

Food Establishment Inspection Report

Score: 94.5

Establishment Name: NO 1 CHINA

Establishment ID: 3034020612

Date: 04 / 24 / 2013 Status Code: A

Time In: 01 : 10 am pm Time Out: 03 : 10 am pm

Total Time: 2 hrs 0 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 3570-B CLEMMONS ROAD

City: CLEMMONS

State: NC Zip: 27012

County: 34 Forsyth

Permittee: ROBERT KAD

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												
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	
Supervision .2652												
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
Employee Health .2652												
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
3	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper use of reporting, restriction & exclusion					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
Good Hygienic Practices .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"/>	
Preventing Contamination by Hands .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	
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"/>	
Approved Source .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	
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 type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Required records available: shellstock tags, parasite destruction					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Protection from Contamination .2653, .2654												
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected					<input type="radio"/> 3	<input 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"/>	
Potentially Hazardous Food Time/Temperature .2653												
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" 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 type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures					<input type="radio"/> 3	<input checked="" 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 type="radio"/> IN	<input checked="" 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 checked="" type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Time as a public health control: procedures & records					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Consumer Advisory .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
Highly Susceptible Populations .2653												
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	
Chemical .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 type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used					<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" type="radio"/> 0	
Conformance with Approved Procedures .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: NO 1 CHINA

Establishment ID: 3034020612

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:

Robert *First* KAO *Last*

Person in Charge (Print)

Robert Kao
Person in Charge (Signature)

Clark *First* Sizemore *Last*

Regulatory Authority (Print)

Clark Sizemore
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3128

Verification Required Date: ___ / ___ / ___

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/
Intervention
Violations: 6

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		OUT	CDI	R	VR			
Safe Food and Water .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 type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654								
31	<input type="radio"/> IN <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification .2653								
35	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .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 type="radio"/> IN <input checked="" 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"/>
Proper Use of Utensils .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 checked="" type="radio"/> IN <input 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 type="radio"/> IN <input checked="" type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .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 checked="" type="radio"/> IN <input 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"/>
Physical Facilities .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 checked="" type="radio"/> IN <input 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"/>
Total Deductions:			5.5					

Comment Addendum to Food Establishment Inspection Report

Establishment Name: NO 1 CHINA
Location Address: 3570-B CLEMMONS ROAD
City: CLEMMONS **State:** NC
County: 34 Forsyth **Zip:** 27012
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: ROBERT KAD
Telephone: _____

Establishment ID: 3034020612

Date: 04/24/2013
Status Code: A
Category #: IV
Email 1: _____
Email 2: _____
Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
onions	cooler	40	shrimp	make unit	36			
rice	cooler	50	noodles	make unit	40			
egg roll	cooler	37	brown rice	warmer	156			
shrimp	cooler	38	white rice	warmer	159			
beef	cooler	39						
chicken	cooler	39						
beef	make unit	39						
chicken	make unit	37						

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.

- 1 The person in charge must have a food safety certification after 1-1-13 Or a two point deduction will be taken after that date.
2-102.12 Certified Food Protection Manager

- 2 Must inform the employees not to come to work if they have diarrhea,vomiting, Jaundice,sorethroat with fever or infected wounds on hand or wrist.
2-103.11 (M) Person in Charge-Duties

- 3 Employees must report the following diagnosed illness to the manager and to the Health Department: Norovirus, Salmonella,E. Coli0157:H7, and Hepatitis A.
2-201.11 (D) and (F) Responsibility of Permit Holder, Person in Charge, and Conditional Employees-Responsibility of the PIC to Exclude or Restrict

- 18 Rice was 50-45 degrees F in a large container in the walk in cooler. All cold food must be between 41F and 45F. Discarded properly.
3-501.14 Cooling



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- 21 All food in cooler must be date marked with date food was place in in cooler, then discarded after 7 days is temperature is 41F or below and three days if temperature is 45F or below.
3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking
- 26 The sanitizer label on the bottles is wearing off and needs to be labeled sanitizer.
7-101.11 Identifying Information, Prominence-Original Containers
- 31 Do not cool large containers of rice in walk in cooler with a tight fitting lid. Need to cool hot rice in shallow pans from 135F to 70F in 2 hours quickly, then cool in walk in cooler with a loose fitting lid and cool to 41F in 4 hours or less.
3-501.15 Cooling Methods
- 34 No thermometer available need a 0-220F thermometer to check food temperatures.
4-302.12 Food Temperature Measuring Devices
- 35 Red sauce found in on soy sauce bucket, do not reuse soy sauce to store other food.
3-302.12 Food Storage Containers Identified with Common Name of Food
- 39 Wiping cloths shall be dry and clean.
3-304.14 Wiping Cloths, Use Limitation
- 44 Did not observe the use of gloves in the facility.
3-304.15 (B)-(D) Gloves, Use Limitations



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Observations and Corrective Actions

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- 45 Shelving is starting to rust in dry storage,
4-201.11 Equipment and Utensils-Durability and Strength
- 47 Need to clean wire shelving in cooler and in dry storage.. Need to clean food particles from flip top.
4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils
- 53 Need to patch small hole in screen door.
6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods



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Observations and Corrective Actions

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✓
Spell

