

# Food Establishment Inspection Report

Score: 94.5

Establishment Name: THAI SAWATDEE RESTAURANT

Establishment ID: 3034012035

Location Address: 3064 HEALY DRIVE

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 07 / 2017 Status Code: A

Zip: 27103 County: 34 Forsyth

Time In: 11 : 00 am Time Out: 02 : 30 pm

Permittee: THAI SAWATDEE RESTAURANT LLC

Total Time: 3 hrs 30 minutes

Telephone: (336) 760-4455

Category #: IV

Wastewater System:  Municipal/Community  On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply:  Municipal/Community  On-Site Supply

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.								
IN	OUT	N/A	NO	Compliance Status	OUT	CDI	R	VR
<b>Supervision .2652</b>								
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Employee Health .2652</b>								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	<input type="checkbox"/>	13	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	<input type="checkbox"/>	13	0	<input type="checkbox"/>
<b>Good Hygienic Practices .2652, .2653</b>								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	2	1	0
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	<input type="checkbox"/>	1	03	0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	<input type="checkbox"/>	4	2	0
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	<input type="checkbox"/>	3	13	0
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	<input type="checkbox"/>	2	1	0
<b>Approved Source .2653, .2655</b>								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	2	1	0
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	2	1	0
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	<input type="checkbox"/>	2	1	0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	2	1	0
<b>Protection from Contamination .2653, .2654</b>								
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	3	13	0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/>	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	<input type="checkbox"/>	3	13	0
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	3	13	0
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	<input type="checkbox"/>	3	13	0
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	3	13	0
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	3	13	0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	<input type="checkbox"/>	3	13	0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	<input type="checkbox"/>	2	1	0
<b>Consumer Advisory .2653</b>								
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	1	03	0
<b>Highly Susceptible Populations .2653</b>								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	3	13	0
<b>Chemical .2653, .2657</b>								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	<input type="checkbox"/>	1	03	0
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	<input type="checkbox"/>	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>								
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	<input type="checkbox"/>	2	1	0

Good Retail Practices								
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
IN	OUT	N/A	NO	Compliance Status	OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	1	03	0
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	2	1	0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	1	03	0
<b>Food Temperature Control .2653, .2654</b>								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	1	03	0
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	1	03	0
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	1	03	0
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>	1	03	0
<b>Food Identification .2653</b>								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	<input type="checkbox"/>	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	<input type="checkbox"/>	2	1	0
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	2	1	0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	1	03	0
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	<input type="checkbox"/>	1	03	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	<input type="checkbox"/>	1	03	0
<b>Proper Use of Utensils .2653, .2654</b>								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	1	03	0
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	<input type="checkbox"/>	1	03	0
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	<input type="checkbox"/>	1	03	0
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	1	03	0
<b>Utensils and Equipment .2653, .2654, .2663</b>								
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	<input type="checkbox"/>	2	1	0
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	1	03	0
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	1	03	<input checked="" type="checkbox"/>
<b>Physical Facilities .2654, .2655, .2656</b>								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	<input type="checkbox"/>	2	1	0
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	<input type="checkbox"/>	2	1	0
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	<input type="checkbox"/>	1	03	0
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	1	03	0
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	03	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/>	1	03	0
<b>Total Deductions:</b>					5.5			



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** THAI SAWATDEE RESTAURANT  
**Location Address:** 3064 HEALY DRIVE  
**City:** WINSTON SALEM **State:** NC  
**County:** 34 Forsyth **Zip:** 27103  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** THAI SAWATDEE RESTAURANT LLC  
**Telephone:** (336) 760-4455

**Establishment ID:** 3034012035  
 Inspection  Re-Inspection **Date:** 08/07/2017  
 Comment Addendum Attached?  **Status Code:** A  
**Category #:** IV  
**Email 1:** sengphet4@hotmail.com  
**Email 2:**  
**Email 3:**

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
roast duck	3 door cooler	39	noodles	cook temp	208			
noodles	3 door cooler	41	corn	prep unit	41			
tofu	3 door cooler	40	greens	prep unit	43			
tea	waitress worktop cooler	45	shrimp	prep unit	40			
spring rolls	cook temp	212	hot water	3 compartment sink	145			
peanut sauce	on ice	45	rice	cook temp	206			
rice	cooker	166	chlorine	dish machine	100			
tomato	cold drawer	42	chlorine	3 compartment sink	100			

## 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.

- 1 2-102.12 Certified Food Protection Manager - C Repeat violation. There shall be at least one employee on duty during hours of operation who has passed an ANSI accredited management level food safety course. No certified food protection manager on duty.
  
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P Raw eggs in prep cooler stored on shelf above vegetables and ready to eat sauces. Raw foods shall be stored below ready to eat foods to avoid contamination. CDI. Eggs moved to lower shelf of cooler.
  
- 39 3-304.14 Wiping Cloths, Use Limitation - C 0 points. Wet wiping cloth observed on worktop cooler in kitchen. Once wiping cloths become wet, they shall be stored in a sanitizer solution. CDI. Cloth removed and placed in sanitizer.



**Person in Charge (Print & Sign):** *First* Sengphet *Last* Sayaphanthong

**Regulatory Authority (Print & Sign):** *First* Amanda *Last* Taylor

  


**REHS ID:** 2543 - Taylor, Amanda

**Verification Required Date:**      /      /     

**REHS Contact Phone Number:** ( 336 ) 703 - 3136



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- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C 0 points. Mild cleaning of outside of stainless steel cook line equipment needed. Non food contact surfaces of equipment shall be clean.
- 49 5-205.15 System Maintained in Good Repair - Repeat violation. Repair minor drips at faucet of meat prep sink and left faucet of 3 compartment sink. Plumbing system shall be in good repair.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C Repeat violation. Repair tile and baseboard damage throughout facility, including kitchen and restrooms. Repair/replace damaged tiles throughout kitchen, especially under equipment.  
6-501.12 Cleaning, Frequency and Restrictions - C Clean splash from wall next to fryer. Clean floors under cook line equipment.



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✓  
Spell



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