Food Establishment Inspection Report

Establishment Name: KIMONO JAPANESE RESTAURANT

Establishment ID: 3034012089

Date: <u>Ø 2 / 27 / 2 0 1 3</u> Status Code: A							
Time In: $\underline{\emptyset \ 2}$: $\underline{5 \ \emptyset \ \otimes}_{pm}^{\bigcirc am}$ Time Out: $\underline{\emptyset \ 4}$: $\underline{4 \ \emptyset \ \otimes}_{pm}^{\bigcirc am}$							
Total Time: 1 hr 50 minutes							
Category #: _IV							
Establishment Type: Full-Service Restaurant							

Instructions:

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

Location Address: 324 SUMMIT SQUARE BLVD						
City: WINSTON SALEM						
State: NC Zip: 27105						
County: 34 Forsyth						
Permittee: KIMONO ENTERPRISE INC.						
Telephone:						
⊗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.									
Со	mpliance Stat	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 Healt		0 0 0							
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	8	0	0				
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	3 1.5 0	0	0	0				
Go	Good Hygienic Practices .2652, .2653									
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	0	0	0				
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0				
Pre	eventing Con	tamination by Hands .2652, .2653, .2655, .265	6							
6	⊗ ○ IN OUT	Hands clean & properly washed	000	0	0	0				
7	⊗ ○ ○ 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	000	0	0	0				
Ap	proved Sour	ce .2653, .2655								
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0				
12	O O 🗞 O	Required records available: shellstock tags, parasite destruction	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0				
Protection from Contamination .2653, .2654										
13	○ ⊗ ○ ○ IN OUT N/A N/O	Food separated & protected	○ ⊗ ○ 3 1.5 0	8	0	0				
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.3 0 3 1.5 0	0	0	0				
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0				
Potentially Hazardous Food Time/Temperature .2653										
16	⊗ ○ ○ ○ ○ IN OUT N/A N/C	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0				
17	OOO ⊗	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0				
18	OOO ⊗	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0				
19	⊗ ○ ○ ○ IN OUT N/A N/C	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0				
20	⊗ ○ ○ ○ IN OUT N/A N/C	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0				
21	O O & O	Proper date marking & disposition	3 1.3 0 3 1.5 0	0	0	0				
22	O O & O	Time as a public health control: procedures & records	000	0	0	0				
	nsumer Advi		2 1 0							
23	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0				
Hi	hly Suscept	ble Populations .2653								
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0				
Ch	emical	.2653, .2657								
25	O O ⊗ 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
Со		th Approved Procedures .2653, .2654,	.2658							
27	O O S 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

Establishment Name: KIMONO JAPANESE RESTAURANT Establishment ID: 3034012089

Instructions, continue	
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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)

Person in Charge (Signature)

Contact Number:

Verification Required Date: / /

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/ Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: ₋

54

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 ⊗ IN OUT 0 0 U U S U Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 0 😵 \circ Approved thawing methods used 0 0 IN OUT N/A N/O ○ **⊗** ○ 1 0.5 0 ⊗ OUT Thermometers provided & accurate \bigcirc 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 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 0 0 0 1 0.5 0 ⊗ IN OUT 0 0 41 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 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 8 OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 ΙŇ test strips 0 0 0 1 0.5 0 OUT 0 0 0 47 Non-food contact surfaces clean Physical Facilities .2654, .2655, .2656 OUT $\bigcirc \bigcirc \bigcirc$ 0 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 OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT ○ ○ **⊗** 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 0 00053 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements;

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

Total Deductions:

0 0 0

	Comment	Addend	dum to F	ood E	Establish	ment	Inspect	ion Report			
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Location Address: 324 SUMMIT SQUARE BLVD								Status Code: A			
City: WINSTON SALEM St							Category #:IV				
County: 34 Forsyth Zip: 27105								Email 1:			
Water	water System: ⊗ Mu Supply: ⊗ Mu						Email 2:				
Permittee: KIMONO ENTERPRISE INC.								Email 3:			
Teleph	one:										
			Tempe	rature	Observation	ıs					
Item	Location	Temp	Item	Location		Item Location		Temp	Item	Location Te	
Tuna	Sushi cooler	40	Raw beef	Make unit		44					
Octopus	Sushi cooler	37	Raw beef	Walk in cooler		41					
Salmon	Sushi cooler	38	Raw chicken	Walk in cooler		40					
Steak	Grill	147									
Carrots	Heat well	135	Hot water	Three co	ompartment sink	141					

Observations and Corrective Actions

Rinse cycle in ppm

50

Fried rice

White rice

Raw shrimp

Heat well

Heat well

Make unit

150

156

40

Chlorine

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

- 2 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees Although employee health policy is in place, no written agreement exists instructed manager on concept and applicability of policy and that they are to keep signed agreements from employees on file should they be requested by EH staff
- 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation Pans of raw chicken stored above pans of raw beef in walk in cooler - raw chicken must be stored below raw beef as to prevent cross contamination
- 4-302.12 Food Temperature Measuring Devices Missing thermometer must have, at minimum, a metal stem thermometer, accurate to within two degrees F and ranging from 0 220 deg F
- 4-501.11 Good Repair and Proper Adjustment-Equipment Torn cooler gaskets replace torn cooler/freezer gaskets so they are easily cleanable and in good repair; Replace cracked plasic door on sushi bar display case



Comment Addendum to Food Establishment Inspection Report

Establishment Name: KIMONO JAPANESE RESTAURANT Establishment ID: 3034012089

Observations and Corrective Actions

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√ Spel

5-501.15 Outside Receptacles - Lid open on cardboard dumpster - make sure doors and lids are shut at all times as to prevent pest and rodent harborage



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