

# Food Establishment Inspection Report

Score: 98.5

Establishment Name: KING'S CRAB SHACK AND OYSTER BAR II

Establishment ID: 3034012561

Location Address: 520 HANES MALL BLVD.

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: KING'S CRAB SHACK II, INC.

Telephone: (336) 997-9195

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 03/19/2024 Status Code: A

Time In: 2:00 PM Time Out: 3:35 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

**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
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> OUT/N/A				
Certified Food Protection Manager		1	0		
<b>Employee Health .2652</b>					
3	<input checked="" type="checkbox"/> OUT				
Management, food & conditional employee; knowledge, responsibilities & reporting		2	1	0	
4	<input checked="" type="checkbox"/> OUT				
Proper use of reporting, restriction & exclusion		3	1.5	0	
5	<input checked="" type="checkbox"/> OUT				
Procedures for responding to vomiting & diarrheal events		1	0.5	0	
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Proper eating, tasting, drinking or tobacco use		1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/> OUT				
No discharge from eyes, nose, and mouth		1	0.5	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT				
Hands clean & properly washed		4	2	0	
9	<input checked="" type="checkbox"/> OUT/N/A/N/O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT/N/A				
Handwashing sinks supplied & accessible		2	1	0	
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> OUT				
Food in good condition, safe & unadulterated		2	1	0	
14	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17	<input checked="" type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned & unsafe food		2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> OUT/N/A				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT/N/A				
Toxic substances properly identified stored & used		2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan		2	1	0	

**Good Retail Practices**

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Variance obtained for specialized processing methods		2	1	0	
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
34	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> OUT				
Personal cleanliness		1	0.5	0	
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> OUT/N/A				
Washing fruits & vegetables		1	0.5	0	
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
45	<input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Non-food contact surfaces clean		1	<input checked="" type="checkbox"/>	0	
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Plumbing installed; proper backflow devices		2	1	<input checked="" type="checkbox"/>	
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT/N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Physical facilities installed, maintained & clean		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>1.5</b>



# Comment Addendum to Food Establishment Inspection Report

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Location Address: 520 HANES MALL BLVD.

Inspection  Re-Inspection Date: 03/19/2024

City: WINSTON SALEM State: NC

Educational Visit Status Code: A

County: 34 Forsyth Zip: 27103

Comment Addendum Attached?  Category #: IV

Wastewater System:  Municipal/Community  On-Site System

Email 1: wkingery@hotmail.com

Water Supply:  Municipal/Community  On-Site System

Email 2:

Permittee: KING'S CRAB SHACK II, INC.

Email 3: norone2@yahoo.com

Telephone: (336) 997-9195

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
chili/hot well	141				
potato/hot well	140				
raw flounder/make cooler	39				
raw shrimp/make cooler	39				
raw oyster/make cooler	40				
raw scallop/make cooler	38				
raw chicken/make cooler	38				
tomato/make cooler	40				
slaw/make cooler	39				
clams/va-846-ss	0				
oysters/fl-54-sp	0				
slaw/walk in	37				
crab dip/walk in	36				
air temp/walk in 2	30				
hot water/three comp sink	122				
sanitizer (qac)/three comp sink (ppm)	200				
hot plate temp/dish machine	171				
fried flounder/final cook	162				

Person in Charge (Print & Sign): *First* Norbert

*Last* Cooper Jr



Regulatory Authority (Print & Sign): *First* Joseph

*Last* Chrobak



REHS ID: 2450 - Chrobak, Joseph

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (336) 703-2618

Authorize final report to be received via Email: \_\_\_\_\_



## Comment Addendum to Inspection Report

**Establishment Name:** KING'S CRAB SHACK AND OYSTER BAR II

**Establishment ID:** 3034012561

**Date:** 03/19/2024 **Time In:** 2:00 PM **Time Out:** 3:35 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Norbert Cooper Jr.	18193264	Food Service	08/04/2019	08/04/2024

### 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.

- 6 2-401.11 Eating, Drinking, or Using Tobacco (C) One employee beverage with lid and straw on prep table between make unit coolers. A food employee may drink from a closed beverage if the container is handled to prevent contamination of hands, the container, and exposed food, clean equipment, utensils, linens and unwrapped single service and single use articles. CDI: PIC moved cup to low shelf away from restaurant supplies.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) repeat: One metal pan and one metal scoop with food debris dried on surfaces. Food contact surfaces shall be clean to sight and touch. CDI: Both items cleaned. Overall cleaning and sanitizing of utensils is good and in compliance.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Repeat: Reach-in freezer has ice buildup on the bottom surface, along the door and on top with a large column of ice coming from the top of the unit. PIC stated unit is having issues with defrost cycle. Equipment shall be kept in good repair. Repair the upright freezer.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) Cleaning needed on green wire shelves to remove dust accumulation. Cleaning needed on prep table / rack between make unit coolers where spices and food debris are accumulating on ledges of equipment. Cleaning needed on make unit coolers on ledges under cutting board to remove food debris. Non food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Clean noted items.
- 51 5-205.15 (B) Maintain a plumbing system in good repair. Minor leak present on drain open and close handle under prep sink. Plumbing systems shall be maintained in good repair. Repair the leaking drain.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) Minor cleaning needed over two door freezer and above ice machine to remove dust build up. Physical facilities shall be cleaned as often as necessary to keep them clean. // 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) repeat: Grout chipped and low in ware washing and cook line are of the kitchen. Physical facilities shall be maintained in good repair. Repair grout.