

# Food Establishment Inspection Report

Score: 95

Establishment Name: ORIENTAL CAFE

Establishment ID: 3034011698

Date: 05 / 06 / 2013 Status Code: A

Time In: 02 : 00  am  pm Time Out: 04 : 45  am  pm

Total Time: 2 hrs 45 minutes

Category #: IV

Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 612 HANES MALL BLVD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: ORIENTAL CAFE LLC

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".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>										
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
<b>Supervision</b> .2652										
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties			<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<b>Employee Health</b> .2652										
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting			<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<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"/>
<b>Good Hygienic Practices</b> .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"/>
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"/>
<b>Preventing Contamination by Hands</b> .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"/>
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"/>
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"/>
<b>Approved Source</b> .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"/>
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"/>
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"/>
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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
<b>Protection from Contamination</b> .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 checked="" type="radio"/> 1.5	<input type="radio"/> 0
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"/>
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"/>
<b>Potentially Hazardous Food Time/Temperature</b> .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
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
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
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
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures			<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
21	<input checked="" type="radio"/> IN	<input 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 type="radio"/> 0
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
<b>Consumer Advisory</b> .2653										
23	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A		Consumer advisory provided for raw or undercooked foods			<input type="radio"/> 1	<input type="radio"/> 0.5	<input checked="" type="radio"/> 0
<b>Highly Susceptible Populations</b> .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
<b>Chemical</b> .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
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
<b>Conformance with Approved Procedures</b> .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



# Food Establishment Inspection Report, continued

Establishment Name: ORIENTAL CAFE

Establishment ID: 3034011698

**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:**

First Last  
Tiffany Wong

Person in Charge (Print)

Person in Charge (Signature)

First Last  
Scott Steed

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3141

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

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations:       

<b>Good Retail Practices</b>															
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Compliance Status								OUT	CDI	R	VR				
<b>Safe Food and Water</b> .2653, .2655, .2658															
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
30	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	Variance obtained for specialized processing methods					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Food Temperature Control</b> .2653, .2654															
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Plant food properly cooked for hot holding					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Food Identification</b> .2653															
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Prevention of Food Contamination</b> .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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Proper Use of Utensils</b> .2653, .2654															
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
43	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Single-use & single-service articles: properly stored & used					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Utensils and Equipment</b> .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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
46	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Physical Facilities</b> .2654, .2655, .2656															
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
49	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Plumbing installed; proper backflow devices					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Total Deductions:</b>								<b>5</b>							

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: ORIENTAL CAFE

Establishment ID: 3034011698

Date: 05/06/2013

Location Address: 612 HANES MALL BLVD

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: ORIENTAL CAFE LLC

Telephone: \_\_\_\_\_

Status Code: A

Category #: IV

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cabbage	sandwich unit	45	raw shrimp	small sandwich unit	45	seaweed	wic	44
basil	sandwich unit	45	cooked	small sandwich unit -	40	spicy tuna	sushi display	40
cooked	sandwich unit	36	dumplings	small sandwich unit -	40	salmon	sushi display	40
raw shrimp	sandwich unit	36	raw chicken	small sandwich unit -	45	cooked eel	sushi cooler	40
raw beef	sandwich unit	36	white rice	rice cooker	167	chicken	cook temp	167
lo mien	sandwich unit - bottom	40	raw scallops	wic	42	lettuce	ice baths	40
sweet & sour	steam table	150	raw chicken	wic	45	tofu	ice baths	44
egg drop soup	steam table	137	crab	wic	45	hot water	3 compartment sink	165

## 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.

- 13 There were several items in the bottom of the large sandwich top refrigerator that were not covered. Keep all food covered during storage in all refrigeration units.
- 23 The consumer advisory footnote has been placed on the menu, however, the menu items containing raw or undercooked animal foods have not been designated. Those items containing raw or undercooked animal foods must have a designation that ties them to the footnote.
- 30 A variance must be obtained from the State of North Carolina for the sushi rice process. Develop the HACCP plan and submit the application as soon as possible.
- 43 Single service containers were being washed in the three compartment sink for re-use. Single service containers are not re-usable. After they have been used once, they are to be discarded.



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## Observations and Corrective Actions

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- 45 The wooden dolly in the walk-in freezer is not approved for food storage and it must be removed or replaced with an approved unit. / The shelves in the walk-in cooler and dry storage areas that have been painted with an unapproved paint must be replaced or re-finished with a material that is approved for incidental food contact. / The tape on the sushi display cooler doors and potato peeler are not approved as they create an uncleanable area. Replace the sushi cooler doors if they can not be repaired properly. / Replace the broken refrigerator gasket on the small sandwich top refrigerator. / The two door work top cooler must be removed if it is not going to be repaired.
- 46 The wash water in the three compartment sink was 98F. The wash water must be maintained at a minimum of 110F at all times when the sink is filled.
- 47 Cleaning is needed on the drip pans on the bottom of the wok, under the steam table, on the inside of the fryers and on the bottom of all of the prep tables.
- 49 The grease trap lid is broken leaving a corner the grease trap exposed. Have the lid replaced immediately.
- 53 Some minor wall cleaning is needed behind the cooking equipment.



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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.

✓  
Spell



# 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.

✓  
Spell

