

Food Establishment Inspection Report

Score: 97

Establishment Name: FULL MOON OYSTER BAR

Establishment ID: 3034011536

Location Address: 1473 RIVER RIDGE ROAD

City: CLEMMONS State: North Carolina

Zip: 27012 County: 34 Forsyth

Permittee: FULL MOON INC

Telephone: (336) 712-8200

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 03/17/2023 Status Code: A

Time In: 1:45 PM Time Out: 4:50 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
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"/> 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/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 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"/> 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 OUT/N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<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 OUT/N/A/N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper date marking & disposition		3	1.5	0	X
24	<input checked="" type="checkbox"/> IN 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 OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN 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 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 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 OUT				
Variance obtained for specialized processing methods		2	1	0	
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> IN OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	X
34	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN OUT/N/A/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 OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	0	X
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> IN OUT				
Non-food contact surfaces clean		1	0.5	0	X
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT/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 OUT				
Physical facilities installed, maintained & clean		1	0.5	0	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
TOTAL DEDUCTIONS:					3



Comment Addendum to Food Establishment Inspection Report

Establishment Name: FULL MOON OYSTER BAR
 Location Address: 1473 RIVER RIDGE ROAD
 City: CLEMMONS State: NC
 County: 34 Forsyth Zip: 27012
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: FULL MOON INC
 Telephone: (336) 712-8200

Establishment ID: 3034011536
 Inspection Re-Inspection Date: 03/17/2023
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: IV
 Email 1: amandafullmoon@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
Servsafe - 12/6/2026	Rhonda Leedy	00	grit cake	walk-in cooler	40			
hot water	3-comp sink	139	rice	walk-in cooler	37			
hot water	handsink	107	quiche	walk-in cooler	38			
final rinse	dishmachine	177	raw calamari	walk-in cooler	36			
qt sanitizer (ppm)	3-comp sink	200	raw scallops	walk-in cooler	38			
crab bisque	reheat for hot hold	168	cooked noodles	walk-in cooler	40			
clam chowder	reheat for hot hold	176	alfredo sauce	walk-in cooler	39			
pineapple salsa	make unit (top)	40	MD-116-SP	shellstock tags	00			
crab mix	make unit (top)	39	VA-846-SS	shellstock tags	00			
chicken salad	make unit (top)	40	VA-984-SP	shellstock tags	00			
raw flounder (before correction)	make unit (reach-in)	50	DE-115-SP	shellstock tags	00			
spinach Rockefeller (before correction)	make unit (reach-in)	45	VA-1517-SS	shellstock tags	00			
blue cheese dressing (before correction)	make unit (reach-in)	44	PE-2354-SS	shellstock tags	00			
hotdog (before correction)	lowboy reach-in	55	VA-1060-SS	shellstock tags	00			
raw scallops (before correction)	lowboy reach-in	60	MA-10534-SS	shellstock tags	00			
raw steak (before correction)	lowboy reach-in	58						
diced tomatoes	salad make unit (top)	39						
shredded cheese	salad make unit (reach-in)	41						
andouille sausage	walk-in cooler	40						
crab cake	walk-in cooler	38						

Person in Charge (Print & Sign): *First* Cody *Last* Shin
 Regulatory Authority (Print & Sign): *First* Travis *Last* Addis




REHS ID: 3095 - Addis, Travis
 REHS Contact Phone Number:

Verification Required Date: 03/20/2023

Authorize final report to be received via Email: _____



Comment Addendum to Inspection Report

Establishment Name: FULL MOON OYSTER BAR

Establishment ID: 3034011536

Date: 03/17/2023 **Time In:** 1:45 PM **Time Out:** 4:50 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.

- 22 3-501.16 (A) (2) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) All items in lowboy reach-in cooler (for raw meats) were measured at a range of 55-60F; including but not limited to: 1 package of hotdogs, 1 container of raw tuna, 1 container of raw salmon, 1 container of raw scallops, and multiple packages of raw steak. Upon further inspection the unit is no longer working and is unable to maintain temperatures at 41 or less - ambient temperature was measured at 58F in this unit. In the reach-in portion of the make unit, all items were measured at a range of 44-50F; including but not limited to: 1 container of spinach Rockefeller, 1 container of raw flounder, and several containers of salad dressing. Upon further inspection, the thermostat in this unit was set too low and adjusted by REHS to provided adequate cooling - ambient temperature in reach-in portion of make unit was measured at 37F after correction. Be sure to check cold holding temperatures with thermometer at the beginning of every shift to identify and correct any issues. Time/temperature control for safety food shall be maintained at 41F or less. CDI: All listed foods in lowboy reach-in and reach-in portion of the make unit were voluntarily discarded by PIC. (1.5 pts)
- 33 4-301.11 Cooling, Heating, and Holding Capacities - Equipment (Pf) The lowboy reach-in cooler - for raw animal foods - is no longer working and is unable to maintain temperatures at 41F or less. Currently, there is space enough in reach-in portion of make unit and walk-in cooler to store these items until the lowboy reach-in cooler can be repaired or replaced. The establishment will not store ANY foods in this unit until a repair or replacement is verified by REHS. Maintenance was called and is currently at the establishment to repair/replace. Equipment for cooling and heating food, and holding cold and hot food, shall be sufficient in number and capacity to provide food temperatures as specified under Chapter 3. VERIFICATION for replacement or repair of this unit is due on 3/20/2023. If ready for verification before this date, please call Travis Addis @336.830.2394. (0.5 pts)
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Replace torn door gaskets in left and right door of make unit. Equipment shall be maintained cleanable and in good repair. (0 pts)
- 49 4-601.11 (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) REPEAT with improvement. The following areas require additional cleaning: sides of steamers on cook line, base of can rack, interior of microwave on cook line, top of grill cooler under flattop grill. Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. (0.5 pts)
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) REPEAT with improvement. Clean FRP throughout kitchen where food splash is present. Physical facilities shall be cleaned as often as necessary to be maintained.
- 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) REPEAT with improvement, in another location. Grouting is low between tiles on floor throughout kitchen. RegROUT floors in kitchen to help facilitate adequate cleaning. Physical facilities shall be maintained in good repair. (0.5 pts)