Food Establishment Inspection Report

Establishment Name: HIBACHI OF JAPAN Establishment ID: 3034014012

Date: <u>Ø 2</u> / <u>1 1</u> / <u>2 Ø 1 3</u> Status Code: A								
Time In: <u>∅ 4</u> : <u>∅ ∅ ⊗ pm</u> Time Out: <u>∅ 6</u> : <u>∅ ∅ ⊗ pm</u>								
Total Time: 2 hrs 0 minutes								
Category #:	IV							
Establishment Type:								

Instructions:

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

Location Address	S: 1557 UNIT A&B UNION CROSS RD								
City: KERNERS	/ILLE								
State: NC	Zip:								
County: 34 Forsyth Permittee: Y JUAN NIEKDAM									
									Telephone:
⊗Inspection									
○Re-Inspection	n								
Wastewater System:									
⊗Municipal/Community									
On-Site System									
Water Supply:									
⊗Municipal/Community									
On-Site Syste	em								

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: 97.5

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.										
Со	mplian	ce Statu	OU	Т	CDI	R	VR			
Su	pervis	ion								
1		⊗ O DUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	2	⊗ 0	0	0	0		
En	ploye	e Health	n .2652							
2	IN	OUT	Management, employees knowledge; responsibilities & reporting	○ ○ 3 1.5		0	0	0		
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion	○ ○ 3 1.5	5 0	0	0	0		
Go	Good Hygienic Practices .2652, .2653									
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use	O C 2 1	0	0	0	0		
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth	O C 1 0.5		0	0	0		
Pre	eventi	ng Cont	amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ IN	OUT	Hands clean & properly washed	0 C 4 2		0	0	0		
7		O O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ 3 1.5		0	0	0		
8	⊗ IN	OUT	Handwashing sinks supplied & accessible	0 0	0	0	0	0		
Ap	prove	d Sourc	e .2653, .2655							
9	⊗ IN	OUT	Food obtained from approved source	0 C 2 1	0	0	0	0		
10	ON O	O & OUT N/O	Food received at proper temperature	O C 2 1	0	0	0	0		
11	⊗ IN	OUT	Food in good condition, safe & unadulterated	○ C 2 1	0	0	0	0		
12	O O TUO NI	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction	○ C 2 1	0	0	0	0		
Pro	otectio	n from	Contamination .2653, .2654							
13	⊗ ⊝ TUO NI	O N/A N/O	Food separated & protected	0 C	5 0	0	0	0		
14	⊗ IN	OUT	Food-contact surfaces: cleaned & sanitized	0 C 3 1.5	0	0	0	0		
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0		0	0	0		
Ро	tential	ly Haza	rdous Food Time/Temperature .2653							
16	O O TUO NI	O & N/A N/O	Proper cooking time & temperatures	○ C 3 1.5		0	0	0		
17	O O TUO NI	○ ⊗ N/A N/O	Proper reheating procedures for hot holding	○ ○ 3 1.5	5 0	0	0	0		
18	⊗ ○ IN OUT	O O N/A N/O	Proper cooling time & temperatures	○ ○ 3 1.5	5 0	0	0	0		
19	⊗ ○ TUO NI	N/A N/O	Proper hot holding temperatures	○ ○ 3 1.5		0	0	0		
20	⊗ ○ TUO NI	O O N/A N/O	Proper cold holding temperatures	○ ○ 3 1.5	5 0	0	0	0		
21	O & IN OUT	○ ○ N/A N/O ⊗ ○	Proper date marking & disposition	○ % 3 1.5		0	0	0		
22	O O TUO NI	0 C 2 1	0	0	0	0				
Со	nsum	er Advis	sory .2653							
23		O & OUT N/A	Consumer advisory provided for raw or undercooked foods	0 C 1 0.5		0	0	0		
Hi	ghly S	usceptil	ble Populations .2653							
24		O ⊗ UT N/A	Pasteurized foods used; prohibited foods not offered	O C 3 1.5) () 5 0		0	0		
Ch	emica		.2653, .2657	-						
25	IN C	O O	Food additives: approved & properly used	1 0.5		0	0	0		
26	IÑ C	O O OUT N/A	0 C 2 1	0	0	0	0			
Co			ith Approved Procedures .2653, .2654,							
27		O & OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	0 C 2 1	0			0		

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

Food Establishment Inspection Report, continued

Establishment Name: HIBACHI OF JAPAN Establishment ID: 3034014012

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

- 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)

Regular Authority (Print)

Regular Suthority (Signature)

Contact Number: (336) 703 - 3166

Verification Required Date: / /

No. of Risk Factor/ Intervention Violations: 2

REHS ID: 1938 - Faircloth, Craig

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	ompliar	OUT	CDI	R	VR				
Safe Food and Water .2653, .2655, .2658									
28	⊗ ⊠	OUT	Pasteurized eggs used where required	1 0.5 0	0	0	0		
29	⊗ IN	OUT	Water and ice from approved source	O O O 2 1 0	0	0	0		
30		O ⊗ UT N/A	Variance obtained for specialized processing methods	0 0 0	0	0	0		
Food Temperature Control .2653, .2654									
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0 1 0.5 0	0	0	0		
32	⊗ ○ IN OU	O O TN/A N/O	Plant food properly cooked for hot holding	1 0.5 0	0	0	0		
33	IN OU	O O T N/A N/O	Approved thawing methods used	1 0.5 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0		
Fo	_	entificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Pr			ood Contamination .2652, .2653, .2654, .2656	0 0 0					
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	0 0 0 2 1 0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	O O O 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0	0	0	0		
40	⊗ IZ	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	•	Jse of U	tensils .2653, .2654						
41	IN	OUT	In-use utensils: properly stored	1 0.5 0	0	0	0		
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	0	0	0		
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 0	0	0	0		
44	⊗ IN	OUT	Gloves used properly	0	0	0			
Ut	_		uipment .2653, .2654, .2663						
45	⊗ IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0		
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0	0	0	0		
47	OIN	⊗ OUT	Non-food contact surfaces clean	0 8 0 1 0.5 0	0	0	0		
Ph		I Faciliti	es .2654, .2655, .2656						
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	0 0 0 2 1 0	0	0	0		
49	⊗ IX	OUT	Plumbing installed; proper backflow devices	O O O 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	2 1 0	0	0	0		
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & O O O 1 0.5 0						
52	⊗ IN	OUT	Garbage & refuse properly disposed; 1 0.5 0						
53	OIN	⊗ OUT	Physical facilities installed, maintained & clean $\bigcirc & \bigcirc & \bigcirc \\ 1 \ 0.5 \ 0 \ \bigcirc \ \bigcirc$						
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used						
			Total Deductions:	2.5					

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

		Comment	Addend	dum to	Food	<u>Establishme</u> i	nt Inspec	tion Report
E:	Establishment Name: HIBACHI OF JAPAN					Establishment ID:	3034014012	Date: 02/11/2013
	Location Address: 1557 UNIT A&B UNION			CROSS RI)			Status Code: A
		RNERSVILLE			e: NC			Category #:IV
	County: 3	4 Forsyth	Zi	p: <u>27284</u>				Email 1:
	Wastewater System: Municipal/Commun Water Supply: Municipal/Commun Permittee: Y JUAN NIEKDAM Telephone:							Email 2:
				iity () On-Si	ite System			Email 3:
								Email 6.
Γ				Ten	nperature	Observations		1
	em ice	Location hot hold	Temp 152	Item	Locati	on Tem	p Item	Location Temp
s	teamed rice	hot hold	142				_	
s	teak	make unit	41				_	
s	callop	reach in cooler	42					
s	hrimp	reach in cooler	41					
<u>c</u>	hicken	walk in cooler	38					
s	hrimp	walk in cooler	39					
h	ot water	3 comp sink	141					
1	The perso		acility has n	ot complet	ed an appro	frames below, or as stated		1, 2014 the person in charge of
21						. A date marking procesed or discarded within		so that items can be tracked al prep.
47		is needed on the ex f refrigeration units,					sters of equipm	ent, the interior and door
53	Cleaning i	is needed on the wa	alls and floor	s behind a	and below ed	quipment and shelving	along base bo	ards and in corners.

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.





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