Food Establishment Inspection Report

Establishment Name: HAV	VGFISH BBQ & SEAFOOD SHACK	Establishment ID:	3034014124
Location Address: 3260 S ST City: WINSTON SALEM			
Zip: 27103 Cor		Date: 09/20/2022 Time In: 4:30 PM	_Status Code: A _Time Out: _ 8:05 PM
Permittee: GREEK EMPIRE	LLC	Category#: IV	_ rimo out · · · · ·
Telephone:		· · —	Full Camiles Destaurs
	○ Re-Inspection	FDA Establishment Type:	Full-Service Restaura
Wastewater System:			
Municipal/Community	On-Site System	No. of Risk Factor/Interve	ention Violations: 4
Water Supply:		No. of Repeat Risk Factor/	Intervention Violations:
Municipal/Community	On-Site Supply		

	Water S		pply: cipal/Community On-Site Supply	ı								NO. (OT	кере	eat Risk Factor/Intervention Violations:	_	_
	Risk factors	: C	Illness Risk Factors and Public Health I ontributing factors that increase the chance of developing for interventions: Control measures to prevent foodborne illness	odbo	rne illr		S			G	000	d Ret	tail	l Practic	Good Retail Practices ices: Preventative measures to control the addition of pathogens, chemicals and physical objects into foods.	s,	_
(Compliar	ıce	e Status	0	UT	CDI	R	VR	С	or	mp	liar	nc	e Sta	atus OUT CDI F	R'	۷
s	upervision		.2652						Sa	afe	Foo	od an	nd V	Water	.2653, .2655, .2658		
1	OUT N/A		PIC Present, demonstrates knowledge, & performs duties	1	0							T I) (A		_	asteurized eggs used where required 1 0.5 0	I	Ξ
		+		++				\dashv	31	X	οu	Т		Wa	ater and ice from approved source 2 1 0	Ţ	_
2	OUT N/A		Certified Food Protection Manager	1	0				32	IN	ou	T INCA			ariance obtained for specialized processing		
	mployee He	alth	.2652 Management, food & conditional employee;	$\overline{}$		Т	1				L	1	L		5.11.000	┵	_
3	IX OUT		knowledge, responsibilities & reporting	2	1 0				F	ood	Te	mpe	rati	ture Cor	ontrol .2653, .2654	Ļ	
4	IX OUT	\top	Proper use of reporting, restriction & exclusion	3	1.5 0				33	ìХ	ου	т			oper cooling methods used; adequate		
5	IN OXT		Procedures for responding to vomiting & diarrheal events	1 (0.5	Х									uipment for temperature control 1 0.5 0	4	_
6	Good Hygien	ic P										T N/A			ant food properly cooked for hot holding 1 0.5 0 proved thawing methods used 1 0.5 0	+	_
	IX OUT		Proper eating, tasting, drinking or tobacco use	1 (0.5 0	Т		_		ìX			1.0		nermometers provided & accurate 1 0.5 0	+	-
7)(оит		No discharge from eyes, nose, and mouth	1 (0.5 0						_		cat	tion	.2653	Ė	Ī
Р	reventing Co	ont	amination by Hands .2652, .2653, .2655, .26	56					Food Identification .2653 37 X Out Food properly labeled: original container 2 1 0								_
8	M(out	\Box	Hands clean & properly washed	4	2 0								f F		ontamination .2652, .2653, .2654, .2656, .2657	Ť	Т
	OUT N/AN	1/0	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2 0				<u> </u>	IN	Т	T	Τ	Ins	sects & rodents not present; no unauthorized	Т	
10	IN OXT N/A	\perp	Handwashing sinks supplied & accessible	2	1 🛚	\perp		_	-		-	-	╀	_	illinaio P.	+	_
	pproved So	urc							39	M	οu	т		pre	ontamination prevented during food eparation, storage & display 2 1 0		
_)X OUT		Food obtained from approved source		1 0			_	40	IN	ΟX	т	+		ersonal cleanliness 1 0.5 K	+	-
		X (0	Food received at proper temperature Food in good condition, safe & unadulterated		1 0				41	M	OU	т	t		iping cloths: properly used & stored 1 0.5 0	$^{+}$	_
13	IN OXT	+	Required records available: shellstock tags,	\top	1 💢	Х						T N/A		Wa	ashing fruits & vegetables 1 0.5 0	T	_
14	OUT N/AN	1/0	parasite destruction	2	1 0					•			of U	Utensils			
			Contamination .2653, .2654						43	M	ΟU	Т	1		use utensils: properly stored 1 0.5 0	4	_
		1/0	Food separated & protected		1.5	X			44	M	ου	т			ensils, equipment & linens: properly stored, la 0.5 0		
	ју оит	+	Food-contact surfaces: cleaned & sanitized	+	1.5 0	_			-		-	-	╁	_	loa a manarea	+	_
	Ж оит		Proper disposition of returned, previously served, reconditioned & unsafe food	2	1 0				45					sto	ngle-use & single-service articles: properly ored & used 1 0.5 0	┙	
	otentially Ha		Proper cooking time & temperatures	12 1	1.5 0			_	1	M	_		L		oves used properly 1 0.5 0	┵	_
_	IX OUT N/AN	_	Proper reheating procedures for hot holding	_	1.5 0				U	ten	sils	and	Eq	quipme	ent .2653, .2654, .2663		
20	7 1	\rightarrow	Proper cooling time & temperatures		1.5 0			-	l						quipment, food & non-food contact surfaces		
_	OUT N/AN		Proper hot holding temperatures	-	1.5 0				47	×	OU	1			proved, cleanable, properly designed, 1 0.5 0 short-natural and 1 0.5 0		
22	/	_	Proper cold holding temperatures		1.5 0			_					H		arewashing facilities: installed, maintained &	+	-
23 24	IN OUT NAN	\dashv	Proper date marking & disposition Time as a Public Health Control; procedures &	++	1.5 0 1.5 0			\dashv		M				use	ed; test strips	\downarrow	_
	1 1		records	١	1.5			_		×	_					_	_
-	Consumer Ac	lvis		$\overline{}$				_		-		I Fac			.2654, .2655, .2656	_	
25	IN OUT NX		Consumer advisory provided for raw/ undercooked foods	1 (0.5 0				51			T N/A	+		ot & cold water available; adequate pressure 1 0.5 0 umbing installed; proper backflow devices 2 X 0	+	Х
Н	lighly Susce	ptik	ple Populations .2653						52				t		ewage & wastewater properly disposed 2 1 0	+	_
-	IN OUT N		Pasteurized foods used; prohibited foods not offered	3	1.5 0							T N/A			oilet facilities: properly constructed, supplied l 0.5 K	Ť	
С	hemical		.2653, .2657						54	M	OII	т	T	Ga	arbage & refuse properly disposed; facilities	\top	_
27	IN OUT NXA	\Box	Food additives: approved & properly used		0.5 0								\perp		aintained 1 0.5 0	4	_
28	OUT N/A	Ι	Toxic substances properly identified stored & used	2	1 0				55	×	ΟU	т	\vdash		nysical facilities installed, maintained & clean 1 0.5 0	+	_
		wi	th Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,						56	M	ou	т			eets ventilation & lighting requirements; signated areas used		
29	IN OUT NX		reduced oxygen packaging criteria or HACCP plan	2	1 0				TOTAL DEDUCTIONS: 1								





Score: 99

	Comn	nent Adde	endum to	Food Es	<u>tablishment</u>	Inspection	Report	
Establishme	ent Name: HAW	GFISH BBQ &	SEAFOOD SI	HACK	Establishment I	D: 3034014124		
Location A	Address: <u>3260 S</u>	STRATFORD	ROAD		X Inspection	Re-Inspection	Date: 09/20/2022	2
City: WINS	STON SALEM		St	ate: <u>NC</u>	Comment Addendur	n Attached?	Status Code: A	
County: 34			_ Zip: 27103		Water sample taken?	? Yes X No		
	System: Municipal				Email 1:			
Water Suppl Permittee:	GREEK EMPIR	al/Community RE LLC	On-Site System		Email 2:BREAKFA	STIMEENTERPRIS	SE@GMAIL.COM	
Telephone					Email 3:			
			Tempe	erature Ob	servations			
	Effe	ctive Janu	•		Iding is now 4	11 degrees o	or less	
Item Beans	Location Hot Hold	Temp 146	Item Collard Green	Location Cooling	Temp 135	Item	Location	Temp
Collard Greens	Hot Hold	190	Collard Green	Cooling	110			
Yams	Hot Hold	140	Hot Water	Dish Sink	126			
Mac and Cheese	Hot Hold	155	Hot Sani	Dish Machine	168			
Fried Chicken	Hot Hold	152	Ambient	To-go Cooler	39			
Ribs	Hot Hold	136	Quat Sani	Three-Comp	150			
Fried Fish	Final	196						
Ambient	Hot Cabinet	156						
Brisket	Warmer	183						
Chicken	Warmer	170						
Ambient	Seafood Cooler	38						
Tomato	Grill Cooler	39						
Slice Tomato	Make Unit	40						
Slaw	Make Unit	40						
Scallop	Hot Hold	140						
Ambient	Make Cooler	35						
Corn Salsa	Salad Cooler	41						
Lettuce	Salad Cooler	39						
Ambient	Salad Cooler	41						
Collard Greens	Final	175						
		First		Last				
Person in Cl	harge (Print & Sig	n): Alex		Kazakos				
		First		Last		,		
Regulatory Aut	hority (Print & Sig	n): Ebonie		Wilborn		bonie William	n Ketsa	
REHS ID:3122	- Wilborn, Eboni	e	Verif	ication Require	ed Date: 09/23/2022			
REHS Contact I	Phone Number:				Authorize final rep be received via Er			



Comment Addendum to Inspection Report

Establishment Name: HAWGFISH BBQ & SEAFOOD SHACK Establishment ID: 3034014124

Date: 09/20/2022 Time In: 4:30 PM Time Out: 8:05 PM

Certifications							
Name	Certificate #	Туре	Issue Date	Expiration Date			
Alex Kazakos	20249071	Food Service	02/12/2021	02/12/2026			

- 2-501.11 Clean-up of Vomiting and Diarrheal Event -(Pf) No written procedures or kit for cleaning vomit or diarrhea. Food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI Written procedure left with establishment.
- 10 6-301.14 Handwashing Signage -(C) No hand wash sign present at any sink used by employees. A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks.
- 13 3-202.15 Package Integrity -(Pf) Two dented cans found. Food packaging has be in good condition, intact and protect the food inside. CDI Person in charge discarded cans.
- 15 3-304.15 (A) Gloves, Use Limitation -(P) One employee washed his hands while still wearing single-use gloves. Discard gloves after a task is complete or any time they are damaged or soiled. CDI Education
- 38 6-501.111 Controlling Pests -(C) Flies seen throughout back kitchen area. Keep the premises free of insects, rodents, and other pests.
- 40 2-303.11 Prohibition Jewelry -(C) Employees working with food while wearing watches. Remove jewelry on hands and arms while preparing food. A plain ring, such as a wedding band, is allowed.
- 51 5-202.13 Backflow Prevention, Air Gap -(P) The sprayer hose at the dish machine hangs down into the sink basin. An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than 1 inch. Inspector will return 9/23 to verify hose has an air gap.
- 53 6-501.18 Cleaning of Plumbing Fixtures -(C) Cleaning needed under urinal and on toilet in men's room. Maintain clean toilets and urinals in the facility.