

# Food Establishment Inspection Report

Score: 93

Establishment Name: MARCO'S PIZZA

Establishment ID: 3034020670

Location Address: 4908 REYNOLDA RD

City: WINSTON SALEM State: North Carolina

Zip: 27106 County: 34 Forsyth

Permittee: HOOGLAND FOODS, LLC

Telephone: (336) 923-0021

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 01/31/2023 Status Code: A

Time In: 2:18 PM Time Out: 4:00 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 2

## 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
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	X
<b>Employee Health .2652</b>					
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
<b>Good Hygienic Practices .2652, .2653</b>					
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
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	<input checked="" type="checkbox"/>	X
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> O	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Personal cleanliness	1	0.5	<input checked="" type="checkbox"/>
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	<input checked="" type="checkbox"/>	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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	<input checked="" type="checkbox"/>	X
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Garbage & refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>	0.5	0
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Physical facilities installed, maintained & clean	<input checked="" type="checkbox"/>	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					7



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MARCO'S PIZZA

Location Address: 4908 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: HOOGLAND FOODS, LLC

Telephone: (336) 923-0021

Establishment ID: 3034020670

☒ Inspection ☐ Re-Inspection Date: 01/31/2023

Comment Addendum Attached? ☒ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: II

Email 1: randy.bullard@familyvideo.com

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

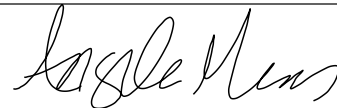
## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Jalepeno Pizza	cooked for immediate service	202.0						
Sausage	walk-in cooler	39.0						
Philly Steak	walk-in cooler	39.0						
Feta Cheese	walk-in cooler	40.0						
Ground Beef	walk-in cooler	41.0						
Ham	walk-in cooler	38.0						
Pizza Sauce	walk-in cooler	39.0						
Philly Steak	salad unit	36.0						
Chicken	salad unit	37.0						
Ham	salad unit	38.0						
Mozzarella	pizza station	41.0						
Spinach	pizza station	36.0						
Sausage	pizza station	37.0						
Ham	pizza station	36.0						
Boneless Wings	pizza station	30.0						
Hot Water	3-compartment sink	132.0						
Quat Sani	3-compartment sink	200.0						

First  
Person in Charge (Print & Sign): Angela

Last  
Mims



First  
Regulatory Authority (Print & Sign): Victoria

Last  
Murphy



REHS ID: 2795 - Murphy, Victoria

Verification Required Date: \_\_\_\_\_

REHS Contact Phone Number: (336) 703-3814

Authorize final report to  
be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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• Division of Public Health • Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 10/2021

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** MARCO'S PIZZA

**Establishment ID:** 3034020670

**Date:** 01/31/2023 **Time In:** 2:18 PM **Time Out:** 4:00 PM

### 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.

- 2 2-102.12 (A) Certified Food Protection Manager-REPEAT-C: There was no certified food protection manager on duty during the inspection. (A) The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 10 5-202.12 Handwashing Sinks, Installation-REPEAT-C: The front handwashing sink was only capable of reaching a temperature of 70 F. (A) A handwashing sink shall be equipped to provide water at a temperature of at least 38 C (100 F) through a mixing valve or combination faucet
- 40 2-402.11 Effectiveness - Hair Restraints-C: The PIC was preparing food without a hair restraint. (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensil, and linens; and unwrapped single-service and single-use articles.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment -REPEAT-C: Remove rust from can opener and under 3 compartment sink/replace bowed and broken lower shelf of clean dish shelving /replace rusted metal shelf to the side of the expo station/legs rusting and tarnishing on equipment. 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 sprayer head, dry storage shelf, upright cooler, reach-in coolers, metal wall beside pizza oven, gas lines beside pizza oven, and fan covers in 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-REPEAT-C: A leak was observed at the prep sink. Plumbing shall be maintained in good repair.
- 54 5-501.113 Covering Receptacles-REPEAT-C: Dumpster with missing lid and both doors left open. Waste receptacles shall be closed with tight-fitting lids and doors. Contact waste management company to replace the dumpster or missing lid.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods -REPEAT-C: Remove moldy caulk and recaulk around 3-compartment sink. Physical facilities shall be maintained in good repair// 6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Cleaning is needed to/on walls and floors throughout the establishment. Physical facilities shall be cleaned as often as necessary to keep them clean.