Food Establishment Inspection Report

Establishment Name: CHINA RESTAURANT Establishment ID: 3034011687

Date: 02/04/2013 Status Code: A						
Time In: <u>Ø 2</u> : <u>Ø Ø ⊗ pm</u> Time Out: <u>Ø 3</u> : <u>5 5 ⊗ pm</u>						
Total Time: 1 hr 55 minutes						
Category #: _IV						
Establishment Type:						

Instructions:

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

Location Address: 3491 N PATTERSON AVE						
City: _WINSTON SALEM						
State: NC Zip: 27105						
County: 34 Forsyth						
Permittee: BI YUN QIU						
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

Score: 96.5

Contributing factors that increase the chance of developing feedborne illness

	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	s	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	
Em	ployee Health	.2652					
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	8	0	0	
3	Ø ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0	
Go	od Hygienic F	Practices .2652, .2653					
4	IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0	
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	1 0.5 0	0	0	0	
Pre		amination by Hands .2652, .2653, .2655, .265	6				
6	⊗ ⊖ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0	
7	⊗ O O IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0	
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 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 IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
11	⊗ O IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
12	O O & O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Pro	otection from	Contamination .2653, .2654					
13	O 🗞 O O	Food separated & protected	○ ⊗ ○ 3 1.5 0	0	8	0	
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	O O O 3 1.5 0	0	0	0	
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0 0 2 1 0	0	0	0	
Po	~ ~ ~	rdous Food TIme/Temperature .2653					
16	IN OUT N/A N/O	Proper cooking time & temperatures	3 1.5 0	0	0	0	
17	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	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	O S O O	Proper cold holding temperatures	3 1.5 0	8	0	0	
21	O O S O	Proper date marking & disposition	3 1.5 0	0	0	0	
22	⊗ ○ ○ ○ IN OUT N/A N/O	Time as a public health control: procedures & records	2 1 0	0	0	0	
Со	nsumer Advis	3					
23	O O S IN OUT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0	0	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	0	0	
Ch	emical	.2653, .2657					
25	O O S IN OUT N/A	Food additives: approved & properly used	0 0 0	0	0	0	
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	

Food Establishment Inspection Report, continued

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ınstri	ictions	, contini	nea:

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:

YLL Jian. L/N Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____)___-

Verification Required Date: ___/ ___/

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 3 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 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 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 OOO ⊗ IN OUTN/A N/O 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 0 0 0 1 0.5 0 ⊗ ○ 0 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 Food properly labeled: original container 0 35 0 8 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 Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 **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 OUT 0 0 0 1 0.5 0 0 0 0 47 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 Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained OUT 00053 Physical facilities installed, maintained & clean 0 0 0 1 0.5 0 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

Ē	stablishme	ent Name: CHINA R	ESTAURANT			Establis	hment ID:	3034011687	Date: 02/04/201	3
	Location	Address: 3491 N P	ATTERSON A	VE					Status Code:_	Α
	City: WIN	NSTON SALEM		State:	NC				Category #:	IV
	County: 3		Zi	p: <u>27105</u>					Email 1:	
		ater System: ⊗ Mu							Email 2:	
	Water Su	J ppiy: ⊗ Mu e: _ ^{Bi YUN QIU}	unicipal/Commur	nity On-Site	System					
	Telephoi								Email 3:	
ſ				Temp	erature	Observ	ations			
	em chicken	Location cook temp	Temp 188	Item hot water	Location		Temp 135	Item	Location	Tem
_	General Tso	cook temp	175	chlorine	spray b		50			
_	shrimp	cook temp	145	-	- opidy L					
_	rice	НН	165							
-	oast pork	make unit	38							
-	chicken	delivery temp	40							
-	cooked pork	make unit	38	_				_		
(chicken	walk-in cooler	38							
2	0-pts. Be	sure to implement a	an employee	health policy	, please r	efer to the	CD for detail	S.	05.11 of the food code.	
13		foods. CDI- Employ				stomer 100	as. Be sure to	keep emplo	yee food separate fro	m
20	0-pts. Be	sure to keep the ga	rlic and oil re	efrigerated.						
35	There wa	s a bag of roast por	k in a reuseo	d bag labeled	l noodles.	The dry fo	ood (salt, suga	ar. msa) on th	ne cooking stand need	to be

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labeled.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CHINA RESTA	URANT Establishment ID:	3034011687			
Observations and Corrective Actions					



A knife was wedged between two table that were not clean where the knives were kept. The spoon for the rice was in a soiled wet container. In use utensils need to be kept on a clean dry surface, or in a water bath heated to 135F.

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.

42 Most of the bus tubs were stacked wet. Allow pans to air dry before stacking.

5 0-pts. A couple of bus tubs and metal mixing bowl were cracked. Be sure to replace damage utensils.

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