

# Food Establishment Inspection Report

Score: 98

Establishment Name: RYAN S

Establishment ID: 3034010371

Date: 02 / 06 / 2013 Status Code: A

Time In: 02 : 40  am  pm Time Out: 05 : 05  am  pm

Total Time: 2 hrs 25 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

**Instructions:**

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

Location Address: 719 COLISEUM DR.

City: WINSTON SALEM

State: NC Zip: 27106

County: 34 Forsyth

Permittee: DENNIS CARTER

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



# Food Establishment Inspection Report, continued

Establishment Name: RYAN S

Establishment ID: 3034010371

**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:**

Dennis W. Carter  
Person in Charge (Print)

Dennis W. Carter  
Person in Charge (Signature)

Christy Allred  
Regulatory Authority (Print)

Christy Allred  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3135

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

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/  
Intervention  
Violations: 3

No. of Repeat Risk  
Factor/Intervention  
Violations: \_\_\_\_\_

<b>Good Retail Practices</b>						
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</b> .2653, .2655, .2658						
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0	0	
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0	
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0	5	
<b>Food Temperature Control</b> .2653, .2654						
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	5	
32	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding	1	0	5	
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	1	0	5	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	1	0	5	
<b>Food Identification</b> .2653						
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination</b> .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	
37	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0	5	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	5	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0	5	
<b>Proper Use of Utensils</b> .2653, .2654						
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0	5	
42	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	5	
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	5	
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0	5	
<b>Utensils and Equipment</b> .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	
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	5	
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	
<b>Physical Facilities</b> .2654, .2655, .2656						
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	5	
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	5	
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	5	
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	5	
<b>Total Deductions:</b>			<b>2</b>			

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: RYAN S

Establishment ID: 3034010371

Date: 02/06/2013

Location Address: 719 COLISEUM DR.

Status Code: A

City: WINSTON SALEM State: NC

Category #: IV

County: 34 Forsyth Zip: 27106

Email 1:

**Wastewater System:**  Municipal/Community  On-Site System

**Water Supply:**  Municipal/Community  On-Site System

Email 2:

**Permittee:** DENNIS CARTER

Email 3:

**Telephone:** \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
salad greens	upright cooler	40	sauce	small reach in near	39			
scallops	walk-in cooler	40	hot water	pot sink	160			
air temp	walk-in cooler	38	wash temp	dish machine	150			
shrimp	upright cooler	43	final rinse	dish machine	166			
lump	upright cooler	43	QA sanitizer	spray bottle	200			
cocktail sauce	upright cooler	42	air temp	bar cooler	43			
sauce	upright cooler	41						
salad greens	work top cooler	39						

## 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.



Spell

- 2 0-pts. Need to implement an employee health policy. Please refer to the CD for details.
- 23 0-pts. Need to provide a consumer advisory on the menu for beef, shellfish to is served raw, raw-marinated, partially cooked, or undercooked. Please refer to the FDA consumer advisory document for details.
- 26 0-pts. There is a spray bottle originally labeled comet cleaner that is being used for grill oil. Need to have an original bottle for the grill oil.
- 37 There were plastic condiment containers in dry storage bins. Need to use scoops with handles for dispensing dry food product. Flowers and vases were put above food product in one of the upright coolers. Do not have not put items above food that could potentially contaminate the food below it.



# Comment Addendum to Food Establishment Inspection Report

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## Observations and Corrective Actions

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Spell

42 Repeat. May pans and plastic containers were stacked with moisture between them. Allow utensils to air dry before stacking.

45 0-pts. The upright cooler in the back part of the kitchen had a warm air temp (food temps inside were safe) when it was first checked. Be sure to keep a check on this cooler the be sure it is working properly. There is a small tear in the walk-in cooler gasket.



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## Observations and Corrective Actions

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✓  
Spell



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## Observations and Corrective Actions

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✓  
Spell

