## Food Establishment Inspection Report

Establishment Name: MALAY CHINESE Establishment ID: 3034011546

Date: 11 / 01 / 2012 Status Code: A				
Time In: $\underline{12}$ : $\underline{50} \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}$ Time Out: $\underline{02}$ : $\underline{55} \overset{\bigcirc}{\otimes} \overset{\text{an}}{\text{pm}}$				
Total Time: 2 hrs 5 minutes				
Category #: IV				
Establishment Type: Full-Service Restaurant				

### Instructions:

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

Location Address: 2840 REYNOLDA ROAD					
City: _WINSTON SALEM					
State: NC Zip: 27106					
County: 34 Forsyth					
Permittee: MALAY CHINESE RESTAURANT INC					
Telephone: (336) 722-7750					
⊗Inspection					
○Re-Inspection					
Wastewater System:					
⊗Municipal/Community					
○On-Site System					
Water Supply:					
⊗Municipal/Community					
On-Site System					

- 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
- 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: 97

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Compliance Status				CDI	R	VR		
Su	pervision	.2652						
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0		
En	nployee Health		-					
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0		
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0		
Go	od Hygienic P	Practices .2652, .2653	0.5					
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0		
Pre		amination by Hands .2652, .2653, .2655, .265	6					
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	0	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0		
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	○ ○ ○ 2 1 0	0	0	0		
Ap	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 1 0 $	0	0	0		
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
12	O O 🗞 O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0		
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 3 1.5 0	0	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0		
Po	tentially Haza	rdous Food Tlme/Temperature .2653						
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0		
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0		
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0		
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0		
21	O O 🗞 O IN OUT N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0		
22	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	○ ○ ○ 2 1 0	0	0	0		
Consumer Advisory .2653								
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0		
Highly Susceptible Populations .2653								
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 3 1.5 0	0	0	0		
Ch	Chemical .2653, .2657							
25	O O & IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0		
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Co	nformance wi	th Approved Procedures .2653, .2654,	.2658					
27	O O &	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000	o	0			

## Food Establishment Inspection Report, continued

Establishment Name: MALAY CHINESE Establishment ID: 3034011546

Instru	ictions	, continu	uea:

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 (Signature)

Christy L. All rod
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (\_\_\_\_) \_\_\_\_ -

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

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 2 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 .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 0 0 0 0 0 29 Water and ice from approved source OUT O O & 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 ⊗ ○ 33 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ IN 0 0 OUT Insects & rodents not present; no unauthorized animals 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display OUT O O O 38 Personal cleanliness 0 0 0 O IN ⊗ OUT 0 0 **8** 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 OUT **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 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 ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 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 0 0 51 0 OUT 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained O 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

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

Comment Addendam to Food	Establistiment inspecti	он керон
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Location Address: 2840 REYNOLDA ROAD  City: WINSTON SALEM State: NC  Country: 34 Forsyth 7: 27106		Status Code: A  Category #: IV
County: 34 Forsyth Zip: 27106  Wastewater System: ⊗ Municipal/Community ○ On-Site System  Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 1: yokechan1@netscape.con Email 2:
Permittee: MALAY CHINESE RESTAURANT INC  Telephone: (336) 722-7750		Email 3:

Temperature Observations								
ltem scallion	Location cook temp	Temp 179	Item air temp	Location walk-in cooler	Temp 38	Item	Location	Temp
gravy	steam table	165	hot water	utensil sink	130			
sweet and	under counter cooler	43	sanitizer in	chlorine utensil sink	50			
hot and sour	steam table 2	172	sanitizer in	chlorine dish machine	50			
egg drop soup	steam table 2	169						
pork	make unit top	41						
chicken wings	walk-in cooler	39						
tofu	walk-in cooler	38						

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.

0-pts. PIC is not servsafe certified.

- More thorough cleaning is needed on plates and pans. Several clean pans had food debris on them. A couple of plates had food debris on the backsides of the plates. CDI-utensils were pulled to be re-washed.
- 0-pts. In use wash cloths should be stored in sanitizer solution.

Several pans were stacked wet. Be sure to allow pans to air dry before stacking.



## **Comment Addendum to Food Establishment Inspection Report**

Establishment Name: MALAY CHINESE	Establishment ID:	3034011546			
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

45 0-pts. There were a couple plastic food storage tubs he were cracked along the bottom. Be sure to replace damaged pans.

47 Some detail equipment cleaning is needed-examples include the handles of equipment, difficult to reach areas on equipment.

Still need to repair the damaged wall around the handsink for the bathroom. A few ceiling tiles around the hood need cleaning.

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# Comment Addendum to Food Establishment Inspection Report

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### **Observations and Corrective Actions**

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