

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
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> N/A				
Certified Food Protection Manager		X	0		
Employee Health .2652					
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	
Good Hygienic Practices .2652, .2653					
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	
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT				
Hands clean & properly washed		4	2	0	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Handwashing sinks supplied & accessible		2	1	0	
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> O				
Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> 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	
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> O				
Time as a Public Health Control; procedures & records		3	1.5	0	
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Toxic substances properly identified stored & used		2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
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
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Variance obtained for specialized processing methods		2	1	0	
Food Temperature Control .2653, .2654					
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 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> O				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	X
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
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 <input type="checkbox"/> N/A				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	X	X
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	
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	0	X
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	X
49	<input checked="" type="checkbox"/> OUT				
Non-food contact surfaces clean		1	0.5	0	
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Plumbing installed; proper backflow devices		X	1	0	X
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 type="checkbox"/> OUT				
Physical facilities installed, maintained & clean		1	0.5	X	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
TOTAL DEDUCTIONS:					4.5



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MAYBERRY 4TH ST.
 Location Address: 216 W. 4TH ST.
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27101
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 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*

Last



Regulatory Authority (Print & Sign): Joseph

Last
Chrobak



REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: 02/09/2023

REHS Contact Phone Number: (336) 703-2618

Authorize final report to be received via Email: _____



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.