Food Establishment Inspection Report

Establishment Name: MR LU S RESTAURANT

Date:	<u>Ø2</u> /	28/	2013	Status	Code:	Α
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Time In: $\underline{\emptyset \ 2} : \underline{\emptyset \ \emptyset \ \otimes}_{pm}^{\bigcirc am}$ Time Out: $\underline{\emptyset \ 4} : \underline{3 \ \emptyset \ \otimes}_{pm}^{\bigcirc am}$

Total Time: 2 hrs 30 minutes

Category #: IV

Establishment Type: Fast Food Restaurant

Instructions:

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

Location Address: 3430 ROBINHOOD ROAD						
City: WINSTON SALEM						
State: NC Zip: 27106						
County: 34 Forsyth						
Permittee: M&LENTERPRISES						
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".

Establishment ID: 3034020637

Foodborne Illness Risk Factors and Public Health Interventions

Score: 94

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 Supervision 1	OUT ○ ⊗ 2 0	CDI	R	VR				
1 O S O PIC Present; Demonstration-Certification by accredited program and perform duties								
IN OUT N/A program and perform duties			$\overline{}$					
F		10	0	0				
Employee Health .2652								
2 Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0				
3 N OUT Proper use of reporting, restriction & exclusion	○ ○ ⊗ 3 1.5 0	8	0	0				
Good Hygienic Practices .2652, .2653	Good Hygienic Practices .2652, .2653							
4 S On Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0				
5 No discharge from eyes, nose, and mouth	0 0 0	0	0	0				
Preventing Contamination by Hands .2652, .2653, .2655, .265	T							
6 N OUT Hands clean & properly washed	○ ○ ⊗ 4 2 0	8	0	0				
7 No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ⊗ ○ 3 1.5 0	0	0	0				
8 N OUT Handwashing sinks supplied & accessible	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
Approved Source .2653, .2655								
9 S O Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
10 O S Food received at proper temperature	$\begin{array}{c c} \circ \circ \circ \\ \circ \circ \circ \\ \circ \circ \circ \end{array}$	0	0	0				
11 S OUT Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
12 O O S Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
Protection from Contamination .2653, .2654								
13 SOUT N/A N/O Food separated & protected	0 0 0 3 1.5 0	0	0	0				
14 ON SOUT Food-contact surfaces: cleaned & sanitized	○ ⊗ ○ 3 1.5 0	0	0	0				
15 & 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				
Potentially Hazardous Food Tlme/Temperature .2653								
16 N OUT N/A N/O Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0				
17 O O S IN OUT N/A N/O Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0				
18 S C C Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0				
19 SOUT N/A N/O Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0				
20 S O O Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0				
21 NOUT N/A N/O Proper date marking & disposition	○ ○ ⊗ 3 1.5 0	8	0	0				
22 NOUT 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				
Consumer Advisory .2653		$oxed{\Box}$						
23 S O Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0				
Highly Susceptible Populations .2653		$oxed{\Box}$						
24 O O S N/A Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0				
Chemical .2653, .2657		\coprod	Ш					
25 SO ON A Food additives: approved & properly used	1 0.5 0	0	0	0				
26 S O N/A Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
Conformance with Approved Procedures .2653, .2654,	.2658	\perp						
27 O O S 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: MR LU S RESTAURANT Establishment ID: 3034020637

Instri	ictions	continue	u.
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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

- 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)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703 - 3128

Verification Required Date: ___/__/__

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 7 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 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 OUT 0 0 0 0 0 1 0.5 0 NOUT N/A N/O Plant food properly cooked for hot holding 32 0 0 0 O S O O Approved thawing methods used IN OUT N/A N/O ○ **⊗** ○ 1 0.5 0 33 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 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 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 36 **⊗** ○ 1 0 8 Contamination prevented during food preparation, 37 0 0 \bigcirc OUT storage & display ⊗ OUT ○ **⊗** ○ 1 0.5 0 38 Personal cleanliness 0 0 0 O IN ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 0 0 0 1 0.5 0 Washing fruits & vegetables 40 0 0 OUT **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 42 0 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used OIN 8 \bigcirc 0 0 44 Gloves used properly 0 OUT 1 0.5 0 **Utensils** and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used OIN ⊗ OUT 0 0 **8** 1 0.5 0 Warewashing facilities: installed, maintained, & used; 0 46 0 test strips ○ ○ **⊗** 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 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 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 Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained O 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

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: MR LU S RESTAURANT	Establishment ID: 3034020637	Date: 02/28/2013
Location Address: 3430 ROBINHOOD ROAD		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: 34 Forsyth Zip: 27106		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System		Email 2:
Water Supply: ⊗ Municipal/Community ○ On-Site System Permittee: M & L ENTERPRISES		
		Email 3:
Telephone:		

	Temperature Observations							
Item egg drop soup	Location steam table	Temp 144	Item cooked	Location make unit	Temp 39	Item	Location	Temp
mushroom	steam table	160	shrimp	cooler	44			
white rice	rice warmer	163	ham	cooler	44			
brown rice	rice warmer	137	raw beef	cooler	44			
chicken	make unit	40	egg rolls	cooler	43			
pork	make unit	42	rice	cooler	50			
raw beef	make unit	40	chicken wings	cooler	50			
raw shrimp	make unit	39						

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.

Need to have a person on duty at the restaurant with a food safety course after 1-1-14 or a two point deduction will be taken. 2-102.12



2 Each employee must be inform when not to report to work due to illness. 2-103.11,2-201.11

3 Each employee must know when to report a food borne illness to management.2-201.12

Need to wash hands as explained on page 26 of employee health and personal hygiene handbook provided to you today. 2-30111,2-301.14,2-301.15



Comment Addendum to Food Establishment Inspection Report Establishment Name: MR LU S RESTAURANT Establishment ID: 3034020637 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. Foods as cooked egg rolls and sauces can not be touched with bare hands. Observed on employee touch egg rolls with bare hands and observed another employee touch a sauce with bare hands.3-301.11 Bottle of sanitizer was 10ppm need 50ppm chorine sanitizer. 4-501.114 Need to date mark food in cooler if it is held for more that 24hours. 3---501.17,3-501.18 33 A pan of fish in standing water, need to thaw fish under running water. Need to thaw fish properly even if is only for restaurant employees. 3-501.13 Need to cover or place lids on all food in cooler including vegetables. 3-305.11 Anyone cooking or preparing food must have a proper hair restraint. 2-402.11



A soiled wiping cloth found on a cutting board, all wiping cloths must be clean and dry. 3-304.14

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: MR LU S RESTAURANT Establishment ID: 3034020637

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.



44 Did not observe glove use. 3-304.15

46 The wash vat of the three compartment sink needs to have a water temperature of 110F. 4-301.12

Need to clean inside and out side of BBQ machine. 4-601.11,4-602.13

Need to fix base board outside cooler.6-201.11



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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