Food Establishment Inspection Report

Establishment Name: FABIAN S Establishment ID: 3034010942

Date: 10 / 26 / 2012 Status Code: A					
Time In: $0.4 : 3.0 \otimes pm$ Time Out: $6 : 3.5 \otimes pm$					
Total Time: 2 hrs 5 minutes					
Category #: _IV					
Establishment Type:					

Instructions:

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

Location Address: 1100 l	REYNOLDA RD				
City: WINSTON SALEM					
State: NC	Zip:				
County: 34 Forsyth					
Permittee: FABIAN S, 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".

Score: 97

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.						
Со	mpliance Statu	OUT	CDI	R	VR	
Su	pervision	.2652				
1	○ ⊗ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0
En	ployee Health	n .2652				
2	○ ⊗ IN OUT	Management, employees knowledge; responsibilities & reporting	O O &		0	0
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	3 1.5 0		0	0
Go	od Hygienic F	Practices .2652, .2653				
4	O' & IN OUT	Proper eating, tasting, drinking, or tobacco use	O 8 C		0	0
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0.5 (0	0
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .265	6			
6	O & IN OUT	Hands clean & properly washed	0 0 8		0	0
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	O O O		0	0
8	⊗ OUT	Handwashing sinks supplied & accessible	000		0	0
Ар	proved Sourc	e .2653, .2655				
9	⊗ ○ IN OUT	Food obtained from approved source	O O O		0	0
10	⊗ O O IN OUT N/O	Food received at proper temperature	000		0	0
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	O O C		0	0
12	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Required records available: shellstock tags, parasite destruction	O O O		0	0
Pro	otection from	Contamination .2653, .2654				
13	O & O O IN OUT N/A N/O	Food separated & protected	0 0 2 3 1.5 (0	0
14	O 🗞 IN OUT	Food-contact surfaces: cleaned & sanitized	○ ⊗ ○ 3 1.5 0		0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	2 1 (0	0
Potentially Hazardous Food Tlme/Temperature .2653						
16	O O O S IN OUT N/A N/O	Proper cooking time & temperatures	3 1.5 (30	0	0
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	3 1.5 ($\frac{1}{2}$	0	0
18	SOUTN/A N/O	Proper cooling time & temperatures	3 1.5 (0	0
19	O O O IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 (0	0
20	SO O O IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 (0	0
21	O S O O	Proper date marking & disposition	3 1.5) (8)	0	0
22	O O SO O	Time as a public health control: procedures & records	2 1 (0	0
Со	nsumer Advis					
23	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 (0	0
Hiç		ole Populations .2653				
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 (0	0
Ch	emical	.2653, .2657				
25	O O & IN OUT N/A	Food additives: approved & properly used	0 0 0		0	0
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	0 0 0		0	0
Со		th Approved Procedures .2653, .2654,	.2658			
27	O O ⊗ IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000		0	0

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section • Food Protection Program

Food Establishment Inspection Report, continued

Establishment Name: FABIAN S Establishment ID: 3034010942

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

- 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:

Person in Charge (Print)

Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: () -

Verification Required Date: ___/__/__

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 7 No. of Repeat Risk Factor/Intervention Violations:

	Good Retail Practices						
	Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Co	mpliar	ice Statu	ıs	OUT	CDI	R	VR
Sa	_	od and V	Vater .2653, .2655, .2658				
28	⊗ IN	OUT	Pasteurized eggs used where required	1 0.5 0	0	0	0
29	⊗ IN	OUT	Water and ice from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
30		○ ⊗ UT N/A	Variance obtained for specialized processing methods	0 0 0	0	0	0
Fo		mperatu	re Control .2653, .2654				
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0	0	0	0
32	⊗ O	O O TN/A N/O	Plant food properly cooked for hot holding	0 0 0	0	0	0
33	⊗ ○ IN OUT	O O F N/A N/O	Approved thawing methods used	0 0 0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0
Fo		entificati	ion .2653				
35	OIN	⊗ OUT	Food properly labeled: original container	○ ○ ⊗ 2 1 0	0	0	0
Pr			ood Contamination .2652, .2653, .2654, .2656	5, .2657			
36	⊗, IN	OUT	Insects & rodents not present; no unauthorized animals	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
37	⊗ ≧	OUT	Contamination prevented during food preparation, storage & display	O O O 2 1 0	0	0	0
38	∑	⊗ OUT	Personal cleanliness	○ ⊗ ○ 1 0.5 0	0	0	0
39	⊗≅	OUT ∪	Wiping cloths: properly used & stored	O O O 1 0.5 0	0	0	0
40	⊗ ≧	OUT	Washing fruits & vegetables	O O O 1 0.5 0	0	0	0
Pr	oper L	Jse of U	tensils .2653, .2654				
41	⊗ IN	OUT	In-use utensils: properly stored	1 0.5 0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	0	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	0	0	0
44	⊗ IN	OUT	Gloves used properly	1 0.5 0	0	0	0
Ut	_		uipment .2653, .2654, .2663	0.0.0			
45	⊗ IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0	0	0	0
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0	0	0	0
Ph		Faciliti	es .2654, .2655, .2656				
48	ON.	⊗ OUT	Hot & cold water available; adequate pressure	○ ○ ⊗ 2 1 0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0 1 0.5 0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	O O O 1 0.5 0	0	0	0
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 0 1 0.5 0	0	0	0
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	O O O 1 0.5 0	0	0	0
			Total Deductions:	3			

North Carolina Department of Health & Human Services ● Division of Public Health
Environmental Health Section ● Food Protection Program

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Location Address: 1100 REYNOLDA RD							Status Code: A	
City: W	INSTON SALEM	State: NC				Category #:IV		
	34 Forsyth	104				Email 1: fabiansre		
	vater System: ⊗ Mu	On-Site System						
Water S		On-Site System				Email 2:		
	ee: FABIAN S, INC.					Email 3:		
Telepho	one:							
			Temperatur	e Observations	3			
risotto	Location walk-in cooler	Temp Item 40	Loca	ition	Temp	Item	Location	Temp
duck	walk-in cooler	41						
flounder	make unit	42						
hot water	2 comp. sink	155						
plate temp	dish machine	172						
hot water	bathroom	94						
				d Corrective Ad				
DIC did	Violations cited in this renot meet requiremen							Spell
knowled	ge by being a certifie	d FOOD protecti	on manager who					
test that	is part of an ACCRE	DITED PROGRA	М.					
	ee health policy is not							
	ibility to report in according diseases that are tra						lealth and activities a	as triey
Employe	ee drinks were found	on the make unit	. Keep employe	e beverages stored	d in a v	way to prevent c	contamination of food	d and
utensils.		on the make and	. Troop omploye	o soverages stores		inay to provone o		. and
	ee rinsed hands in the					ls after washing	. Employees shall w	/ash
nands in	ı a handsink only. Sh	iul oii faucets usi	ng a parrier bet	ween nands and fat	ucet.			

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	vations and Corrective Actions d within the time frames below, or as stated in sections 8-405.11 of the food code.
Eggs stored above ready to eat. Keep eggs belokeep employee food labeled and separated from	ow ready to eat food in the walk-in cooler. Cover salt and pepper used for cooking. In food for customers.
Employee washed dishes without sanitizing. Wa	ish, rinse and sanitize dishes properly.
	acility. Date mark food items held more than 24 hours with the date of preparation bood is maintained at 41 F or below. Manager educated about the rule.
Salt and pepper unlabeled.	
holding FOOD or FOOD ingredients that are rem	readily and unmistakably recognized such as dry pasta, working containers loved from their original packages for use in the FOOD ESTABLISHMENT, such pices, and sugar shall be identified with the common name of the FOOD.
Hair restraint was not worn by employee. Emplo	yees must wear a hair restraint when involved in food prep.
Hot water was 94 F in the bathrooms. Provide 10	00 F.



Comment Addendum to Food Establishment Inspection Report

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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.





Comment Addendum to Food Establishment Inspection Report

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