

# 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"/> 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 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 OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	<input checked="" type="checkbox"/> <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 OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN 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 OUT	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 OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT	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 OUT	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 OUT	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 OUT	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 OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT	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 OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	<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 OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN 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 OUT	Physical facilities installed, maintained & clean	1	0.5	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					1.5



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: <u>KING'S CRAB SHACK AND OYSTER BAR II</u> Location Address: <u>520 HANES MALL BLVD.</u> City: <u>WINSTON SALEM</u> State: <u>NC</u> County: <u>34 Forsyth</u> Zip: <u>27103</u> Wastewater System: <input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System Water Supply: <input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System Permittee: <u>KING'S CRAB SHACK II, INC.</u> Telephone: <u>(336) 997-9195</u>	Establishment ID: <u>3034012561</u> <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Re-Inspection Date: <u>03/19/2024</u> <input type="checkbox"/> Educational Visit Status Code: <u>A</u> Comment Addendum Attached? <input checked="" type="checkbox"/> Category #: <u>IV</u> Email 1: <u>wkingery@hotmail.com</u> Email 2: _____ Email 3: <u>norone2@yahoo.com</u>
--	---

## 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				

First Person in Charge (Print & Sign): <u>Norbert</u>	Last <u>Cooper Jr</u>	
First Regulatory Authority (Print & Sign): <u>Joseph</u>	Last <u>Chrobak</u>	
REHS ID: <u>2450 - Chrobak, Joseph</u>	Verification Dates: _____ Priority: _____	Priority Foundation: _____ Core: _____
REHS Contact Phone Number: (336) 703-2618		Authorize final report to be received via Email: _____



North Carolina Department of Health & Human Services

• Division of Public Health • Environmental Health Section • Food Protection Program  
 DHHS is an equal opportunity employer.  
 Page 2 of \_\_\_\_\_ Food Establishment Inspection Report, 12/2023



## 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.