

# Food Establishment Inspection Report

Score: 96

Establishment Name: GREAT WALL CHINESE RESTAURANT

Establishment ID: 3034010676

Location Address: 607 PETERSCREEK PARKWAY

City: WINSTON-SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: HING PING WANG, XING YING WANG & JUNYU WANG

Telephone: (336) 721-0777

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 03/16/2023 Status Code: A

Time In: 12:30 PM Time Out: 3:00 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

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
<b>Supervision .2652</b>					
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	
<b>Employee Health .2652</b>					
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
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0	X
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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
<b>Approved Source .2653, .2655</b>					
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 <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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/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
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> OUT/N/A	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
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN <input checked="" 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
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
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 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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	1	0.5	X
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	X	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
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
<b>Proper Use of Utensils .2653, .2654</b>					
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	0
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
<b>Physical Facilities .2654, .2655, .2656</b>					
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	X	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					4



# Comment Addendum to Food Establishment Inspection Report

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 Location Address: 607 PETERSCREEK PARKWAY  
 City: WINSTON-SALEM State: NC  
 County: 34 Forsyth Zip: 27103  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: HING PING WANG, XING YING WANG & JUNYU  
 Telephone: (336) 721-0777

Establishment ID: 3034010676

☒ Inspection ☐ Re-Inspection Date: 03/16/2023  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1:

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
hot water	three compartment sink	118						
quat sanitizer	premix spray bottle in ppm	200						
chlorine sanitizer	three compartment sink in room	50						
chicken	walk-in cooler	38						
ribs	walk-in cooler	39						
chicken	final cook temp	188						
chicken	make unit	40						
lettuce	make unit	40						
beef	make unit	39						
srmp	make unit	40						
diced onions	make unit	40						
shrimp roll	front make unit	38						
pork	front make unit	36						
air temp	front make unit	36						
noddles	front make unit	37						
cooked chicken	walk-in cooler	39						
chicken mixture	walk-in cooler	38						
noodles	walk-in cooler	38						
shrimp rolls	walk-in cooler	39						

First  
 Person in Charge (Print & Sign): Annie

Last  
 Wu

First  
 Regulatory Authority (Print & Sign): Craig

Last  
 Bethel

  


REHS ID: 1766 - Bethel, Craig

Verification Required Date:

REHS Contact Phone Number: (336) 703-3143

Authorize final report to  
 be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

• Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.  
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• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** GREAT WALL CHINESE RESTAURANT

**Establishment ID:** 3034010676

**Date:** 03/16/2023 **Time In:** 12:30 PM **Time Out:** 3:00 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Ke Wu		Food Service	12/27/2019	12/27/2023

### 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.

- 6 2-401.11 Eating, Drinking, or Using Tobacco (C)  
Employee was eating off a prep table in the back.  
an Employee shall eat, drink, or use any form of tobacco only in designated areas where the contamination of exposed Food; clean Equipment, Utensils, and Linens; unwrapped Single-service and Single-Use Articles; or other items needing protection can not result.  
CDI - Employee removed food from prep table and discarded it.
- 35 3-501.13 Thawing (Pf)  
2 bus tubs of shrimp were being thaw in water at the prep sink. No running water at the time of inspection. Shrimp measured 34-39F.  
TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be thawed:  
(A) Under refrigeration that maintains the FOOD temperature at 5oC (41oF) or less; Pf or  
(B) Completely submerged under running water: (1) At a water temperature of 21oC (70oF) or below, Pf (2) With sufficient water velocity to agitate and float off  
loose particles in an overflow, Pf and (3) For a period of time that does not allow thawed portions of READY-TO-EAT FOOD to rise above 5oC (41oF), Pf or  
(4) For a period of time that does not allow thawed portions of a raw animal FOOD requiring cooking as specified under 3-401.11(A) or (B) to be above 5oC (41oF), for more than 4 hours including: Pf  
(a) The time the FOOD is exposed to the running water and the time needed for preparation for cooking, or (b) The time it takes under refrigeration to lower the FOOD temperature to 5oC (41oF);  
(C) As part of a cooking process if the FOOD that is frozen is: (1) Cooked as specified under 3-401.11(A) or (B) or § 3-401.12, Pf or (2) Thawed in a microwave oven and immediately transferred to conventional cooking EQUIPMENT, with no interruption in the process; Pf  
CDI - Raw shrimp were placed into the walk-in cooler.
- 37 3-302.12 Food Storage Containers Identified with Common Name of Food (C)(Repeat)  
Containers holding spices and sauces were not properly labeled or the write was wearing off.  
Working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD.
- 47 4-501.11 Good Repair and Proper Adjustment-Equipment (C)(Repeat)  
Rusting lid for grease trap.  
Prep table legs rusting on two of the prep tables, bottom prep table shelf rusting on one table.  
(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2 of the 2017 Food Code.
- 55 6-201.11 Floors, Walls and Ceilings - Cleanability (C)(Repeat)  
Replace water damaged ceiling tiles in dry storage. Replace cracked tile in the storage room.  
Fill holes with new ceiling tile in dry storage area.  
6-501.12 Cleaning, Frequency and Restrictions (C)- Clean walls at prep sink and at mop sink. Clean floor drain at back prep sink. Clean gap around grease trap. Clean floor in dry storage.