Food Establishment Inspection Report

10001		Report						300	e.		90	.5	
Establis	hment Name: YEH MON CARIBBEAN	RESTAURANT					Est	tablishment ID: 3034012102			_		
Location	Address: 1345 LOCKLAND AVE		_										
	STON SALEM State: North Ca	rolina											
		Iolina				Date	e: 0	3/21/2023 Status Code: A					
Zip: <u>2710</u>						Tim	e In	: 3:30 PM Time Out: 6:00 PM					
	e: YEH MON INC.				(Cate	eao	ory#: IV					
•	ne: (336) 724-2111						-	stablishment Type: Full-Service Restaura	ant				
🚫 Insp	ection O Re-Inspection					FDF	1 [3	stablishinent Type. <u>I un bervice restaure</u>	<u></u>				
Wastewa	iter System:							_					
🐼 Mun	icipal/Community O On-Site System			No. of Risk Factor/Intervention Violations: 0									
Water Su						No.	of F	Repeat Risk Factor/Intervention Violations:	0				
	icipal/Community O On-Site Supply												
- Union													
Foodborne	e Illness Risk Factors and Public Health Ir	terventions						Good Retail Practices					
	Contributing factors that increase the chance of developing foo			G	Goo	od Ref	tail P	Practices: Preventative measures to control the addition of pat	thog	jens	, chr	emica	ıls,
Public Health	Interventions: Control measures to prevent foodborne illness	or injury						and physical objects into foods.					
Compliance	e Status	OUT CDI R VR	C	Cor	m	plia	nce	e Status	(OUT	. (CDI	R VI
Supervision	.2652		s	afe	Fo	ood ar	nd W	/ater .2653, .2655, .2658					
	PIC Present, demonstrates knowledge, & performs duties	1 0		_	_	υт∦γ	4	Pasteurized eggs used where required		0.5			
	Certified Food Protection Manager		31	X	(0	UT		Water and ice from approved source	2	1	0	$ \rightarrow $	_
2 OUT N/A Employee Healt		1 0	32	IN	0	υт ју∕∕	4	Variance obtained for specialized processing methods	2	1	0		
	Management, food & conditional employee;		-		а т.	omno	rotu	re Control .2653, .2654					
3 IX оит	knowledge, responsibilities & reporting	2 1 0	-	000		empe	ratur					r	
4 🕅 оит	Proper use of reporting, restriction & exclusion Procedures for responding to vomiting &	3 1.5 0	33	X	(0	UT		Proper cooling methods used; adequate equipment for temperature control	1	0.5	0		
5 🕅 оит	diarrheal events	1 0.5 0	34	IN	1 0	UT N/A	A NXO		1	0.5	0		-
Good Hygienic			35	i 🕅	(0	UT N/A		Approved thawing methods used	1	0.5	0		
6 X OUT 7 X OUT	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1 0.5 0 1 0.5 0		5 X	-			Thermometers provided & accurate	1	0.5	0	l	
	tamination by Hands .2652, .2653, .2655, .265					dentifi	icatio						
	Hands clean & properly washed	4 2 0	i	' IX	-	_		Food properly labeled: original container	2	1	0	l	
	No bare hand contact with RTE foods or pre-	4 2 0	P	rev	/en	tion o	of Fo	od Contamination .2652, .2653, .2654, .2656, .265	57			r	
	approved alternate procedure properly followed		38	M	į o	UT		Insects & rodents not present; no unauthorized animals	2	1	0		
	Handwashing sinks supplied & accessible	2 1 0	-		+		+	Contamination prevented during food	\square		+		+
Approved Source	e .2653, .2655 Food obtained from approved source	2 1 0	39			UT		preparation, storage & display	2	1			
	Food received at proper temperature	2 1 0 2 1 0		X					1	0.5	0		
13 X OUT	Food in good condition, safe & unadulterated	2 1 0			·	UT UT N/A	_	Wiping cloths: properly used & stored Washing fruits & vegetables		0.5	0 0		_
14 IN OUT NAN/O	Required records available: shellstock tags, parasite destruction	2 1 0		_	-		_	0 0	1	0.5	0	l	
Directo etilem from				rop			of Ute	ensils .2653, .2654 In-use utensils: properly stored	1	0.5		r	
Protection from	Food separated & protected	3 1.5 0			+		-	Utensils, equipment & linens: properly stored,	1	0.5	0		-
	Food-contact surfaces: cleaned & sanitized	3 1.5 0	44	×	[0	UT		dried & handled	1	0.5	0		
17 X OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2 1 0	45	×	[0	υт		Single-use & single-service articles: properly stored & used	1	0.5	0		
Potentially Haza	ardous Food Time/Temperature .2653		46	5 M	ío	UT	-		1 1	0.5			+
18 IN OUT N/ANXO	Proper cooking time & temperatures	3 1.5 0	· · · ·	12.	•		l Equ	lipment .2653, .2654, .2663				l	
		3 1.5 0	- i		Т		- -	Equipment, food & non-food contact surfaces			П		—
	Proper cooling time & temperatures Proper hot holding temperatures	3 1.5 0 3 1.5 0	47	IN	0	X T		approved, cleanable, properly designed,	1	ð%5	0		
22 X OUT N/AN/O	Proper cold holding temperatures	3 1.5 0				_		constructed & used	\square		\vdash	$ \rightarrow $	+
23 🗙 OUT N/AN/O		3 1.5 0	48	M	(0	υт		Warewashing facilities: installed, maintained & used; test strips	1	0.5	0		
24 IN OUT NAN/O	Time as a Public Health Control; procedures & records	3 1.5 0	49) IN	0	X(T	+	Non-food contact surfaces clean	1	0.5	x		+
Consumer Advis				-	-	al Fac	ilitie	.2654, .2655, .2656					
	Consumer advisory provided for raw/	1 0.5 0				UT N/A	4	Hot & cold water available; adequate pressure	1	0.5			
	undercooked foods		51	IN) o	¥т		Plumbing installed; proper backflow devices	2	1	X	Х	

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52 🕅 OUT

54 🕅 OUT

55 🕅 OUT

56 IN OXT

53 🕅 OUT N/A



Pasteurized foods used; prohibited foods not

Food additives: approved & properly used

Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan

.2653

Toxic substances properly identified stored & used 2 1 0

.2653, .2657

.2653, .2654, .2658

Chemical

27 IN OUT NA

29 IN OUT NX

Highly Susceptible Populations

offered

Conformance with Approved Procedures

3 1.5 0

1 0.5 0

1 0



2 1 0

1 0.5 0

1 0.5 0

X 0.5 0

0

1 0.5

Х

Toilet facilities: properly constructed, supplied

Garbage & refuse properly disposed; facilities

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

Sewage & wastewater properly disposed

& cleaned

maintained

designated areas used

Score: 08 5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: YEH MON CARIBBEAN RESTAURANT	Establishment ID: 3034012102				
Location Address: <u>1345 LOCKLAND AVE</u>	X Inspection Re-Inspection Date: 03/21/2023				
City: WINSTON SALEM State: NC	Comment Addendum Attached? X Status Code: A				
County: <u>34 Forsyth</u> Zip: <u>27103</u>	Water sample taken? Yes X No Category #: IV				
Wastewater System: X Municipal/Community On-Site System	Email 1:				
Permittee: YEH MON INC.	Email 2: Email 3:				
Telephone: (336) 724-2111					
Temperature Observations					

hot water three compartment sink 135 chlorine sanitizer three compartment sink in nnm 100 jerk chicken cooling @ 3:40 pm 118	mp Item Location Temp
chlorine sanitizer nom 100 jerk chicken cooling @ 3:40 pm 118	
jerk chicken cooling @ 4:00 pm 86	
goat cooling @ 3:40 pm 88	
goat cooling @ 4:00 pm 58	
red snapper cooling @ 3:40 pm 70	
red snapper cooling @ 4:00 pm 58	
ox tail hot holding 160	
rice hot holding 170	
rice hot holding 148	
cabbage hot holding 137	
goat hot holding 137	
beans 2 door refrigerator 40	

North Carolina Department of Health & Human Services Page 1 of	Division of Public Health Environn DHHS is an equal opportunity employer. Food Establishment Inspection Report, 10	NCRH
REHS Contact Phone Number: (336) 703-3143	Authorize fin be received	•
REHS ID:1766 - Bethel, Craig	Verification Required Date:	
First Regulatory Authority (Print & Sign): Craig	<i>Last</i> Bethel	Cipbelthart
<i>First</i> Person in Charge (Print & Sign): Charmine	<i>Last</i> Richards	Charles *

Establishment Name: YEH MON CARIBBEAN RESTAURANT

Establishment ID: 3034012102

Date: 03/21/2023 Time In: 3:30 PM Time Out: 6:00 PM

Certifications						
Name Certificate # Type Issue Date Expiration Date						
Charmaine Richards	Food Service	11/03/2022	11/03/2027			
Observations cited in this report must be corrected with the corrected with the correct of the c	ons and Corrective ithin the time frames below, of		405.11 of the food code.			
 47 4-501.11 Good Repair and Proper Adjustment - E Bus tub acting as a cooling method of cooked goa (A) EQUIPMENT shall be maintained in a state of and 4-2 of the 2017 FDA Food Code. 	at is leaking onto the floo		ents specified under Parts 4-1			
 49 4-601.11 (B) and (C) Equipment, Food-Contact St Additional cleaning needed on the inside of the 2 d (C) Non-Food Contact Surfaces of equipment sha 	door freezer bottom.					
 5-202.14 Backflow Prevention Device, Design Standard (P) Sprayer was attached to a non-pressurized hose. A backflow or backsiphonage prevention device installed on a water supply system shall meet American Society of Sanitary Engineering (A.S.S.E.) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device. P CDI - Sprayer was removed from hose. 						
 56 6-303.11 Intensity - Lighting (C)(Repeat) Low lighting in food preparation and warewashing Food Preparation steamline: 34-44 f/c The light intensity shall be: (C) At least 540 lux (50 foot candles) at a surface or EQUIPMENT such as knives, slicers, grinders, Recommend replacing bulbs with High Output/Hig 	where a FOOD EMPLO or saws where EMPLO	EE safety is a factor.	OOD or working with UTENSIL			