

Food Establishment Inspection Report

Score: 99.0

Establishment Name: HUNT BROTHERS PIZZA
Location Address: 457 RODNEY ORR BYPASS
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: AMY BURCHFIELD
Telephone: _____
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010140
 Inspection Re-Inspection
Date: 01/21/2022 **Status Code:** U
Time in: _____ **Time out:** _____
Category#: 2
FDA Establishment Type: N/A
No. of Risk Factor/ Intervention Violations: 3
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

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	Compliance Status		OUT	CDI	R	VR
Supervision .2652						Safe Food and Water .2653, .2655, .2658					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0			30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
PIC Present; Demonstration - Certification by accredited program and perform duties						Pasteurized eggs used where required					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0			31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Certified Food Protection Manager						Water and ice from approved source					
Employee Health .2652						Food Temperature Control .2653, .2654					
3	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	2	1	0		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	2	0.5	0	
Management, employees knowledge; responsibilities & reporting						Variance obtained for specialized processing methods					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0		33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper use of reporting, restriction & exclusion						Proper cooling methods used; adequate equipment temperature control					
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	1	0.5	0		34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Procedures for responding to vomiting & diarrheal events						Plant food properly cooked for hot holding					
Good Hygienic Practices .2652, .2653						Food Identification .2653					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Proper eating, tasting, drinking, or tobacco use						Approved thawing methods used					
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
No discharge from eyes, nose, and mouth						Thermometers provided & accurate					
Preventing Contamination by Hands .2652, .2653, .2655, .2656						Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	4	2	0		37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Hands clean & properly washed						Food properly labeled: original container					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	4	2	0		38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
No bare hand contact with RTE foods or preapproved alternate procedure properly followed						Insects & rodents not present; no unauthorized animals					
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Handwashing sinks supplied & accessible						Contamination prevented during food preparation, storage & display					
Approved Source .2653, .2655						Proper Use of Utensils .2653, .2654					
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0		40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food obtained from approved source						Personal cleanliness					
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food received at proper temperature						Wiping cloths: properly used & stored					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
Food in good condition, safe & unadulterated						Washing fruits & vegetables					
14	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		Utensils and Equipment .2653, .2654, .2663					
Required records available: shellstock tags, parasite destruction						43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Protection from Contamination .2653, .2654						44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food separated & protected						46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0		Physical Facilities .2654, .2655, .2656					
Food-contact surfaces: cleaned & sanitized						50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Proper disposition of returned, previously served, reconditioned, & unsafe food						52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Potentially Hazardous Food Time/Temperature .2653						53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper cooking time & temperatures						55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper reheating procedures for hot holding						Total Deductions: 1.0					
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper cooling time & temperatures											
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper hot holding temperatures											
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper cold holding temperatures											
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper date marking & disposition											
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Time as a public health control: procedures & records											
Consumer Advisory .2653											
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0							
Consumer advisory provided for raw or undercooked foods											
Highly Susceptible Populations .2653											
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3	1.5	0							
Pasteurized foods used; prohibited foods not offered											
Chemical .2653, .2657											
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0							
Food additives: approved & properly used											
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0							
Toxic substances properly identified stored, & used											
Conformance with Approved Procedures .2653, .2654, .2658											
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	2	1	0							
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan											



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HUNT BROTHERS PIZZA
Location Address: 457 RODNEY ORR BYPASS
City: ROBBINSVILLE **State:** NC
County: GRAHAM **Zip:** 28771
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: AMY BURCHFIELD
Telephone: _____

Establishment ID: 038010140
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 01/21/2022
Status Code: U
Category#: 2

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pizza/ Hot hold	150				
Sausage/ prep	40				
Pepperoni/ prep	40				
cheese/ prep	40				
bacon/ prep	41				

Observations and Corrective Actions

Item Number **Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the fo**

02	NOT IN COMPLIANCE No one onsite with certified food protection training
03	NOT IN COMPLIANCE; Employee health policy shall include salmonella (nontyphoidal). New example of employee health policy given to PIC. No points taken, points taken next inspection if not in place.
05	NOT IN COMPLIANCE; No written procedures for vomiting and diarrheal events. Example or procedures given to PIC. No points taken, points taken next inspection if not in place.

Additional Comments

cutting board on pizza prep is getting very scarred and will need to be replaced If continue to use quat as sanitizer proper test strips needed.

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): JONATHAN B, JONES

Verification Required Date: _____
REHS ID: 2082
REHS Contact Phone Number: --

