

Food Establishment Inspection Report

Score: 94.5

Establishment Name: MAYFLOWER SEAFOOD RESTAURANT #1

Establishment ID: 3034011964

Location Address: 850 PETERS CREEK PARKWAY

☐ Inspection ☒ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02 / 14 / 2018 Status Code: A

Zip: 27103 County: 34 Forsyth

Time In: 01 : 35 ^{am} _{pm} Time Out: 04 : 35 ^{am} _{pm}

Permittee: MAYFLOWERSEAFOODRESTAURANT#1,LLC

Total Time: 3 hrs 0 minutes

Telephone: (336) 728-9998

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	N/O	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		
Employee Health .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	13	0	
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	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	03	0	
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	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			3	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	
Protection from Contamination .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	13	0	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	X	0	X
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	
Consumer Advisory .2653										
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	03	0	
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	X	X
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	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	N/O	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	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	03	0	
Food Temperature Control .2653, .2654										
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			X	03	0	X
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	03	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	03	0	
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
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	0	
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	X	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	03	0	
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	X	0	X
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	03	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	0	
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	X	0	X
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	03	X	
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	X	0	X
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	X	X
Total Deductions:										5.5



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
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 County: 34 Forsyth Zip: 27103
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: MAYFLOWERSEAFOODRESTAURANT#1,LLC
 Telephone: (336) 728-9998

Establishment ID: 3034011964
☐ Inspection ☒ Re-Inspection Date: 02/14/2018
 Comment Addendum Attached? ☐ Status Code: A
 Category #: IV
 Email 1: brexha01@gmail.com
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Blenard	CFPM-8-12-18	000	sour cream	make unit-top	33			
slaw	takeout	41	cabbage	make unit-bottom	43			
salad	take out	43	soup	make unit-bottom	73			
potato	hot hold	194	potato salad	walk in	37			
fish	hot hold	169	slaw	walk in	41			
oyster	final cook	187	pasta	walk in	39			
dill sauce	cold drawer	37						
ambient	fish cooler	41						

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.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P -REPEAT-A few soiled pans and 3 soiled strainers. Food contact surfaces of utensils shall be clean to sight and touch. CDI-Sent to be washed.
- 26 7-204.11 Sanitizers, Criteria-Chemicals - P -Two buckets of sanitizing solution measured above 200ppm chlorine. Chlorine must measure between 50-200ppm. CDI-buckets emptied and remade. 0pts.
- 31 3-501.15 Cooling Methods - PF -REPEAT- Small pot of clam chowder in reach in with aluminum foil covering measured 72F. When cooling, foods shall be placed in shallow pans and in thinner portions to cool quickly; ice baths, or other effective methods may be used. CDI-Soup discarded.

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Person in Charge (Print & Sign): Blenard First Rexha Last
 Regulatory Authority (Print & Sign): Nora First Sykes Last

Blenard
Nora Sykes

REHS ID: 2664 - Sykes, Nora

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3161



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- 37 3-307.11 Miscellaneous Sources of Contamination - C -Freezer condensation leaking on boxes of chicken. Move chicken. Employee foods on top shelf in walk in. Food shall be protected from contamination.
3-303.12 Storage or Display of Food in Contact with Water or Ice - C -Fish in undrained ice in ice table. Unpackaged food may not be stored in direct contact with undrained ice. Consider obtaining metal pans with drain holes for foods that will be in contact with ice in the ice table.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C -REPEAT-Ice cream scoop stored with handle in ice cream. In use utensils shall be stored with handles protruding from the food. CDI-Scoop removed.
- 45 4-101.19 Nonfood-Contact Surfaces - C-Cardboard under bins of fish breeder at seafood ice table. Wood under wheel of left fryer. Nonfood contact surfaces of equipment that are exposed to splash, spillage, or other food soiling shall be constructed of a corrosion resistant, nonabsorbant, and smooth material. //4-501.11 Good Repair and Proper Adjustment-Equipment - C-REPEAT-Freezer has ice build up around pipe, on boxes, on ceiling, and in floor. Repair. Equipment shall be in good repair.//
4-202.16 Nonfood-Contact Surfaces - C-REPEAT- Cut screws at condenser to 2.5 screw threads or cap them. Nonfood contact surfaces of equipment shall be free from ledges and projections.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C -The following equipment needs additional cleaning: Top of shelf at to go area, ledge inside make unit, crevices in cold holding drawers, gaskets. Nonfood contact surfaces shall be kept clean. Opts.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C -REPEAT-The painted floor in the kitchen is in poor repair. The paint is peeling, the concrete is pitted and no longer easily cleanable. Repair the floor to be easily cleanable. Boxes on floor in storage. Remove boxes of soap from floor so floor may be cleaned. Repair holes in ceiling in mechanical room. Floors and ceilings shall be smooth and easily cleanable.
- 54 6-303.11 Intensity-Lighting - C -REPEAT-Lighting at burners and flat top measured 44-46 footcandles. Lights at cook/prep surfaces shall be 50 footcandles. Replace missing bulbs to increase lighting. Opts.



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Spell



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