# Food Establishment Inspection Report

**Score:** 95

**Establishment Name:** Ribeyes Steakhouse **Establishment ID:** 0604001010 4

Location Address: 610 Kingold Blvd.
City: Snow Hill State: North Carolina
Zip: 28580 County: Greene
**Permittee:** Calvin Watson
**Telephone:** (252) 747-1006
☒ Inspection ○ Re-Inspection
**Wastewater System:**
☒ Municipal/Community ○ On-Site
**Water Supply:**
☒ Municipal/Community ○ On-Site

Date: 04/27/16 Status Code: A
Time In: 9:40 Time Out: 11:15
Category#: 2
FDA Establishment Type: full service rest.

No. of Risk Factor/Intervention Violations: 2
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 | IN | ☒ OUT | N/A | | PIC Present; Demonstration - Certification by accredited program & performs duties | 2 | | 0 | | | |
| **Employee Health** | | | | | .2652 | | | | | | |
| 2 | IN | ☒ OUT | | | Management, employees knowledge; responsibilities & reporting | 3 | 1.5 | 0 | | | |
| 3 | IN | ☒ OUT | | | Proper use of reporting, restriction & exclusion | 3 | 1.5 | 0 | | | |
| **Good Hygienic Practices** | | | | | .2652, .2653 | | | | | | |
| 4 | IN | ☒ OUT | | | Proper eating, tasting, drinking or tobacco use | 2 | 1 | ☒ 0 | ☒ | | |
| 5 | IN | ☒ OUT | | | No discharge from eyes, nose or mouth | 1 | 0.5 | 0 | | | |
| **Preventing Contamination by Hands** | | | | | .2652, .2653, .2655, .2656 | | | | | | |
| 6 | IN | ☒ OUT | | | Hands clean & properly washed | 4 | 2 | 0 | | | |
| 7 | IN | ☒ OUT | N/A | N/O | No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | 3 | 1.5 | 0 | | | |
| 8 | IN | ☒ OUT | N/A | | Handwashing sinks supplied & accessible | 2 | 1 | 0 | | | |
| **Approved Source** | | | | | .2653, .2655 | | | | | | |
| 9 | IN | ☒ OUT | | | Food obtained from approved source | 2 | 1 | 0 | | | |
| 10 | IN | OUT | | ☒ N/O | Food received at proper temperature | 2 | 1 | 0 | | | |
| 11 | IN | ☒ OUT | | | Food in good condition, safe & unadulterated | 2 | 1 | 0 | | | |
| 12 | IN | OUT | N/A | ☒ N/O | Required records available: shellstock tags, parasite destruction | 2 | 1 | 0 | | | |
| **Protection from Contamination** | | | | | .2653, .2654 | | | | | | |
| 13 | IN | ☒ OUT | N/A | N/O | Food separated & protected | 3 | 1.5 | 0 | | | |
| 14 | IN | ☒ OUT | | | Food-contact surfaces: cleaned & sanitized | 3 | 1.5 | 0 | ☒ | | |
| 15 | IN | ☒ OUT | | | Proper disposition of returned, previously served, reconditioned & unsafe food | 2 | 1 | 0 | | | |
| **Potentially Hazardous Food Time/Temperature** | | | | | .2653 | | | | | | |
| 16 | IN | OUT | N/A | ☒ N/O | Proper cooking time & temperatures | 3 | 1.5 | 0 | | | |
| 17 | IN | ☒ OUT | N/A | N/O | Proper reheating procedures for hot holding | 3 | 1.5 | 0 | | | |
| 18 | IN | OUT | N/A | ☒ N/O | Proper cooling time & temperatures | 3 | 1.5 | 0 | | | |
| 19 | IN | ☒ OUT | N/A | N/O | Proper hot holding temperatures | 3 | 1.5 | 0 | | | |
| 20 | IN | ☒ OUT | N/A | N/O | Proper cold holding temperatures | 3 | 1.5 | 0 | | | |
| 21 | IN | ☒ OUT | N/A | N/O | Proper date marking & disposition | 3 | 1.5 | 0 | | | |
| 22 | IN | ☒ OUT | N/A | N/O | Time as a public health control: procedures & records | 2 | 1 | 0 | | | |
| **Consumer Advisory** | | | | | .2653 | | | | | | |
| 23 | IN | OUT | ☒ N/A | | Consumer advisory provided for raw or undercooked foods | 1 | 0.5 | 0 | | | |
| **Highly Susceptible Populations** | | | | | .2653 | | | | | | |
| 24 | IN | OUT | ☒ N/A | | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 | | | |
| **Chemical** | | | | | .2653, .2657 | | | | | | |
| 25 | IN | OUT | ☒ N/A | | Food additives: approved & properly used | 1 | 0.5 | 0 | | | |
| 26 | IN | ☒ OUT | N/A | | Toxic substances properly identified stored & used | 2 | 1 | 0 | | | |
| **Conformance with Approved Procedures** | | | | | .2653, .2654, .2658 | | | | | | |
| 27 | IN | OUT | ☒ N/A | | Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | 2 | 1 | 0 | | | |

2.5

## 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 | | | | | | |
| 28 | IN | OUT | ☒ N/A | | Pasteurized eggs used where required | 1 | 0.5 | 0 | | | |
| 29 | ☒ IN | OUT | | | Water and ice from approved source | 2 | 1 | 0 | | | |
| 30 | IN | OUT | ☒ N/A | | Variance obtained for specialized processing methods | 1 | 0.5 | 0 | | | |
| **Food Temperature Control** | | | | | .2653, .2654 | | | | | | |
| 31 | ☒ IN | OUT | | | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 | | | |
| 32 | ☒ IN | OUT | N/A | N/O | Plant food properly cooked for hot holding | 1 | 0.5 | 0 | | | |
| 33 | ☒ IN | OUT | N/A | N/O | Approved thawing methods used | 1 | 0.5 | 0 | | | |
| 34 | ☒ IN | OUT | | | Thermometers provided & accurate | 1 | 0.5 | 0 | | | |
| **Food Identification** | | | | | .2653 | | | | | | |
| 35 | ☒ IN | OUT | | | Food properly labeled: original container | 2 | 1 | 0 | | | |
| **Prevention of Food Contamination** | | | | | .2652, .2653, .2654, .2656, .2657 | | | | | | |
| 36 | ☒ IN | OUT | | | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 | | | |
| 37 | ☒ IN | OUT | | | Contamination prevented during food preparation, storage & display | 2 | ☒ 1 | 0 | | | |
| 38 | ☒ IN | OUT | | | Personal cleanliness | 1 | 0.5 | 0 | | | |
| 39 | ☒ IN | OUT | | | Wiping cloths: properly used & stored | 1 | 0.5 | 0 | | | |
| 40 | ☒ IN | OUT | N/A | | Washing fruits & vegetables | 1 | 0.5 | 0 | | | |
| **Proper Use of Utensils** | | | | | .2653, .2654 | | | | | | |
| 41 | ☒ IN | OUT | | | In-use utensils: properly stored | 1 | 0.5 | ☒ 0 | | | |
| 42 | IN | ☒ OUT | | | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | ☒ 0 | | | |
| 43 | IN | ☒ OUT | | | Single-use & single-service articles: properly stored & used | 1 | 0.5 | 0 | | | |
| 44 | IN | ☒ OUT | | | Gloves used properly | 1 | 0.5 | 0 | | | |
| **Utensils and Equipment** | | | | | .2653, .2654, .2663 | | | | | | |
| 45 | IN | ☒ OUT | | | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 2 | 1 | 0 | | | |
| 46 | IN | ☒ OUT | | | Warewashing facilities: installed, maintained & used; test strips | 1 | 0.5 | 0 | | | |
| 47 | IN | OUT | ☒ | | Non-food contact surfaces clean | 1 | 0.5 | ☒ 0 | | ☒ | |
| **Physical Facilities** | | | | | .2654, .2655, .2656 | | | | | | |
| 48 | ☒ IN | OUT | N/A | | Hot & cold water available; adequate pressure | 2 | 1 | 0 | | | |
| 49 | ☒ IN | OUT | | | Plumbing installed; proper backflow devices | 2 | 1 | 0 | | | |
| 50 | ☒ IN | OUT | | | Sewage & waste water properly disposed | 2 | 1 | 0 | | | |
| 51 | ☒ IN | OUT | N/A | | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0.5 | 0 | | | |
| 52 | ☒ IN | OUT | | | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | 0 | | | |
| 53 | IN | OUT | ☒ | | Physical facilities installed, maintained & clean | 1 | 0.5 | ☒ 0 | | | |
| 54 | ☒ IN | OUT | | | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 | | | |
| | | | | | **TOTAL DEDUCTIONS:** | | 5 | | | | |

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# Comment Addendum to Food Establishment Report

Establishment Name: Ribeyes
Location Address: 610 Kingold Blvd.
City: Sn State: NC
County: Greene Zip: 28580
Wastewater System: (●) Municipal/Community ( ) On-Site System
Water Supply: (●) Municipal/Community ( ) On-Site Supply
Permittee: Calvin Watson
Telephone: 252-747-1006

Establishment ID: 0 6 0 4 0 0 1 0 1 0 4
(●) Inspection ( ) Re-Inspection
( ) Visit
( ) Verification
( ) Name Change
( ) Status Change
( ) Pre-Opening Visit
( ) Other

Date: 04/27/16
Status Code: A
Category#: 2

## Temperature Observations

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---|---|---|---|---|---|
| water | 129 | ch salad - 2drSS | 39 | cucumbers - 3 SS rear | 42 |
| W. water | " | cheese - " | 38 | cheese " | 44 |
| eggs/cheese - S/B | 45 | salmon - 2drSS (rear) | 38 | ribs/ham 2dr. (meat fridge) | 34°F ! |
| soup reheat | 165 | sl. tomatoes " | 39 | | |
| dish machine - final rinse | 200 ppm | sanitizer - bottle | 200 | | |

## Observations and Corrective Actions

| Item Number | 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. |
|---|---|
| 4 | 2.401.11 - employee's open cup stored in middle of washing veggies (moved) |
| 14 | 4.602.11 (C) clean & smooth cutting boards better (C) - clean tip on can opener (bad)! |
| 37 | 3.307.11 condensation ponding in bottom of 2 door meat fridge |
| 42 | 4.901.11 - store dipping spoons w/ handles up |
| 47 | 4.602.13 - top of vents in both bathrooms dusty hood filters on one end black from smoke |
| 53 | 6.501.11 gray painted floors in rear are peeling/flaking |

Person in Charge (Print & Sign): Calvin Watson / Calvin Watson
Regulatory Authority (Print & Sign): Worth Heath / Worth Heath
Verification Required Date:
REHS ID: 0365
REHS Contact Phone Number: 252-747-8183