



EMAIL

NAME OF ESTABLISHMENT: Asian Grill & More ADDRESS OR LOCATION: 1825 Riverside Dr CITY: MV

MEALS SERVED: B 100 C O PURPOSE OF INSPECTION: Routine Preoperational Reinspection Illness Investigation Temporary Complaint

MEALS OBSERVED: B 100 C O ESTABLISHMENT TYPE: small RISK CATEGORY: 3

DATE: 2/1/18 TIME IN: 1:30p ELAPSED TIME: 40 TOTAL POINTS: 40/50 RED POINTS: 40 REPEAT RED: 35 PHONE:

RED HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	Description	CDI	R	PTS	#	Compliance Status	Description	CDI	R	PTS
Demonstration of Knowledge						Potentially Hazardous Food/Time and Temperature					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5	16	IN	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
2	IN	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5	17	IN	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
Employee Health						Consumer Advisory					
3	IN	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25	23	IN	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Preventing Contamination by Hands						Highly Susceptible Populations					
4	IN	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25	24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
5	IN	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25	Chemical					
6	IN	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10	25	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated						Conformance with Approved Procedures					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	26	IN	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10	27	IN	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	Red Points <u>40</u>					
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	BLUE LOW RISK FACTORS					
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10	Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.					
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	Food Temperature Control					
Protection from Cross Contamination						Utensils and Equipment					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15	28	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5	29	IN	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5	30	IN	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification						Physical Facilities					
31	IN	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5	44	IN	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination						Proper Use of Utensils					
32	IN	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5	37	IN	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
33	IN	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5	38	IN	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
34	IN	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5	39	IN	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3
35	IN	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3	Blue Points <u>10</u>					
36	IN	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3	Use the following blank lines to write comments.					
Use of Utensils						<p>Reinspection is needed. Correct all violations immediately.</p>					

Person In Charge (Signature): [Signature] Person In Charge (Print Name): PHI Jeanne King Date: 2/1/18

Regulatory Authority (Signature): [Signature] Regulatory Authority (Print Name): Jeanne King Follow-up Needed? Yes No

DOH 332-035A (Revised January 2015)

Food Establishment Inspection Report

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EMAIL

NAME OF ESTABLISHMENT <u>Asian Grill & More</u>		ADDRESS OR LOCATION <u>1825 Riverside Dr</u>			CITY <u>MV</u>		
MEALS SERVED B <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/>	PURPOSE OF INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Other	<input type="checkbox"/> Preoperational	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection	<input type="checkbox"/> Complaint	ESTABLISHMENT TYPE <u>small</u>	RISK CATEGORY <u>3</u>
MEALS OBSERVED B <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/>	DATE <u>2/1/18</u>	TIME IN <u>1:30P</u>	ELAPSED TIME <u>40</u>	TOTAL POINTS <u>40/50</u>	RED POINTS <u>40</u>	REPEAT RED <u>35</u>	PHONE

TEMPERATURE OBSERVATIONS

Food	Location	Temp (°F)	Food	Location	Temp (°F)
<u>veggies</u>	<u>Arctic Air Prep.</u>	<u>48</u>			
<u>meats (shrimp)</u>	<u>refrig</u>	<u>46</u>			
<u>walk-in</u>	<u>meats</u>	<u>40</u>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
<u>21</u>	<u>See temperatures above. All cold holding must be 41°F or less. Please Monitor regularly and adjust as needed.</u>	<u>10</u>
<u>22</u>	<u>Get accurate digital thermometers and use regularly on cold and hot held foods.</u>	<u>5</u>
<u>16</u>	<u>Cooling log kept for PHO from 9/5/17 11:30a start → 1:25pm → 3:45pm → 5:05p 185.9°F 94.7°F 58.6° 41.4°F This did not meet safe cooling requirements. Must cool to 70° in 2 hrs then to 41°F in 6 hrs or less. Cooling log given during inspection. See cooling methods back of this form.</u>	<u>25</u>
<u>42, 43, 48</u>	<u>Overall cleaning is needed.</u>	<u>10</u>

Comments

Person In Charge (Signature) <u>[Signature]</u>	Person In Charge (Print Name) <u>PH112</u>	Date <u>2/1/18</u>
Regulatory Authority (Signature) <u>[Signature]</u>	Regulatory Authority (Print Name) <u>[Signature]</u>	Follow-up Needed? <input checked="" type="radio"/> Yes <input type="radio"/> No