Food Establishment Inspection Report

Establishment Name: RED CRAB

	_										
	L	oca	atio	on.	Address: 120 HANES SQUARE CIRCLE						
	С	ity	W	/IN	STON SALEM State: North Ca	ro	lina	a			
	Ζ	ip:	27	'10	County: 34 Forsyth						
	Ρ	eri	nit	tte	e: JC CRAB, LLC						
	Т	ele	ph	nor	ne: <u>(</u> 336) 893-6310						
		Ø) Ir	nsp	ection O Re-Inspection						
	۷	Vas	ste	wa	ater System:						
		Ø) M	lur	nicipal/Community On-Site System						
	۷	Vat	er	Sı	apply:						
		Ø	N	lur	nicipal/Community On-Site Supply						
_	Fc	bod	bo	rn	e Illness Risk Factors and Public Health Ir	nte	erv	er	ntion	s	
					Contributing factors that increase the chance of developing foo					0	
	Pu	blic	Hea	lth	Interventions: Control measures to prevent foodborne illness	or	inju	ry			
0	Co	mp	lia	nc	e Status		OUT	r	CDI	R	VF
s	upe	ervis	ion		.2652						
1	×	оит	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	Х	оит	N/A		Certified Food Protection Manager	1		0			┢
	<u> </u>	loye		<u> </u>	· · · ·	1		0			-
3	Ť	оит			Management, food & conditional employee;	2	1	0			Г
4	· ·	оит			knowledge, responsibilities & reporting Proper use of reporting, restriction & exclusion	3	1.5	0			┢
5		оит			Procedures for responding to vomiting &	1	0.5	0			┢
				nic	diarrheal events Practices .2652, .2653	1	0.0	Ŭ			L
6		ОЛТ	giei		Proper eating, tasting, drinking or tobacco use	1	0.5	0			Г
7	X	ουτ			No discharge from eyes, nose, and mouth	1	0.5	0			
Р 8	-		-	Con	tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed	-	2	0			
		OUT			No hare hand contact with RTE foods or pre-	4		0			┢
9	<u> </u>	OUT		N/O	approved alternate procedure properly followed	4	2	0	V		
		⊘ ((⊺			Handwashing sinks supplied & accessible	2	X	0	Х		L
		ove OUT		oun	Food obtained from approved source	2	1	0			T
12	M	оит		N/O	Food received at proper temperature	2	1	0			
13	X	оит			Food in good condition, safe & unadulterated Required records available: shellstock tags,	2	1	0			-
14	IN	оит	×	N/O	parasite destruction	2	1	0			
Р	rote	ectio	on fi	rom	Contamination .2653, .2654						
		OUT		N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized		1.5 1×5				x
	1	OXT OUT		\vdash	Proper disposition of returned, previously served,	-	-	-			ŀ^
					reconditioned & unsafe food	2	1	0			
		ntial OUT			ardous Food Time/Temperature .2653 Proper cooking time & temperatures	3	1.5	0			_
19	IN	ουτ	N/A	N)XO	Proper reheating procedures for hot holding	3	1.5	-			
	1.	оит	_	_		3	1.5	-			
21 22		оит О Х Т	<u> </u>			3	1.5 1.5	-	Х		+
	+	OUT	L	-		3	1.5	0			\vdash
24	IN	оит	NXA	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
с	ons	sum	er A	dvi	sory .2653	1					-
25	X	оит	N/A		Consumer advisory provided for raw/	1	0.5	0			Γ
н	iah			onti	undercooked foods .2653						L
	T	оυт		Ľ	Pasteurized foods used; prohibited foods not	3	1.5	0			Г
			1.		offered	Ľ	1.0	Ľ			
	-	nica OUT	-		.2653, .2657 Food additives: approved & properly used	1	0.5	0			_
	-	OUT	· ·		Toxic substances properly identified stored & used	2	1	0			
С	onf	orm	anc	e w	ith Approved Procedures .2653, .2654, .2658	_					_
29	IN	оит	ŊXA		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
L		I		L	North Carolina Department of Health &	L.			Consider		L

Establishment ID: 3034012604

Date: 09/30/2022	Status Code: A								
Time In: 12:50 PM	Time Out: 3:45 PM								
Category#: IV									
FDA Establishment Type:									

No. of Risk Factor/Intervention Violations: <u>3</u> No. of Repeat Risk Factor/Intervention Violations: <u>0</u>

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	on	npl	iar	ice	Status		OUT	r	CDI	R	V
Sa	fe I	F000	l an	d Wa							
-	-	N OUT X Pasteurized eggs used where required									
31	X	OUT									
32	IN	оит	¢¥^		Variance obtained for specialized processing methods	2	1	0			
Fo	od	Ten	nper	atur	e Control .2653, .2654						
33	X	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	X	OUT	N/A	N/O	Plant food properly cooked for hot holding	1	0.5	0			
35	X	оит	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	od	Ide	ntific	catio	n .2653						
37	IN	0)(⊺			Food properly labeled: original container	2	1	X			
Pre	eve	ntic	n of	f Foo	d Contamination .2652, .2653, .2654, .2656, .26	57					
38	×	tour Insects & rodents not present; no unauthorized animals					1	0			
39	IN	¢∕ (⊤			Contamination prevented during food preparation, storage & display	Contamination prevented during food					
40	M	оит			Personal cleanliness	1	0.5	0			
41	IN	¢¥(⊤	Wiping cloths: properly used & stored			1	0.5	K			
42	M	оит	N/A		Washing fruits & vegetables	1	0.5	0			
Pro	ope	er Us	se o	f Ute	ensils .2653, .2654						
43	IN	о)(т			In-use utensils: properly stored	1	0.5	X			
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled			0			
45	M	оит			Single-use & single-service articles: properly 1 0.5 0						
46	M	оит			Gloves used properly	1	0.5	0			
Ute	ens	ils a	and	Equi	ipment .2653, .2654, .2663						
47	IN	% (⊺		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	x		x	
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	M	оит			Non-food contact surfaces clean	1	0.5	0			
Ph	ysi	cal	Faci	ilitie	s .2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
-		оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	OUT			Sewage & wastewater properly disposed		1	0			
53	×	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned 1 0.5 0						
	M	оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
	_	11			Physical facilities installed, maintained & clean 1 1 8 0						
	IN	о)(т			Physical facilities installed, maintained & clean Meets ventilation & lighting requirements;	1	0%5	0		Х	



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Comment Addendum to Food Establishment Inspection Report

Establishment Name: RED CRAB	Establishment ID: 3034012604				
Location Address: <u>120 HANES SQUARE CIRCLE</u> City: <u>WINSTON SALEM</u> State: NC	X Inspection Re-Inspection Date: 09/30/2022 Comment Addendum Attached? X Status Code: A				
County: 34 Forsyth Zip: 27103	Water sample taken? Yes X No Category #: IV				
Wastewater System: 🛛 Municipal/Community 🗌 On-Site System Water Supply: 🖾 Municipal/Community 🗍 On-Site System Permittee: JC CRAB, LLC	Email 1:juicyseafoodws@gmail.com Email 2:				
Telephone: (336) 893-6310	Email 3:				

Temperature Observations								
14		-		ng is now 41 degree		-		
ltem milk mix	Location fry station	Temp Item 53 _{cheese}	Location walk in	Temp Item 40	Location	Temp		
tomato	make table 1	38 crab	walk in	40				
shrimp	make table 1	38						
chicken	make table 1	40						
chicken	reach in 1	40						
cream	reach in 1	39						
shrimp	meat make table	40						
crab	meat make table	41						
oyster	meat make table	40						
clam	meat reach in	40						
shrimp	meat reach in	40						
sausage	meat reach in	39						
potato	hot well	140						
chicken	cook temp	186						
sanitizer	3 comp	700						
sanitizer	dish machine	50						
rice	rice cooker	166						
crab	cooling @ 1:45	63						
crab	cooling @ 2:18	52						
shrimp	walk in	39						
Person in	n Charge (Print & Sign):	First	Last	Cloudd	or Bark			
		First	Last	$\overline{)}$	$\bigcap_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i$			
Regulatory /	Authority (Print & Sign):	Cierra	Elledge	iew ll	K			
REHS ID:27	760 - Elledge, Cierra		Verification Required Da	ate: 10/03/2022	11			
	act Phone Number: (336)	462-7770	Auth	norize final report to eceived via Email:	\underline{X}			
this	North Carolina Department of I	Health & Human Services	Division of Public Health DHHS is an equal opportunity of	Environmental Health Section ployer. ion Report, 10/2021	 Food Protection Program 			

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Date: 09/30/2022 Time In: 12:50 PM Time Out: 3:45 PM

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.

- 10 6-301.12 Hand Drying Provision (Pf) Observed no hand drying provisions at make line hand sink. Provide paper towels or approved alternative for hand drying at each handsink. CDI- paper towels were provided.
- 16 4-602.11 Equipment Food-Contact Surfaces and Utensils Frequency (P) Observed inside of ice machine with soil build up. Clean the equipment and utensils used with TCS foods as required to avoid contamination. EH will conduct visit on 10/3/22 to verify ice machine has been cleaned.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) Observed buttermilk mix at breader station being held above 41F (see temp log). Maintain TCS foods in cold holding at 41F or less. CDI- mixture was voluntarily discarded and new batch was placed on ice.
- 37 3-302.12 Food Storage Containers Identified with Common Name of Food. Observed soy sauce, queso cheese sauce, and 2 containers of different rices in containers with no labeling. Label all working containers of food (oils, spices, salts) except food that is easy to identify such as dry pasta.
- 39 3-305.11 Food Storage Preventing Contamination from the Premises (C) Observed ceiling leak in dry stock room directly above bulk bags of seasonings. Store food in a clean, dry location, not exposed to contamination. Keep at least 6 inches above the floor.
- 41 3-304.14 Wiping Cloths, Use Limitations (C) Observed un use wiping cloth stored on prep table. Hold in-use wiping cloths in sanitizer between uses.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C) Store in-use utensils in a clean, dry place, in food with handles out, in 135F or greater water or in running water which quickly moves food particles to the drain. Observed bar utensils stored in standing 85F water. Store in-use utensils in a clean, dry place, in food with handles out, in 135F or greater water or in running water which quickly moves food particles to the drain.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment-C: Observed gasket in reach in freezer torn. Observed condensation leak in walk in freezer. Observed chest freezer missing handle. Equipment shall be maintained in good repair. (no points taken due to improvement from last inspection)
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods-C: Observed water leak in back room ceiling. Observed caulk needing to be repaired/replaced on prep sink. Observed water damaged ceiling tiles in kitchen at make line. Physical facilities shall be maintained in good repair.
 6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Observed ceiling around vents needing cleaning. Physical facilities shall be cleaned as often as necessary to keep them clean.
- 56 6-202.11 Light Bulbs, Protective Shielding (C) Observed light shield at far corner of make line cracked. Light bulbs shall be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food; clean equipment, utensils, and linens; or unwrapped single-service and single-use articles.