

# Food Establishment Inspection Report

Score: 95.5

Establishment Name: MAYBERRY 4TH ST.

Establishment ID: 3034012686

Location Address: 216 W. 4TH ST.

City: WINSTON SALEM State: North Carolina

Zip: 27101 County: 34 Forsyth

Permittee: MAYBERRY RESTAURANT GROUP,

Telephone: (336) 842-3752

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 01/30/2023 Status Code: A

Time In: 3:15 PM Time Out: 5:00 PM

Category#: II

FDA Establishment Type: \_\_\_\_\_

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

Compliance Status		OUT	CDI	R	VR
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	
<b>Employee Health .2652</b>					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN OUT/N/A <input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A <input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN OUT/N/A <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN OUT/N/A <input checked="" type="checkbox"/>	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT/N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					4.5



# Comment Addendum to Food Establishment Inspection Report

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 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
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 Permittee: MAYBERRY RESTAURANT GROUP,  
 Telephone: (336) 842-3752

Establishment ID: 3034012686  
☒ Inspection ☐ Re-Inspection Date: 01/30/2023  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: II  
 Email 1: rankinmd140@gmail.com  
 Email 2:  
 Email 3:


## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Lettuce	make unit	40						
eggs	make unit	39						
chicken noodle	hot well	152						
tomato soup	hot well	150						
bean soup	hot well	155						
ham	make unit	39						
tuna	make unit	40						
potato salad	make unit	40						
hot dog	hot well	142						
chili	hot well	150						
hot water	three comp sink	126						
sanitizer (cl)	three comp sink (ppm)	50						

Person in Charge (Print & Sign):  
 First  
 Regulatory Authority (Print & Sign): Joseph

Last  
 Last  
 Chrobak

REHS ID: 2450 - Chrobak, Joseph  
 REHS Contact Phone Number: (336) 703-2618

Verification Required Date: 02/09/2023

Authorize final report to  
 be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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 Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 10/2021

Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** MAYBERRY 4TH ST.

**Establishment ID:** 3034012686

**Date:** 01/30/2023 **Time In:** 3:15 PM **Time Out:** 5:00 PM

### 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.

- 2 2-102.12 (A) Certified Food Protection Manager (C) Person in charge does not have Food Protection Manager Certification. A person in charge with food protection manager certification from an ANSI accredited program with class and exam must be on site during all hours of operation. Have employees in charge attain certification.
- 36 4-302.12 Food Temperature Measuring Devices (Pf) Establishment does not have a thermometer available for testing foods. A thermometer with thin diameter probes shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures. Purchase a thin probe thermometer for checking food temperatures. VR verification of thermometer must be completed by 2/9/2023. Verification may be submitted to Joseph Chrobak at Chrobajb@forsyth.cc
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C) Two knives stored between cooler and prep unit with blades stuck between the gap of the units. Utensils shall be stored only in clean dry locations. Do not store utensils between pieces of equipment or between equipment and walls. CDI - Employee removed knives for cleaning during inspection.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Repeat: Cabinets under soda machine are chipped and swelling from minor water damage. Middle door on three door freezer has a torn gasket. Equipment shall be kept in good repair. Repair or replace noted items.
- 48 4-302.14 Sanitizing Solutions, Testing Devices (Pf) Establishment does not have test strips available for chlorine sanitizer solution. A test kit or other device that accurately measures the concentration in MG/L of sanitizing solutions shall be provided. Purchase test strips for chlorine sanitizer. VR verification of test strips must be completed by 2/9/2023. Verification may be submitted to Joseph Chrobak at Chrobajb@forsyth.cc
- 51 5-205.15 (B) Maintain a plumbing system in good repair. REPEAT: Can wash right faucet is bleeding water when turned off with hot water coming out at 124F, water cannot be fully turned off at the faucets allowing hot water to bleed out of the hose. Plumbing fixtures shall be kept in good repair - Repair the can wash to turn off at the hot and cold handles. The on/off valves attached to the spigot are not an approved fix for this repair issue.
- 55 6-201.11 Floors, Walls and Ceilings - Cleanability (C) Repeat: Hand sink in kitchen has pulled away from caulking. Physical facilities shall be kept in cleanable and in good repair. Recaulk hand sink to the wall.