

Food Establishment Inspection Report

Score: 97

Establishment Name: YEH MON CARIBBEAN RESTAURANT

Establishment ID: 3034012102

Location Address: 1345 LOCKLAND AVE

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 07 / 13 / 2017 Status Code: A

Zip: 27103 County: 34 Forsyth

Time In: 02 : 10 ^{am} _{pm} Time Out: 4 : 15 ^{am} _{pm}

Permittee: YEH MON INC.

Total Time: 2 hrs 5 minutes

Telephone: (336) 724-2111

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: 1

No. of Repeat Risk Factor/Intervention Violations: 0

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

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
Safe Food and Water .2653, .2655, .2658									
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		1	03	<input type="checkbox"/>	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source		2	1	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods		1	03	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control .2653, .2654									
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		1	03	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding		1	03	<input type="checkbox"/>	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used		1	03	<input type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate		1	03	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification .2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container		2	1	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals		2	1	<input type="checkbox"/>	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display		2	1	<input type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness		1	03	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored		1	03	<input type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables		1	03	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		1	03	<input type="checkbox"/>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled		1	03	<input type="checkbox"/>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used		1	03	<input type="checkbox"/>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		1	03	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663									
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used		2	1	<input type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips		1	03	<input type="checkbox"/>	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		1	03	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure		2	1	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		2	X	<input type="checkbox"/>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed		2	1	<input type="checkbox"/>	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned		1	03	<input type="checkbox"/>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		1	03	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean		1	X	<input type="checkbox"/>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used		1	03	<input type="checkbox"/>	<input type="checkbox"/>
Total Deductions:							3		



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 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: YEH MON INC.
 Telephone: (336) 724-2111

Establishment ID: 3034012102
 Inspection Re-Inspection Date: 07/13/2017
 Comment Addendum Attached? Status Code: A
 Category #: IV
 Email 1:
 Email 2:
 Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	utensil sink	134	cabbage	cooling	100			
jerk chicken	hot holding	157	cooked fish	reach in cooler	42			
brown stew	hot holding	153	chicken	reach in cooler	40			
chicken patty	hot holding	147	ox tails	reheated	165			
beef patty	hot holding	144	ox tails	cooking	155			
ox tails	hot holding	120						
curry chicken	hot holding	158						
rice and beans	hot holding	158						

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.

- 19 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P- Ox tails in the hot holding cabinet at 120F. Hot foods shall be held at 135F or above at all times. CDI- ox tails reheated to >165F and then held in the hot holding cabinet. ✓ Spell
- 49 5-205.15 System Maintained in Good Repair - C- The handwash sink at the front counter has a leak at one of the connections of the drain line. All plumbing shall be maintained in good repair.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C- Clean ceiling tiles. Clean floors along walls behind equipment. •

Person in Charge (Print & Sign): June *First* Edwards *Last*

Regulatory Authority (Print & Sign): ^{Angie} *First* Pinyan *Last*

June Edwards
Angie Pinyan, REHS

REHS ID: 1690 - Pinyan, Angie

Verification Required Date: ___ / ___ / ___

REHS Contact Phone Number: (336) 703 - 2618



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