

Food Establishment Inspection Report

Score: 94

Establishment Name: ARIGATO JAPANESE STEAK & SEAFOOD

Establishment ID: 3034010220

Date: 02 / 06 / 2013 **Status Code:** A

Time In: 03 : 30 ^{am} _{pm} **Time Out:** 08 : 15 ^{am} _{pm}

Total Time: 4 hrs 45 minutes

Category #: III

Establishment Type: _____

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 585 BETHESDA ROAD

City: WINSTON-SALEM

State: NC **Zip:** 27103

County: 34 Forsyth

Permittee: FANTASY ENTERPRISES, INC.

Telephone: _____

Inspection
 Re-Inspection

Wastewater System:
 Municipal/Community
 On-Site System

Water Supply:
 Municipal/Community
 On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
 N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection
 R= Repeat Violation
 VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

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



Food Establishment Inspection Report, continued

Establishment Name: ARIGATO JAPANESE STEAK & SEAFOOD

Establishment ID: 3034010220

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

CDI= Corrected during Inspection
R= Repeat Violation
VR= Verification Required
Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Tatsuro Maruki
Person in Charge (Print)

Tatsuro Maruki
Person in Charge (Signature)

Scott Steed
Regulatory Authority (Print)

Scott Steed
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3141

Verification Required Date: ___ / ___ / ___

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/
Intervention
Violations: 5

No. of Repeat Risk
Factor/Intervention
Violations: _____

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								
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654								
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification .2653								
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Wiping cloths: properly used & stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .2653, .2654, .2663								
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
54	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Total Deductions:				6				

Comment Addendum to Food Establishment Inspection Report

Establishment Name: ARIGATO JAPANESE STEAK & SEAFOOD

Establishment ID: 3034010220

Date: 02/06/2013

Location Address: 585 BETHESDA ROAD

City: WINSTON-SALEM State: NC

County: 34 Forsyth Zip: 27103

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: FANTASY ENTERPRISES, INC.

Telephone: _____

Status Code: A

Category #: III

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
steaks	glass door cooler	40	chicken	wic	41			
scallops	glass door cooler	37	fish	wic	41			
shrimp	glass door cooler	37	lettuce	iced container	41			
lettuce	glass door cooler	41	rice	cook temp	183			
fish	glass door cooler	40	shrimp	cook temp	147			
chicken	drawers	32	chicken	cook temp	176			
steaks	drawers	40						
shrimp	wic	41						

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 An employee health policy agreement must be in place and each employee must be informed and aware of the policy requirements.
- 6 When washing hands, the proper procedure is as follows: wet hands with warm water; dispense soap and lather for at least 15 seconds while paying attention to nail beds and between fingers; rinse in warm water; dry hands with an approved hand drying device or disposable paper towel; turn off faucet without touching the handles of the faucet.
- 14 There were several containers, dishes and utensils that were found to have food debris on them or were not properly cleaned. Be sure all dishes, utensils and containers are completely and thoroughly cleaned before storing them.
- 23 A consumer advisory must be implemented for all animal foods that are offered raw or undercooked. This is to be done using a disclosure and reminder. The disclosure shall include a description of the animal-derived foods, such as "steaks (cooked to order)". The reminder shall include asterisking the animal-derived foods to a footnote that states: "consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness". This must be in place prior to the next inspection.



Spell



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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- 26 There were three spray bottles sanitizer that were unlabeled. All chemicals must be properly labeled at all times. Spray bottles that are used for sanitizer may not be used for any other purpose.
- 37 Canned foods that are dented on the top, bottom or side seams must be kept separated for disposal or return. Damaged, spoiled or recalled products shall be segregated and held in designated areas that are separated from food, equipment, utensils, linens and single service or single use articles.
- 39 Wiping cloths that are used for wiping down equipment and surfaces must be maintained in sanitizer at the appropriate strength at all times. Additionally, the containers may not be stored on the floor.
- 42 Multiple containers that are used for the storage of clean lids and utensils were found to have significant food debris in the bottom of them. All containers in which clean dishes or utensils are stored must be kept clean at all times to prevent re-soiling clean items.
- 45 Shrimp at the seafood prep sink was stored in direct contact inside a take out bag. Take out bags are not approved for direct food contact. Use only bags that are approved for direct food contact. / The old caulk on the prep sink needs to be removed and the sink re-caulked as it is stained and uncleanable. / The soiled drain board at the dish machine needs to be adjusted so that water does not pool on it, but drains into the scrap sinks.
- 47 Cleaning is needed on all of the wall mounted shelves, storage racks, condenser fans in the walk-in cooler, on the bottom and sides of the wok stove, and on the legs and wheels of the work tables. / There is a lot of oxidation on the underside of the work table that the soup sits on that needs to be cleaned.
- 53 Floor, baseboard and wall cleaning is needed in various places throughout the kitchen. Paint the door way to the dry storage by the back door. Seal/grout the gap around the back door frame and the wall tiles. / There is ceiling damage in multiple places in the dining room that need to be repaired. Also, clean the ceilings around the vents.



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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- 54 The lighting at the toilets in the restrooms must be increased to at least 20 foot candles. The lighting is good at the hand washing lavatories.



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✓
Spell

