

# Food Establishment Inspection Report

Score: 98

Establishment Name: FISH HOUSE EATERY

Establishment ID: 4092019677

Location Address: 841 PERRY RD

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: SUTTON HOLDINGS LLC

Telephone: (919) 367-6131

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 10/01/2025 Status Code: U

Time In: 1:35 PM Time Out: 3:20 PM

Category#: IV

FDA Establishment Type: \_\_\_\_\_

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"/> 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 |    |
| <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 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"/> IN OUT         |     |     |   |    |
| 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"/> IN OUT/N/A     |     |     |   |    |
| Proper cooking time & temperatures   |  | 3   | 1.5 | 0 |    |
| 19   | <input checked="" type="checkbox"/> IN OUT/N/A     |     |     |   |    |
| Proper reheating procedures for hot holding  |  | 3   | 1.5 | 0 |    |
| 20   | <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"/> IN OUT/N/A/N/O |     |     |   |    |
| Proper date marking & disposition  |  | 3   | 1.5 | 0 | X  |
| 24   | <input checked="" type="checkbox"/> IN OUT         |     |     |   |    |
| Time as a Public Health Control; procedures & records  |  | 3   | 1.5 | 0 |    |
| <b>Consumer Advisory .2653</b>   |  |     |     |   |    |
| 25   | <input checked="" type="checkbox"/> IN OUT         |     |     |   |    |
| Consumer advisory provided for raw/undercooked foods   |  | 1   | 0.5 | 0 |    |
| <b>Highly Susceptible Populations .2653</b>  |  |     |     |   |    |
| 26   | <input checked="" type="checkbox"/> IN OUT         |     |     |   |    |
| Pasteurized foods used; prohibited foods not offered   |  | 3   | 1.5 | 0 |    |
| <b>Chemical .2653, .2657</b>   |  |     |     |   |    |
| 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 |    |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>                                |  |     |     |   |    |
| 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       |
|--|--|-----|-----|---|----------|
| <b>Safe Food and Water .2653, .2655, .2658</b>   |  |     |     |   |          |
| 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 |          |
| <b>Food Temperature Control .2653, .2654</b>   |  |     |     |   |          |
| 33   | <input checked="" type="checkbox"/> IN         |     |     |   |          |
| Proper cooling methods used; adequate equipment for temperature control                                |  | 1   | 0.5 | 0 | X        |
| 34   | <input checked="" type="checkbox"/> IN OUT/N/A |     |     |   |          |
| Plant food properly cooked for hot holding   |  | 1   | 0.5 | 0 |          |
| 35   | <input checked="" type="checkbox"/> IN         |     |     |   |          |
| Approved thawing methods used  |  | 1   | 0.5 | 0 | X        |
| 36   | <input checked="" type="checkbox"/> OUT        |     |     |   |          |
| Thermometers provided & accurate   |  | 1   | 0.5 | 0 |          |
| <b>Food Identification .2653</b>   |  |     |     |   |          |
| 37   | <input checked="" type="checkbox"/> OUT        |     |     |   |          |
| Food properly labeled: original container  |  | 2   | 1   | 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"/> OUT        |     |     |   |          |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used |  | 1   | 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/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"/> OUT        |     |     |   |          |
| Physical facilities installed, maintained & clean  |  | 1   | 0.5 | 0 |          |
| 56   | <input checked="" type="checkbox"/> OUT        |     |     |   |          |
| Meets ventilation & lighting requirements; designated areas used                                       |  | 1   | 0.5 | 0 |          |
| <b>TOTAL DEDUCTIONS:</b>   |  |     |     |   | <b>2</b> |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FISH HOUSE EATERY  
 Location Address: 841 PERRY RD  
 City: APEX State: NC  
 County: 92 Wake Zip: 27502  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: SUTTON HOLDINGS LLC  
 Telephone: (919) 367-6131

Establishment ID: 4092019677  
 Inspection  Re-Inspection Date: 10/01/2025  
 Educational Visit Status Code: U  
 Comment Addendum Attached?  Category #: IV  
 Email 1: synetra.jiles@gmail.com  
 Email 2:  
 Email 3:

## Temperature Observations

| Item/Location                | Temp | Item/Location | Temp | Item/Location | Temp |
|------------------------------|------|---------------|------|---------------|------|
| yams/steam table             | 149  |               |      |               |      |
| rice/steam table             | 162  |               |      |               |      |
| pinto beans/steam table      | 166  |               |      |               |      |
| rice/hot cabinet             | 155  |               |      |               |      |
| chicken/hot cabinet          | 148  |               |      |               |      |
| pinto beans/reach-in cooler  | 40   |               |      |               |      |
| turkey gravy/reach-in cooler | 39   |               |      |               |      |
| cole slaw/prep top cooler    | 39   |               |      |               |      |
| turkey bbq/prep top cooler   | 38   |               |      |               |      |
|                              |      |               |      |               |      |
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|                              |      |               |      |               |      |

*First*  
 Person in Charge (Print & Sign): Synetra  
*First*  
 Regulatory Authority (Print & Sign): Joshua

*Last*  
 Prince  
*Last*  
 Volkan

*Synetra Prince*  
*Joshua*

REHS ID: 2582 - Volkan, Joshua Verification Dates: Priority: \_\_\_\_\_ Priority Foundation: \_\_\_\_\_ Core: \_\_\_\_\_  
 REHS Contact Phone Number: (919) 422-3747 Authorize final report to be received via Email: *Synetra Prince*

## Comment Addendum to Inspection Report

**Establishment Name:** FISH HOUSE EATERY

**Establishment ID:** 4092019677

**Date:** 10/01/2025 **Time In:** 1:35 PM **Time Out:** 3:20 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.

- 23 3-501.17 Ready-To-Eat Time / Temperature Control for Safety Food, Date Marking (Pf): Cole slaw, potato salad, and turkey BBQ missing dates in prep cooler. Time/Temperature Control for Safety (TCS) foods that are ready-to-eat shall be date marked for a 7 day hold. CDI - dates known and affixed during inspection.
- 33 3-501.15 Cooling Methods (Pf) Collard greens and green beans cooling in deep containers on top of very shallow ice baths. Cooling shall be accomplished by placing food in shallow portions and if using an ice bath, surrounding the food container with ice, not just the bottom. CDI - food moved to shallow containers and placed in reach-in freezer.
- 35 3-501.13 (A), (B), (C ) Use approved thawing methods. Pf: Raw turkey wings thawing in prep sink without overflow. Thawing shall be accomplished by fully submerging food in running water at a temp of 70F or below that overflows to a drain. CDI - turkey wings moved to a bus tub and allowed to overflow into prep sink.