Food Establishment Inspection Report

Establishment Name: LIN'S KITCHEN

	L	oca	atic	on /	Address: 523 NELSON STREET						
		-			NERSVILLE State: North Ca	ro	lina	a			
	Ζ	ip:_	27	28	4 County: <u>34 Forsyth</u>						
	Ρ	err	nit	tte	e: MIN LIU						
	Т	ele	ph	or	ne: <u>(</u> 336) 996-3511						
		Ø) In	Isp	ection 🔿 Re-Inspection 🔿 I	Ξc	luc	at	iona	l V	sit
	V	las	ste	wa	iter System:						
		Ø	M	lun	icipal/Community On-Site System						
	V	/at	er	Sι	ıpply:						
		Ø	M	lun	icipal/Community On-Site Supply						
	Fc	od	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ition	s	
					Contributing factors that increase the chance of developing foo				ness.		
	Pul	blic	Hea	lth	Interventions: Control measures to prevent foodborne illness	or	injur	y			
C	Col	mp	lia	nc	e Status	(001	Г	CDI	R	VR
S	upe	rvis	ion		.2652	_					
1	X	ουτ	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	X	оит	N/A		Certified Food Protection Manager	1		0			
E	mp	loye	e H	ealt	h .2652						
3	Ņ	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	X	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
			gieı	nic	Practices .2652, .2653						
6 7	1.	OUT OUT			Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1	0.5	0			
			ng (Cont	tamination by Hands .2652, .2653, .2655, .265		010	0			Ч
8	_	¢X(⊺			Hands clean & properly washed	4	2	X	Х		
9	M	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
		ουτ			Handwashing sinks supplied & accessible	2	1	0			
		ove	d So	ouro		2		0			
		оит оит		N}¢0	Food obtained from approved source Food received at proper temperature	2 2	1	0 0			
13	X	ουτ			Food in good condition, safe & unadulterated	2	1	0			
14	IN	оит	*	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
	_			_	Contamination .2653, .2654						
		out o¥(t		N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized	3 3	1.5 1×5	-	X	Х	
		OUT			Proper disposition of returned, previously served,	⊢			^	^	
					reconditioned & unsafe food	2	1	0			
					rdous Food Time/Temperature .2653 Proper cooking time & temperatures	3	1.5	0			
	1	оит	_		· · ·	3	1.5	_			
		ουτ				_	1.5				
21 22		ουτ ολ∢τ	_			3 3	1.5 1X5	_	х		
		OUT			Proper date marking & disposition	3	1.5				
24	K	оит	N/A	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
С	ons	sume	er A	dvi	sory .2653	_		_			
25	IN	оит	NXA		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Н	igh	ly Si	ISC	epti	ble Populations .2653						
26	IN	оит	N¥A		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
	-	nica	_		.2653, .2657	4	0 -	6			
		оит оит	_		Food additives: approved & properly used Toxic substances properly identified stored & used	1 2	0.5 1	0			\vdash
	-				ith Approved Procedures .2653, .2654, .2658						
	Т	оит			Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
		-			North Carolina Department of Health &	ц.			ondor		luision

Establishment ID: 3034011849

Date: 05/09/2024	_Status Code: A
Time In: 1:13 PM	_Time Out: _3:05 PM
Category#: IV	
FDA Establishment Type	E Full-Service Restaurant

No. of Risk Factor/Intervention Violations: <u>3</u> No. of Repeat Risk Factor/Intervention Violations: <u>1</u>

Compliance Status OUT CDJ R Safe Food and Water .2653, 2655, 2658		
30 in out Mout Water and ice from approved source 2 1 0 31 Mout Water and ice from approved source 2 1 0 32 Mout Water and ice from approved source 2 1 0 32 Mout Water and ice from approved source 2 1 0 33 Mout Water and ice from approved source 2 1 0 34 Mout Water and ice from approved source 1 0.5 0 34 Mout Mathematical Source 1 0.5 0 1 35 Mout Proper cooling methods used 1 0.5 0 1 36 Mout Nation NA MC Approved thawing methods used 1 0.5 0 1 7 Mout Food properly labeled: original container 2 1 0 1 7 Mout Insects & rodents not present; no unauthorized 2 1 0 1 39 Mout Contamination prevented during food 1 1 0.5 0		V
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nt of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer. Page 1 of _____Food Establishment Inspection Report, 12/2023



Comment Addendum to Food Establishment Inspection Report

Establishment Name: LIN'S KITCHEN	Establishment ID: 3034011849
Location Address: <u>523 NELSON STREET</u> City: <u>KERNERSVILLE</u> State: <u>NC</u>	X Inspection Re-Inspection Date: 05/09/2024 Educational Visit Status Code: A
County: 34 Forsyth Zip: 27284	Comment Addendum Attached? X Category #: IV
Wastewater System: X Municipal/Community On-Site System Water Supply: X Municipal/Community On-Site System	Email 1;huadichen123@gmail.com
Permittee: MIN LIU	Email 2:
Telephone: (336) 996-3511	Email 3:

		Temperature Observ			
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
general tso chicken /final cook	175	white rice/rice cooker	160		
egg roll/reach in cooler	40	hot n spicy chicken/buffet	140		
chicken /reach in cooler	41	spinach/buffet	185		
sweet n sour chicken/reach in cooler	41	canteloupe/buffet	41		
seafood salad /walk in cooler	43	egg drop soup/buffet	175		
nac n cheese /walk in cooelr	45	hot n sour soup /buffet	164		
ook chop/walk in cooler	48				
general tso chicken/walk in cooler	44				
pinach/walk in cooler	41				
hot water /3 comp sink	144				
oleach sanitizer /dish machine - ppm	100				
ook choy /make top	39				
o mein/make top	44				
garlic + oil/make top	40				
oork/make top	41				
oork /make top	40				
ofu/reach in cooler	39				
wonton/reach in cooler	41				
crab/reach in cooler	38				
iried rice /rice cooker	155				
	First	Last			
Person in Charge (Print & Sign):		Liu		"CO	
	First	Last			
Regulatory Authority (Print & Sign):	Shannon	Craver		hannon Haver	
EHS ID:2848 - Craver, Shannon		Verification Dates: Priority:	Pr	iority Foundation:	Core:
EHS Contact Phone Number: (743)	236-0012		orize final re ceived via		

Establishment Name: LIN'S KITCHEN

Establishment ID: 3034011849

Date: 05/09/2024 Time In: 1:13 PM Time Out: 3:05 PM

Date Expiration Date
021 04/19/2026
5

2-301.15 Where to Wash (Pf). Food employees went to prep sink to wash/rinse hands.

8 **Food employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or warewashing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste.

CDI: Food employee went to handwashing sink and washed hands.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf). Several pans were found on the clean drain board of the 3 compartment sink with food debris and residue on them. REPEAT with improvement. **(A) Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI: Showed PIC the dishes and they were moved to the prewash to be rewashed.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P). Foods in the walk in cooler and reach in cooler were holding above 41F (temperatures listed on page 2). The ambient of the walk in cooler was 48F, and the unit was in defrost. The lo mein in the make top was temped at 44F and was filled to full. **(A)(2) Time/temperature control for safety food shall be maintained at 41F or less.

CDI: The foods were moved to the walk in freezer and had cooled 1F in 20 minutes. Half of the lo mein was removed and placed in the reach in cooler.

44 4-901.11 Equipment and Utensils, Air-Drying Required (C) Stacks of clean metal pans on the clean drain board of the 3 compartment sink were stacked wet.

**After cleaning and sanitizing, equipment and utensils: (A) shall be air-dried or used after adequate draining.