

Food Establishment Inspection Report

Score: 94

Establishment Name: GREAT WALL CHINESE RESTAURANT

Establishment ID: 3034010676

Date: 11 / 19 / 2012 **Status Code:** A

Time In: 01 : 45 am pm **Time Out:** 04 : 45 am pm

Total Time: 3 hrs 0 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 607 PETERSCREEK PARKWAY

City: WINSTON-SALEM

State: NC **Zip:** 27103

County: 34 Forsyth

Permittee: HING PING WANG, XING YING WANG &

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 type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties		<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Health .2652									
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 checked="" type="radio"/>	<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"/>	<input type="radio"/>
Good Hygienic Practices .2652, .2653									
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"/>	<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"/>	<input type="radio"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
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"/>	<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"/>	<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"/>	<input type="radio"/>
Approved Source .2653, .2655									
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"/>	<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"/>	<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"/>	<input type="radio"/>
12	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input 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"/>	<input type="radio"/>
Protection from Contamination .2653, .2654									
13	<input type="radio"/> IN <input checked="" 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 checked="" type="radio"/> 0	<input checked="" type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
Potentially Hazardous Food Time/Temperature .2653									
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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"/>	<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"/>	<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"/>	<input type="radio"/>
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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"/>	<input type="radio"/>
20	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		<input checked="" type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21	<input type="radio"/> IN <input checked="" 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 checked="" type="radio"/> 0	<input checked="" type="radio"/>	<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"/>	<input type="radio"/>
Consumer Advisory .2653									
23	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods		<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highly Susceptible Populations .2653									
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"/>	<input type="radio"/>
Chemical .2653, .2657									
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input 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"/>	<input type="radio"/>
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified stored, & used		<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conformance with Approved Procedures .2653, .2654, .2658									
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"/>	<input type="radio"/>



Food Establishment Inspection Report, continued

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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:

Dan Chen

Person in Charge (Print)

DN

Person in Charge (Signature)

Scott Steed / Carla Day

Regulatory Authority (Print)

Scott Steed / Carla Day

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: 1

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	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	
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	
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input 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	
Food Identification .2653						
35	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Food properly labeled: original container	2	1	0	
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	
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 type="radio"/> IN <input checked="" 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	
Proper Use of Utensils .2653, .2654						
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0	5	
42	<input checked="" type="radio"/> IN <input 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	
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	
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	5	
47	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	
Physical Facilities .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 type="radio"/> IN <input checked="" 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	
Total Deductions:			6			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: GREAT WALL CHINESE RESTAURANT

Establishment ID: 3034010676

Date: 11/19/2012

Location Address: 607 PETERSCREEK PARKWAY

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: HING PING WANG, XING YING WANG & JUNYU

Telephone: _____

Status Code: A

Category #: IV

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
raw chicken	sandwich unit	42	cooked pork	large sandwich unit -	42	mushrooms	wic	42
cooked	sandwich unit - bottom	32	wontons	large sandwich unit -	45	raw chicken	wic	42
noodles	large sandwich unit	41	fried rice	rice cooker	162	raw wings	wic	43
raw beef	large sandwich unit	41	white rice	rice cooker	162	hot water	3 compartment sink	145
raw chicken	large sandwich unit	42	cooked	wic	41			
cooked	large sandwich unit	44	crab rangun	wic	42			
gravy	large sandwich unit -	41	egg rolls	wic	40			
raw shrimp	large sandwich unit -	42	cooked pork	wic	42			

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.

- 1 A person in charge that has passed an approved food manager's safety course must be present during all hours of operation. Two points will begin being deducted on 1/1/2014 if this requirement is not met. The person in charge was not present at the time the inspection began.
- 2 A written employee health policy must be in place and a signed copy for each employee maintained before the next inspection.
- 13 There were a couple of items in the bottom of the sandwich top refrigerators and on the edge of the wok table that were uncovered. All food items must be kept covered at all times during storage.
- 20 In the top of the sandwich top refrigerator, egg rolls ranged from 43-51°F and cooked chicken was 50°F. Broccoli was sitting on the counter at 61°F. All cold food must be held at 45°F or below at all times during storage/holding. All items that were off temperature were removed from the unit and placed in the walk-in cooler to cool back to 45°F. Do not overfill the containers on the sandwich top refrigerator and do not use double pans as this does not effectively conduct cold food temperatures.



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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- 21 All potentially hazardous, ready to eat foods that are kept for more than 24 hours must be properly date marked. If refrigeration equipment is holding temperatures of 41°F or below, items may be marked and kept for up to 7 days. If refrigeration is holding temperatures at 41-45°F, items may be kept up to 4 days.
- 35 There was canned food item in the dry storage space that had no label. All canned foods must have the label or identifying information. If it does not, it is to be discarded or returned to the vendor for credit.
- 37 Employee was observed preparing rice for the rice cooker in the three compartment sink. Rice preparation should be done at the approved vegetable/ready to eat food prep sink. The three compartment sink is for dish washing only. / 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.
- 45 There are some rusted shelves in the walk-in cooler that need to be replaced. / One of the catch pans on the wok table is rusted through and will need to be replaced. / There is a crack in the corner of the meat prep sink that needs repair. / There is a leak on the right faucet at the three compartment sink that needs to be repaired.
- 47 Cleaning is needed on the following: the inside of the walk-in cooler, the shelves in the walk-in cooler, on the wok table catch pans and on all table bottoms.
- 53 Floor cleaning is needed along the baseboards, underneath and behind equipment throughout. This includes that walk-in cooler.

Comment Addendum to Food Establishment Inspection Report

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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

