

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Date: 10/31/18	Time in: 2:55	Time out:	License/Permit #: 201804528	Est. Type:	Risk Category:	Page 1 of 2	
Purpose of Inspection: <input 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				91	
Establishment Name: Mr. Jim's PIZZA			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		
Physical Address: 119 W. Hwy 67		City/County: Venus		Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No (circle one) <input checked="" type="checkbox"/>	

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**

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
						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						R	Compliance Status						R	
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS			
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification							
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		
						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; Chemical/ Thermal test strips	
						23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation		
						24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						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 under cooked 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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							Food Identification						
						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. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean	
						40. Single-service & single-use articles; properly stored and used						47. Other Violations	

Received by: [Signature]	Print: Josh Clancy	Title: Person In Charge/ Owner
Inspected by: [Signature]	Print: Angela Varghese, RS	Business Email:

Retail Food Establishment Inspection Report

Corrective Actions to Ensure Safe Food

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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)

Inspections are based solely on visual observation(s) and assessment(s) of the construction or specified items at the time of inspection. The inspection shall not be held to permit or be an approval of a violation of any applicable codes and/or standards nor relieve the owner, design professional of record or contractor of compliance with any applicable codes and/or standards. Inspection shall not be relied upon by others as acceptance of work, nor shall it in any manner relieve any owner, contractor, or any other party, from their obligations and responsibilities.

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Establishment Name: Mr. Jim's pizza	Physical Address: 119 W. Hwy 67	City/State: Venus	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
meat / prep	36°F				
sausage / prep	38°F				
onions / prep	35°F				
pepperoni / prep	37°F				
cheese / prep	36°F				
no hot foods observed.					

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:
FM	Joshua Cianci on site.
FH	No food handler permits.
note:	Obtain a written employee health policy (DSTHS site)
	Obtain a bodily fluids clean up policy or kit (DSTHS)
#22	all employees that handle food shall obtain a TX or ANSE food handler permit and keep on site.
#23	Hot water was not present @ establishment @ 100°F minimum. water tested @ 82°F. shall contact a licensed plumber immediately to service. shall temp 100°F minimum.
#21	person in charge was not aware of the hot water issue @ time of inspection.
#34	observed several ants in the dining room. shall contact a licensed pest control company immediately.
#32	shall not store vacuum hose near clean dishes. store away from food contact surfaces.
	at the end of the inspection the hot water temped 94°F. The pilot got shut off prior to inspection. will follow up tomorrow to verify hot water is present @ 100°F. Re-opened establishment @ end of inspection. in the future document/check hot water temps throughout establishment to verify.

Received by: (signature) <i>[Signature]</i>	Print: Josh Cianci	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: Angela Varghese, PS	Samples: Y N # collected _____

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Follow up

Follow up.

Date: 11/01/18	Time in: 3:20	Time out:	License/Permit #	Est. Type	Risk Category	Page 1 of 2
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other						
Establishment Name: Mr. Jim's Pizza		Contact/Owner Name:		* Number of Repeat Violations: —		N/A
Physical Address: 114 W. Hwy 67		City/Country: Venus		✓ Number of Violations COS: —		
Zip Code:			Phone:		Follow-up: Yes No (circle one)	

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						5. Proper reheating procedure for hot holding (165°F in 2 Hours)						Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
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						Approved Source 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						18. Toxic substances properly identified, stored and used	
						8. Food Received at proper temperature						Water/ Plumbing 19. Water from approved source; Plumbing installed; proper backflow device	
						Protection from Contamination 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						20. Approved Sewage/Wastewater Disposal System, proper disposal	
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						40. Single-service & single-use articles; properly stored and used						47. Other Violations	

Received by: *[Signature]* Print: **Monique White Man** Title: Person In Charge/ Owner

Inspected by: *[Signature]* Print: **Angela Varghese** Business Email:

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Corrective Actions to Ensure Safe Food

Page ___ of ___

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★ Follow up 11/01/18

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Establishment Name: Mr. Jim's pizza	Physical Address: 119 W. Hwy 67	City/State: Venus	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
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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:

follow up inspection from 10/31/2018 due to hot water issue.

23

✓ At time of inspection hot water was present @ 100°F above. Checked all utility sinks. Shall email the pest control invoice.

AV

Received by: Matthew Freeman (signature)	Print: Matthew Freeman	Title: Person In Charge/ Owner
Inspected by: Angela Varghese (signature)	Print: Angela Varghese, R.S.	Samples: Y N # collected _____