

Food Establishment Inspection Report

Score: 97.5

Establishment Name: ICHIBAN

Establishment ID: 3034010913

Location Address: 270 S STRATFORD RD

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: ICHIBAN, INC.

Telephone: (336) 725-3050

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 05/25/2023 Status Code: A

Time In: 12:30 PM Time Out: 3:30 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

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	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	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"/> IN <input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	<input checked="" type="checkbox"/> X
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/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
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 checked="" type="checkbox"/> OUT	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"/> OUT/N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> X
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"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O	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"/> OUT/N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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 checked="" type="checkbox"/> OUT	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 checked="" type="checkbox"/> OUT	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"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
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/N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<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
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> X
48	<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
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	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	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					2.5



Comment Addendum to Food Establishment Inspection Report

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 Permittee: ICHIBAN, INC.
 Telephone: (336) 725-3050

Establishment ID: 3034010913
☒ Inspection ☐ Re-Inspection Date: 05/25/2023
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: IV
 Email 1: huannhi@aol.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
Chicken raw	walk in cooler	41	Fried rice	rice cooker	184			
Shrimp raw	walk in cooler	39	Cut lettuce	salad make unit	40			
Shrimp	walk in cooler	40	Sliced cucumber	salad make unit	40			
Spring roll	walk in cooler	38	Cut lettuce	sushi make unit 1	41			
Dumpling	walk in cooler	38	Sliced ham	sushi make unit 1	40			
Noodles	walk in cooler	40	Crab salad	sushi make unit 1	40			
Steak raw	walk in cooler	33	Squid salad	sushi make unit 2	39			
Salmon	walk in cooler	30	Seaweed salad	sushi make unit 2	40			
Seaweed salad	walk in cooler	38	Salmon raw	sushi make unit 2	39			
Chicken raw	make unit	41	Tuna raw	sushi make unit 2	41			
Shredded cabbage	make unit	40	Tuna raw	sushi display	38			
Dumpling	make unit	38	Octopus	sushi display	36			
Spring roll	make unit	38	Shrimp	sushi display	37			
Shrimp raw	make unit	37	Salmon raw	sushi display	36			
Steak raw	make unit	38	Hot water	3 compartment sink	143			
Cut lettuce	make unit	37	Chlorine dishmachine	warewashing (ppm)	100			
Chicken broth	hot hold	145	Quat sanitizer	spray bottle (ppm)	400			
Mixed vegetables	final cook	209						
Tempura shrimp	final cook	210						
White rice	rice cooker	210						

First
 Person in Charge (Print & Sign): Peter

Last
 Do

First
 Regulatory Authority (Print & Sign): Elizabeth

Last
 Manning

Peter

Elizabeth Manning

REHS ID: 3136 - Manning, Elizabeth

Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3135

Authorize final report to
 be received via Email: _____



North Carolina Department of Health & Human Services

Page 1 of _____
 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: ICHIBAN

Establishment ID: 3034010913

Date: 05/25/2023 **Time In:** 12:30 PM **Time Out:** 3:30 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Peter Do		Food Service		06/27/2023

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.

- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event-PF: The establishment didn't have a vomiting and diarrhea clean-up plan. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrhea events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI: A clean up plan was given to the establishment.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) A blender was stored soiled and wet. Equipment, food contact surfaces and utensils shall be clean to sight and touch. CDI: Scoop was taken back to the 3 compartment sink to be cleaned.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-(REPEAT) with improvement-C: Clean off carbon build up on the toaster oven at the sushi station. Equipment shall be maintained in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (REPEAT) (C) Replace any damaged or soiled ceiling tiles, and reattach the separating FRP back to the wall to the right of the dishmachine. Physical facilities shall be maintained in good repair.
- 6-501.12 Cleaning, Frequency and Restrictions (C) Cleaning is needed on the floor behind the flat top grill. Physical facilities shall be cleaned as often as necessary to keep them clean.