# Food Establishment Inspection Report

Establishment Name: NAWAB INDIAN CUISINE

Date: 01/10/2013 Status Code: A

Time In:  $\underline{11}$ :  $\underline{10} \overset{\otimes}{\bigcirc} \overset{am}{pm}$  Time Out:  $\underline{02}$ :  $\underline{45} \overset{\odot}{\otimes} \overset{am}{pm}$ 

Total Time: 3 hrs 35 minutes

Category #: IV

Establishment Type: \_

#### Instructions:

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

City: WINSTON SALEM

State: NC Zip: 27104

County: 34 Forsyth

Permittee: NAWAB RESTAURANT INC.

Telephone: (336) 725-3949

SInspection
Re-Inspection
Wastewater System:
SMunicipal/Community
On-Site System

Water Supply:
SMunicipal/Community
On-Site System

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** 

Score: 95

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Establishment ID: 3034011394

| Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Public Health Interventions: Control measures to prevent foodborne illness or injury. |                                      |                      |  |   |     |   |    |  |  |
|---|--------------------------------------|----------------------|--|---|-----|---|----|--|--|
| Со  | mplian                               | ce Statu             | s  | OUT   | CDI | R | VR |  |  |
| Su  |                                      |                      |  |   |     |   |    |  |  |
| 1   |                                      | O O<br>UT N/A        | PIC Present; Demonstration-Certification by accredited program and perform duties            | 0   | 0   | 0 | 0  |  |  |
| En  | Employee Health .2652                |                      |  |   |     |   |    |  |  |
| 2   | O<br>IN                              | ⊗<br>OUT             | Management, employees knowledge; responsibilities & reporting                                | ○ ○ <b>⊗</b><br>3 1.5 0   | 8   | 0 | 0  |  |  |
| 3   | O<br>IN                              | ⊗<br>OUT             | Proper use of reporting, restriction & exclusion   | ○ ○ <b>⊗</b><br>3 1.5 0   | 8   | 0 | 0  |  |  |
| Go  | Good Hygienic Practices .2652, .2653 |                      |  |   |     |   |    |  |  |
| 4   | ⊗<br>IN                              | OUT                  | Proper eating, tasting, drinking, or tobacco use   | 2 1 0   | 0   | 0 | 0  |  |  |
| 5   | ⊗<br>IN                              | OUT                  | No discharge from eyes, nose, and mouth  | 0 0 0<br>1 0.5 0  | 0   | 0 | 0  |  |  |
| Pre   |                                      |                      | amination by Hands .2652, .2653, .2655, .265   | 6   |     |   |    |  |  |
| 6   | ⊗<br>IN                              | OUT                  | Hands clean & properly washed  | 0 0 0<br>4 2 0  | 0   | 0 | 0  |  |  |
| 7   |                                      | O O<br>O/N TU        | No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed     | O O O<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 8   | ⊗<br>IN                              | OUT                  | Handwashing sinks supplied & accessible  | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0  | 0   | 0 | 0  |  |  |
| Ap  | prove                                | d Sourc              | e .2653, .2655   |   |     |   |    |  |  |
| 9   | ⊗<br>IN                              | OUT                  | Food obtained from approved source   | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0  | 0   | 0 | 0  |  |  |
| 10  |                                      | ○ <b>⊗</b><br>UT N/O | Food received at proper temperature  | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0  | 0   | 0 | 0  |  |  |
| 11  | ⊗<br>IN                              | OUT                  | Food in good condition, safe & unadulterated   | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0  | 0   | 0 | 0  |  |  |
| 12  | O O<br>IN OUT                        | O &<br>N/A N/O       | Required records available: shellstock tags, parasite destruction                            | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0  | 0   | 0 | 0  |  |  |
| Pro   | _                                    |                      | Contamination .2653, .2654   |   |     |   |    |  |  |
| 13  | ⊗ ○<br>IN OUT                        | O O<br>N/A N/O       | Food separated & protected   | 0 0 0<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 14  | ON                                   | ⊗<br>OUT             | Food-contact surfaces: cleaned & sanitized   | ○ <b>⊗</b> ○ 3 1.5 0  | 0   | 0 | 0  |  |  |
| 15  | ⊗<br>IN                              | OUT                  | Proper disposition of returned, previously served, reconditioned, & unsafe food              | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0  | 0   | 0 | 0  |  |  |
| Po  | tential                              |                      | rdous Food Tlme/Temperature .2653  |   |     |   |    |  |  |
| 16  | IN OUT                               | O &<br>N/A N/O       | Proper cooking time & temperatures   | 0 0 0<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 17  |                                      | O &<br>N/A N/O       | Proper reheating procedures for hot holding  | O O O<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 18  | _                                    | O &<br>N/A N/O       | Proper cooling time & temperatures   | 0 0 0<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 19  | ⊗ ○<br>IN OUT                        | O O<br>N/A N/O       | Proper hot holding temperatures  | 0 0 0<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 20  | _                                    | O O<br>N/A N/O       | Proper cold holding temperatures   | 0 0 0<br>3 1.5 0  | 0   | 0 | 0  |  |  |
| 21  | ○ ⊗<br>IN OUT                        | O O<br>N/A N/O       | Proper date marking & disposition  | ○ ○ <b>⊗</b><br>3 1.5 0   | 8   | 0 | 0  |  |  |
| 22  | O O<br>IN OUT                        | O &<br>N/A N/O       | Time as a public health control: procedures & records  | O O O<br>2 1 0  | 0   | 0 | 0  |  |  |
| Со  |                                      | er Advis             |  |   |     |   |    |  |  |
| 23  | IÑ O                                 | UT N/A               | Consumer advisory provided for raw or undercooked foods                                      | 1 0.5 0   | 0   | 0 | 0  |  |  |
| Hiç   |                                      | <del></del>          | ole Populations .2653  |   |     |   |    |  |  |
| 24  | IÑ O                                 | UT N/A               | Pasteurized foods used; prohibited foods not offered   | 3 1.5 0   | 0   | 0 | 0  |  |  |
|   | emica                                |                      | .2653, .2657   |   |     |   |    |  |  |
| 25  | IN O                                 | UT N/A               | Food additives: approved & properly used   | 1 0.5 0   | 0   | 0 | 0  |  |  |
| 26  | IN O                                 | ŬT N/A               | Toxic substances properly identified stored, & used  | 2 1 0   | 0   | 0 | 0  |  |  |
| Со  | _                                    | ance wi              | 11   | .2658   |     |   |    |  |  |
| 27  | IN O                                 | UT N/A               | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | $\begin{array}{c cccc} \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ | 0   | 0 | 0  |  |  |

## Food Establishment Inspection Report, continued

Establishment Name: NAWAB INDIAN CUISINE Establishment ID: 3034011394

#### 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:

Person in Charge (Print)

Regulatory Authority (Signature)

Contact Number: **(**336)703-3128

Verification Required Date: / /

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations:\_

No. of Repeat Risk Factor/Intervention Violations:

51

52

53

54

OUT

8

OŪT

OIN ⊗ OUT Garbage & refuse properly disposed;

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

facilities maintained

#### **Good Retail Practices** Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods Compliance Status OUT CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 O O O 0 0 0 29 Water and ice from approved source OUT ⊗ ○ ○ IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 0 0 33 Approved thawing methods used 0 0 IN OUT N/A N/O ○ **⊗** ○ 1 0.5 0 ⊗ OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ IN OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36 OUT 0 Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display OUT O O O 38 Personal cleanliness 0 0 0 O IN ⊗ OUT $\circ \otimes \circ$ 0 39 Wiping cloths: properly used & stored 0 0 1 0.5 0 ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 OUT **Proper Use of Utensils** .2653, .2654 ⊗ OUT ○ **⊗** ○ 1 0.5 0 IN 0 0 41 In-use utensils: properly stored 080 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 ΙŇ OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ○ ○ **⊗** 1 0.5 0 ⊗ OUT 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 OUT $\begin{array}{c|c} \bigcirc & \bigcirc & \bigcirc \\ 2 & 1 & 0 \end{array}$ Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT Toilet facilities: properly constructed, supplied

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

**Total Deductions:** 

0 0

0 0

0

0 0 0

0 0 0

0 0 0 1 0.5 0

 $\circ \otimes \circ$ 

1 0.5 0

0 0 **8** 1 0.5 0

## Comment Addendum to Food Establishment Inspection Report

|                    |   |                 | I             |                  |  |  |
|--------------------|---|-----------------|---------------|------------------|--|--|
| Establishment Name | : NAWAB INDIAN CUISINE  | Establishment I | D: 3034011394 | Date: 01/10/2013 |  |  |
| Location Address:  | 129 S STRATFORD ROAD  |                 |               | Status Code: A   |  |  |
| City: WINSTON SAL  |   | te: NC          |               | Category #:IV    |  |  |
| County: 34 Forsyth | Zip: <sup>27104</sup>   |                 |               | Email 1:         |  |  |
| •                  | em: ⊗ Municipal/Community ○ On-S ⊗ Municipal/Community ○ On-S |                 |               | Email 2:         |  |  |
| Permittee: NAWA    | AB RESTAURANT INC.  |                 |               | Email 3:         |  |  |
| Telephone: (336)   | 725-3949  |                 |               |                  |  |  |

|                   | Temperature Observations |             |               |                 |            |                    |                     |             |
|-------------------|--------------------------|-------------|---------------|-----------------|------------|--------------------|---------------------|-------------|
| Item<br>hot water | Location<br>faucet       | Temp<br>150 | Item<br>beans | Location cooler | Temp<br>45 | Item rice and peas | Location<br>hot bar | Temp<br>148 |
| tomatoes          | make unit                | 39          | goat meat     | cooler          | 45.        | beef curry         | hot bar             | 146         |
| chicken           | make unit                | 39          | lamb          | cooler          | 45         |                    |                     |             |
| shrimp            | make unit                | 43          | dressing      | cold bar        | 44         |                    |                     |             |
| cooked            | cooler                   | 43          | salad         | cold.bar        | 45         |                    |                     |             |
| onions            | cooler                   | 44          | chicken       | hot bar         | 147        |                    |                     |             |
| cut greens        | cooler                   | 44.         | rice          | hot bar         | 145        |                    |                     |             |
| rice              | cooler                   | 44          | potatoes and  | hot bar         | 171        |                    |                     |             |

**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.

Need to have each employee sign an employee health agreement policy. 2-103,2-201.11



3 Each employee must know when to report food borne illness. 2-201.12

- Need to mix sanitizer to 50pp chlorine; bottles checked to day were 200pp chlorine. Need to clean can opener blade. Need to clean ice machine.4-602.11,4-501.114
- 21 Need to date mark food that is held for more that 24 hours. 3-501.17



|    | Comment Addendum to Food Establishment Inspection Report                         |  |  |  |  |  |
|----|--|--|--|--|--|--|
| Es | stablishment Name: NAWAB INDIAN CUISINE  | Establishment ID: _3034011394  |  |  |  |  |
| 34 |  | Corrective Actions frames below, or as stated in sections 8-405.11 of the food code. ice /water bath. 4-502.11   |  |  |  |  |
| 39 | Wiping cloths stored on a bag of onions. 3-304.14                                |  |  |  |  |  |
| 41 | Do not store fryer basket on floor on napkin beside fryer. 3-304                 | .12  |  |  |  |  |
| 42 | Linens used in kitchen on a storage rack in other areas were d 4-801.11,4-901.11 | irty; use clean linens only. Air dry pans before stacking.   |  |  |  |  |
| 45 | and caulk as needed. Some wire racks are rusty and need to be                    | few split gaskets found today. Need to check all sinks in kitchen be replaced; some in walk in and some in make units. Replace cover is leaking when turned on not under pressure; have this repaired. |  |  |  |  |
| 47 | Need to clean inside bottom of two door freezer. 4-602.13                        |  |  |  |  |  |
| 53 | Need wall cleaning in kitchen. 6-501.12  |  |  |  |  |  |



## Comment Addendum to Food Establishment Inspection Report

Establishment Name: NAWAB INDIAN CUISINE Establishment ID: 3034011394

### **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.

**√** Soell

Detail clean of hood is needed.6-501.14

54



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: NAWAB INDIAN CUISINE Establishment ID: 3034011394

## 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.



