physical facilities shall be cleaned as often as necessary to keep them clean.