## Food Establishment Inspection Report

Establishment Name: BIG MUSSELS Establishment ID: 3034012214

Date: <u>Ø 3</u> / <u>2 7</u> / <u>2 Ø 1 3</u> Status Code: A
Time In: $\underline{\emptyset \ 1}$ : $\underline{1 \ \emptyset \otimes pm}$ Time Out: $\underline{5}$ : $\underline{2 \ \emptyset \otimes pm}$
Total Time: 4 hrs 10 minutes
Category #: III
Establishment Type:

#### Instructions:

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

Location Address: 2730 UNIVERSITY PARKWAY
City: WINSTON SALEM
State: NC Zip: 27105
County: 34 Forsyth
Permittee: BIG MUSSELS 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".

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

### Food Establishment Inspection Report, 7/2012

#### Foodborne Illness Risk Factors and Public Health Interventions

Score: 94

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

			ibuting factors that increase the chance of developing for ventions: Control measures to prevent foodborne illness		iess.		
Со	mpliand	ce Statu	s	OUT	CDI	R	VR
Su	pervisi		.2652				
1		S) () JT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0
En	<u> </u>	e Health	.2652				
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	3 1.5 0	0	0	0
Go	od Hy	gienic P	Practices .2652, .2653				
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0
Pre	_	-	amination by Hands .2652, .2653, .2655, .265				
6	IN	⊗ OUT	Hands clean & properly washed	O <b>8</b> O 4 2 0	0	0	0
7		) <b>&amp;</b> JT 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	○ <b>N</b>	⊗ OUT	Handwashing sinks supplied & accessible	○ ○ <b>⊗</b> 2 1 0	8	0	0
Ap	proved	Sourc	e .2653, .2655				
9	⊗ IN	OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0
10	IN O	) <b>&amp;</b> JT 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	0 0 0 2 1 0	0	0	0
12	○ ⊗ IN OUT	O O N/A N/O	Required records available: shellstock tags, parasite destruction	○ <b>⊗</b> ○ 2 1 0	0	0	0
Pro			Contamination .2653, .2654				
13	○ ⊗ IN OUT	O O N/A N/O	Food separated & protected	○ <b>⊗</b> ○ 3 1.5 0	0	0	0
14	O IN	⊗ OUT	Food-contact surfaces: cleaned & sanitized	○ <b>⊗</b> ○ 3 1.5 0	0	0	0
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
Po	tentiall		rdous Food TIme/Temperature .2653				
16	O O	○ <b>⊗</b> N/A N/O	Proper cooking time & temperatures	3 1.5 0	0	0	0
17		○ <b>⊗</b> N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0
18	-	O O N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0
19		O O N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0
20	⊗ ○ IN OUT		Proper cold holding temperatures	3 1.5 0	0	0	0
21		O O N/A N/O	Proper date marking & disposition	3 1.5 0	8	0	0
22		⊗ ○ N/A N/O	Time as a public health control: procedures & records	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
Co		r Advis	,				
23	IN O	S) () JT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0	8	0	0
Hiç		<u> </u>	ple Populations .2653				
24	IN O	)⊗ JT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0
	emical	) A	.2653, .2657				
25	IN O	) <b>&amp;</b> JT N/A	Food additives: approved & properly used	1 0.5 0	0	0	0
26		S O JT N/A	Toxic substances properly identified stored, & used	2 1 0	8	0	0
Co		ance wi	th Approved Procedures .2653, .2654,	.2658			
27	IN O	JT 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: BIG MUSSELS Establishment ID: 3034012214

#### 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".
- 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 Matthew Last

Person in Charge (Print)

Patella

Person in Charge (Signature)

First Last

Anthony

Last Williams

Regulatory Authority (Print)

Regulatory Authority (Signature)

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

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

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 9

No. of Repeat Risk Factor/Intervention Violations:

	Good Retail Practices							
	Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Co	mpliar	nce Statu	· · · · ·	OUT	(	CDI	R	VR
Sa	ife Foc	od and V	Vater .2653, .2655, .2658					
28	<b>⊗</b> ⊠	OUT	Pasteurized eggs used where required	0 0 1		0	0	0
29	<b>⊗</b> ≧	OUT	Water and ice from approved source	2 1	0	0	0	0
30		O O UT N/A	Variance obtained for specialized processing methods	0 0 1 0.5	0	0	0	0
Fo	_	mperatu	ure Control .2653, .2654					
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5	0	0	0	0
32	⊗ OU	O O	Plant food properly cooked for hot holding	0 0 1	0	0	0	0
33	⊗ OUI	O O	Approved thawing methods used	0 0 1 0.5	0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 1 0.5	0	0	0	0
Fo	od Ide	entificat	ion .2653					
35	OIN	⊗ OUT	Food properly labeled: original container	2 1	<b>⊗</b> 0	0	0	0
Pr		_	ood Contamination .2652, .2653, .2654, .265		$\sim$ T			
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2 1	0	0	0	0
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	2 1	$\begin{bmatrix} \circ \\ 0 \end{bmatrix}$	0	0	0
38	⊗ IN	OUT	Personal cleanliness	0 0 1	$\frac{\circ}{\circ}$	0	0	
39	O IN	⊗ OUT	Wiping cloths: properly used & stored	0 0 1 0.5	<b>⊗</b> 0	0	0	0
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 1	0	0	0	0
Pr	oper U	Ise of U	tensils .2653, .2654					
41	⊗¤	OUT	In-use utensils: properly stored	0 0 1	$\begin{bmatrix} \circ \\ 0 \end{bmatrix}$	0	0	0
42		<b>⊗</b> OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 1		0	0	
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 1 0.5	0	0	0	0
44	⊗ IN	OUT	Gloves used properly	0 0 1 0.5	0	0	0	0
Ut	ensils	and Eq	uipment .2653, .2654, .2663					
45	OIN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used		<b>⊗</b> 0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 1		0	0	0
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 1 0.5	0	0	0	0
Physical Facilities .2654, .2655, .2656								
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	O O 1	0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices		0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed		0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 1 0.5	0	0	0	0
52	O IN	⊗ OUT	Garbage & refuse properly disposed; facilities maintained	0 0 1 0.5		0	0	0
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 1 0.5		0	0	0
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0	ot	0	0	0
			Total Deductions:	6	$\dashv$			
			I	L				

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

## Comment Addendum to Food Establishment Inspection Report

Establishment Name: BIG MUSSELS	Establishment ID: 3034012214	Date: 03/27/2013
Location Address: 2730 UNIVERSITY PARKWAY  City: WINSTON SALEM State: NC		Status Code: A  Category #: III
County: <u>34 Forsyth</u> Zip: <u>27105</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: BIG MUSSELS LLC		Email 3:
Telephone:		

Temperature Observations								
Item ham	Location walk-in cooler	Temp 39	Item boiled eggs	Location make unit 2	Temp 39	Item	Location	Temp
fish	walk-in cooler	39	lettuce	make unit 2	40			
hot water	spray arm	132						
clam chowder	hot holding	143						
gravy	make unit	41						
spinach	make unit	41						
tomatoes	make unit	39						
eggs	make unit 2	46						

#### **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.

PIC did not meet requirements for demonstrating food safety knowledge. The PIC shall demonstrate this knowledge by being a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.

- 6 Hands were not being washed thoroughly. Follow these steps for proper handwashing:
  - (1) Rinse under clean, running warm water; (2) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer; (3) Rub together vigorously for at least 10 to 15 seconds while:
  - (a) Paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, and (b) Creating friction on the surfaces of the hands and arms, finger tips, and areas between the fingers;
  - (4) Thoroughly rinse under clean, running warm water; and (5) Immediately follow the cleaning procedure with thorough drying.
- 8 Hand sink was blocked by utensils in the back prep and dish room. Keep all hand sinks supplied and accessible. Utensils relocated as corrective action.
- 12 Clams were separated from the original container without proper record keeping. Ensure a method for record keeping is in place if the shellstock are removed from the original container to identify. Do not commingle shellstock from another container with different certification numbers; different harvest dates; or different growing areas as identified on the tag or label before being ordered by the consumer. Retain tags for 90 days. Educated as corrective action.





_	Comment Addendum to Food Establishment Inspection Report
Es	stablishment Name: BIG MUSSELS Establishment ID: 3034012214
	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	Crab stored under raw beef. Raw beef stored in the same pan with ham and turkey. Keep food stored to prevent cross contamination. For example, store raw seafood above raw chicken. Ice bin was kept open at the bar. Keep ice bin lid closed to protect the ice. Ensure prep sinks are properly labeled and used for their intended purpose. Items relocated to prevent cross contamination.
14	Utensils required additional cleaning. Wash, rinse, and sanitize dishes properly to remove food debris. Sanitizer strength was weak in the bottle. Ensure chlorine sanitizer is kept at 50-200 ppm. Sanitizer in the dish machine measured 200+. Ensure dish machine is adjusted to 50-200 ppm. Dishes sent for rewashing during inspection. Sanitizer in the bottle corrected to 50-200 ppm.
21	Date mark missing on one of the items in the walk-in cooler. This applies to food items that are held for more than 24 hours. These items shall include but are not limited to cooked potentially hazardous foods, lunchmeats, cut leafy greens, cut fruits, and other ready-to-eat items. Date mark with either the date of preparation or date of expiration. Education used as corrective action.
23	Consumer advisory missing on the dinner menus. Ensure consumer advisory with disclosure and reminder is provided for raw or undercooked items as required.
26	Chemical bottles were found unlabeled. Ensure chemical bottles are labeled with common name if removed from original container. Bottle labeled as corrective action.
35	Food items were found unlabeled. Label food if removed from original container.
39	Wiping cloths stored in water needed to be replaced due to soiling. Replace wiping cloth and sanitizer water in container as often as necessary.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BIG MUSSELS	Establishment ID: 3034012214

#### **Observations and Corrective Actions**

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Bowls and plates along the line were being contaminated by food splatter or hood. Keep clean utensils stored in a clean location.

Milk, lemons, and limes stored in the beer cooler. Keep PHF items in refrigeration approved for their storage.

Clean area around dumpsters and remove construction items collecting on premises.

# Comment Addendum to Food Establishment Inspection Report

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### Observations and Corrective Actions

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