-(-ood Establishment Inspection Report Score: 98.5													_							
ĒS	tab	lis	hn	ner	nt Name: BASIL LEAF THAI AND SUSHI							Ε	sta	ablishment ID: 3034012103					_		
					ress: 690 ST GEORGE SQUARE CT									X Inspection ☐ Re-Inspection							
Cit	v:	WI	NS ⁻	TON	N SALEM	State:	NC	,		_ [Dat	te:	0	03/13/2018 Status Code: A							
City: WINSTON SALEM State: NC State: NC County: 34 Forsyth									Time In: $11:18^{\otimes}_{pm}$ Time Out: $02:13^{\otimes}_{pm}$												
									Total Time: 2 hrs 55 minutes												
											Category #: IV										
Геlephone: (336) 283-9133													_	stablishment Type: Full-Service Restaurant			-				
Na	Vastewater System: $oxtimes$ Municipal/Community \Box On-Site Sys										No. of Risk Factor/Intervention Violations: 1										
Na	Vater Supply: Municipal/Community □ On-Site Supply										No. of Repeat Risk Factor/Intervention Violations:										
Foodborne Illness Risk Factors and Public Health Interventions									Good Retail Practices												
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
IN OUT N/A N/O Compliance Status OUT CDI R VR								VR	IN OUT N/A N/O Compliance Status OUT CDI R									R	VR		
Supervision .2652								Safe Food and Water .2653, .2655, .2658													
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2 0			28 [] [2	X		Pasteurized eggs used where required	1 0.5	0					
\neg	mplo	yee	e He	alth	.2652				29 [X C][Water and ice from approved source	2 1	0					
\rightarrow	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30 [][2	Z		Variance obtained for specialized processing methods	1 0.5	0			$\overline{\Box}$		
3	X		Proper use of reporting, restriction & exclusion						Fo	Food Temperature Control .2653, .2654											
$\overline{}$	$\overline{}$	Нус	gienic Practices .2652, .2653		J	31 [X C][Proper cooling methods used; adequate equipment for temperature control	1 0.5	0								
-	×	Ц			Proper eating, tasting, drinking, or tobacco use	210		Ш	32 [X C	1	<u> </u>		Plant food properly cooked for hot holding	1 0.5	0			$\overline{\Box}$		
_	×				No discharge from eyes, nose or mouth	1 0.5 0			33 [1	╗	×	Approved thawing methods used	1 0.5	0	ПI	Пİ	$\overline{}$		
\neg		ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				34 [-	+	7		Thermometers provided & accurate	1 0.5	+	-		_		
\rightarrow	×]		Hands clean & properly washed No bare hand contact with RTE foods or pre-	420				od Id		ifica	atio	·							
-	×	Ш		Ш	approved alternate procedure properly followed	3 1.5 0		Ш	35 [$\overline{}$	$\overline{}$	Ť		Food properly labeled: original container	2 1	0			ā		
	×				Handwashing sinks supplied & accessible	210			\perp		ion	of	Foc	od Contamination .2652, .2653, .2654, .2656, .265	7						
\neg	ppro		l So	urce					36	X C	וב			Insects & rodents not present; no unauthorized animals	2 1	0					
\dashv					Food obtained from approved source	2 1 0			37 [X C	1			Contamination prevented during food preparation, storage & display	2 1	0					
10				×	Food received at proper temperature	210	\vdash	Щ	38 [X C	╅			Personal cleanliness	1 0.5				$\overline{}$		
\rightarrow	=				Food in good condition, safe & unadulterated	210			\vdash		+	1		Wiping cloths: properly used & stored	1 0.5	+	_	\rightarrow	_		
_	X				Required records available: shellstock tags, parasite destruction	210					+	X		Washing fruits & vegetables	1 0.5	+	-		_		
\neg	$\overline{}$	$\overline{}$			Contamination .2653, .2654				Proper Use of Utensils .2653, .2654												
-	-	X	Ц	Ш	Food separated & protected	3 🗙 0		Ш						In-use utensils: properly stored	1 0.5	X			5		
-	X	Ш			Food-contact surfaces: cleaned & sanitized	3 1.5 0			42 [-	+	1		Utensils, equipment & linens: properly stored,	1 0.5	+		П	_		
	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	210			43 [_	+	1		dried & handled Single-use & single-service articles: properly		0	-		=		
\neg		tiall		azar	dous Food Time/Temperature .2653					_	+			stored & used		Н			_		
16	×				Proper cooking time & temperatures	3 1.5 0			44 [<u> </u>	d F	· CIII	Gloves used properly	1 0.5	0	ᆜᆜ	ᆜ			
17	Ц	Ш	X	Ш	Proper reheating procedures for hot holding	3 1.5 0		Ш			Т	IU E		ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces approved, cleanable, properly designed,							
18	×				Proper cooling time & temperatures	3 1.5 0			45 [constructed, & used	2 1	X	Щ	Ц	_		
19	×				Proper hot holding temperatures	3 1.5 0			46	X C				Warewashing facilities: installed, maintained, & used; test strips	1 0.5	0					
20	X				Proper cold holding temperatures	3 1.5 0			47 [X C][Non-food contact surfaces clean	1 0.5	0			\exists		
21	×				Proper date marking & disposition	3 1.5 0			-	ysica	$\overline{}$	cil	itie	.2654, .2655, .2656				4			
22	X				Time as a public health control: procedures & records	210			\vdash	X][_		Hot & cold water available; adequate pressure	2 1	0			=		
С	ons	ıme	r Ac	lviso	ory .2653				49 [X C				Plumbing installed; proper backflow devices	2 1	0			\Box		
23	×				Consumer advisory provided for raw or undercooked foods	1 0.5 0			50 [X C]			Sewage & waste water properly disposed	2 1	0					
Н	ighl	/ Su		ptib	le Populations .2653 Pasteurized foods used; prohibited foods not				51 [X C][Toilet facilities: properly constructed, supplied & cleaned	1 0.5	0			$\bar{\Box}$		
24	hem	∐ ica'	×		offered .2653, .2657	3 1.5 0			52 [X C	1	1		Garbage & refuse properly disposed; facilities maintained	1 0.5	0		寸	_		
\neg	×				Food additives: approved & properly used	1 0.5 0			53 [_	+	\dashv		Physical facilities installed, maintained & clean	1 0.5	0		T,	$\overline{\exists}$		
\rightarrow	X	_			Toxic substances properly identified stored, & used	210		H	\vdash	X C	+	\dashv		Meets ventilation & lighting requirements;	1 0.5	+		7	_		
_		rma		wit	h Approved Procedures .2653, .2654, .2658	ك الناك			التحا		1			designated areas used		Щ					
27			×		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210								Total Deductions:	1.5						
_1					1.000000 oxygon paoning omona of FIAOOF plan	للللل		ш													



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Establishme	nt Name: BASIL LEA	F THAI AND) SUSHI		Establishment ID: 3034012103						
Location A	ddress: 690 ST GEOR	GE SQUAF	RE CT								
City: WINS	TON SALEM		ate: NC_	Comment Addendum Attached? Status Code: A							
County: 34		_ Zip: <u>27103</u>		Category #: _IV							
Wastewater Supply	System: Municipal/Com y: Municipal/Com			Email 1: teera336@yahoo.com							
	THE BASIL LEAF LLC		Email 2:								
	: (336) 283-9133				Email 3:						
			Tempe	erature Ob	servation	ıs					
<u> </u>	Effectiv	e Janu	•				ige to 41 de	earees			
Item tilapia	Location sushi display	Temp 43		Location meat make	_	Temp 30	Item chicken	Location final cook	Temp 172		
salmon	sushi make unit	35	scallops	meat make unit		33	noodles	cooling	65		
crab	sushi display	40	shrimp	meat make	unit	35	noodles	cooling 10 mins later	63		
escolar	sushi display	45	chicken	vegetable m		35		bucket (chlor)- ppm	50		
eel	sushi display	44	tomatoes	vegetable m		39		3 comp sink- ppm	100		
vegetable	soup urn	177	cabbage	vegetable m		41		dish machine	100		
rice	rice cooker	158	spinach	vegetable m	nake unit	42		3 comp sink	127		
steak	meat make unit	39	kale	ice bath		33		Waraporn 4-25-21	00		
V	iolations cited in this repo		Observation corrected within					1 of the food code.			
39 3-304.7 below 9 solution	contamination of raw a 14 Wiping Cloths, Use 50 ppm. Cloths in-use n at a concentration s er solution with a cone	Limitation for wiping pecified ur	n - C- One out g counters and nder § 4-501.1	of three wet I other equipi	wiping buck ment surface	et filled	with chlorine sa be held betweel	initizer solution meas n uses in a chemical	sured sanitizer		
make-u remove	12 In-Use Utensils, Be unit. In-use utensils sh ed from chicken. 0pts										
Lock Text											
Darson in Cha	rge (Print & Sign): V	<i>Fi.</i> /araporn	rst	La Rattanapaso	-	\	11/	U10 -			
i cisuli ili Cild	rge (Frint & Sign).	·	rst	La	_	<u>/</u>	K O		<u> </u>		
Regulatory Au	thority (Print & Sign): ^S		-Si	Sanders	131	A	nico	RE	151		
	REHS ID:	2683 - S	haneria Sand	lers		_ Verifica	ation Required Da	ite: / /			
REHS C	ontact Phone Number:	(336)	703-314	1 4							

NOPH

Establishment Name: BASIL LEAF THAI AND SUSHI Establishment ID: 3034012103

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.



45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- The following equipment needs repair: Repair rusting metal transfer cart/ Repair ripped gasket in sushi reach-in cooler. Equipment shall be in good repair. Opts





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