



Type: Full
Date: 01/15/10
Time: 14:27:01
Report: 4903101008

Food and Beverage Establishment Inspection Report

Location:

Little Caesar's
477 West 5th Street
Winona, MN 55987
Winona County, 85

Establishment Info:

ID #: 194
Risk: Medium
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

DGB Enterprises, Inc.
Don Brown
Phone #: 507-452-8752
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit
Location: Sanitizer bottle
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: 41 Degrees Fahrenheit - Location: sauce, chicken wings, nuggets
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 41 Degrees Fahrenheit - Location: Top, sausage
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 40 Degrees Fahrenheit - Location: Bottom, sauce
Violation Issued: No

Total Critical Orders This Report: 0
Total Non-Critical Orders This Report: 0

DISCUSSION:

Establishment serves pizza, breadsticks/cheese bread, chicken wings, bottled beverages.

Please be aware that Norovirus continues to be a leading cause of foodborne illness in Minnesota, causing vomiting/diarrhea-type illness. An individual recovering from Norovirus is contagious at least three days after symptoms are gone. Closely monitor employee illness, hand washing, proper cleaning and sanitizing of equipment and surfaces, and minimize bare-hand contact with foods.

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All foods except produce are sourced from Blueline. Produce is purchased at local retailers.

Closely monitor the food temperatures in the coolers using a food thermometer in a food product. The walk-in cooler and top of the prep unit were found to be at the upper limit of allowable cold-holding temperature. I recommend these units be adjusted to a cooler temperature.

As stated in previous inspection reports, the floor and wall surfaces of the basement dry storage area do not meet code. The surfaces may remain as long as they continue to be maintained in a good, cleanable condition. If a remodel occurs, surfaces begin to deteriorate, or surfaces become uncleanable, they will need to be upgraded to meet food code standards.

The basement area is becoming quite crowded. If there are items that are no longer going to be used, they should be removed from the facility. Otherwise, organize items so that the storage area is orderly and items are off the floor.

Keep an eye on floors behind and under equipment. When food debris accumulates in these areas, they become very attractive to pests.

Plunkett's services the facility for pest management.

I observed good hand washing practices today.

The facility was found to be well maintained and in good working order.

NOTE: All new food equipment must meet the applicable standards of NSF International. Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Winona County Environmental Services inspection report number 4903101008 of 01/15/10.

Certified Food Manager: Marjorie Brown

Certification Number: _____ Expires: / /

Signed: _____

Marjorie Brown
Manager

Signed: Lesli Haines

Lesli Haines, REHS/RS
Environmental Health Specialist
Winona County Env. Serv.
507-457-6405
lhaines@co.winona.mn.us

Report #: 4903101008

Food Establishment Inspection Report



Winona County Environmental Services

225 West 2nd St.
Winona MN 55987

No. of RF/PHI Categories Out

0

Date 01/15/10

No. of Repeat RF/PHI Categories Out

0

Time In 14:27:01

Legal Authority MN Rules Chapter 4626

Time Out

Establishment Little Caesar's	Address 477 West 5th Street	City/State Winona, MN	Zip Code 55987	Telephone 507-452-8752
License/Permit # 194	Permit Holder DGB Enterprises, Inc.	Purpose of Inspection Full	Est Type	Risk Category M

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Demonstration of Knowledge				Potentially Hazardous Food Time/Temperature			
1A	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A			16	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Certified food manager, duties				Proper cooking time & temperature		
1B	<input checked="" type="radio"/> IN <input type="radio"/> OUT			17	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	PIC knowledgeable; duties & oversight				Proper reheating procedures for hot holding		
Employee Health				Consumer Advisory			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			18	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Management awareness; policy present				Proper cooling time & temperature		
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			19	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Proper use of reporting, restriction & exclusion				Proper hot holding temperatures		
Good Hygienic Practices				Highly Susceptible Populations			
4	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
	Proper eating, tasting, drinking, or tobacco use				Proper cold holding temperatures		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
	No discharge from eyes, nose, and mouth				Proper date marking & disposition		
Preventing Contamination by Hands				Chemical			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O			22	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O		
	Hands clean & properly washed				Time as a public health control: procedures & record		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			Conformance with Approved Procedures			
	Hand contact with RTE foods restricted			23	N/A in MN		
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT				Consumer advisory for raw or undercooked foods		
	Adequate handwashing facilities supplied & accessible			Highly Susceptible Populations			
Approved Source				Chemical			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT			24	N/A in MN		
	Food obtained from approved source				Pasteurized foods used; prohibited foods not offered		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			Chemical			
	Food received at proper temperature			25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT				Food additives: approved & properly used		
	Food in good condition, safe, & unadulterated			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
12	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O				Toxic substances properly identified, stored, & used		
	Required records available; shellstock tags, parasite destruction			Conformance with Approved Procedures			
Protection from Contamination				27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A				Compliance with HACCP plan and variance		
	Food separated/protected from cross contamination			Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A						
	Food contact surfaces: cleaned & sanitized						
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	Proper disposition of returned, previously served, reconditioned, & unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equipment & linens: properly stored, dried, & handled		
30	N/A Variance obtained for specialized processing methods, documentation on file			43	Single-use & single service articles: properly stored & used		
Food Temperature Control				Utensil Equipment and Vending			
31	Proper cooling methods used; adequate equipment for temperature control			44	Gloves used properly		
32	N/A Plant food properly cooked for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
33	Approved thawing methods used			46	Warewashing facilities: installed, maintained, & used; test strips		
34	Thermometers provided and accurate			47	Non-food contact surfaces clean		
Food Protection				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
36	Insects, rodents, & animals not present; no unauthorized persons			49	Plumbing installed; proper backflow devices		
37	Contamination prevented during food prep, storage & display			50	Sewage & waste water properly disposed		
38	Personal cleanliness			51	Toilet facilities: properly constructed, supplied, & cleaned		
39	Wiping cloths: properly used & stored			52	Garbage & refuse properly disposed; facilities maintained		
40	Washing fruits & vegetables			53	Physical facilities installed, maintained, & clean		
				54	Adequate ventilation & lighting; designated areas used		
				55	Compliance with MCIAA & Choking Poster		
				56	Compliance with licensing & plan review		

Food Recalls: _____

Person in Charge (Signature) _____ **Date:** 01/15/10

Inspector (Signature) *Leeli Haines* Follow-up Needed: YES NO (Circle one) Follow-up Date: / /