

# Food Establishment Inspection Report

Score: 97

Establishment Name: DANIEL'S RESTAURANT

Establishment ID: 4092018728

Location Address: 1430 W WILLIAMS ST

City: APEX State: North Carolina

Zip: 27523-9300 County: 92 Wake

Permittee: YDRAGOH LLC

Telephone: (919) 303-1006

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 06/17/2026

Status Code: A

Time In: 1:15 PM

Time Out: 3:30 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 1

## 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"/> OUT/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 OUT/N/A/N/O | 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"/> OUT/N/A/N/O    | Proper date marking & disposition                                                              | 3   | 1.5 | 0     |
| 24                                                                  | <input checked="" type="checkbox"/> IN OUT/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 OUT/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 OUT/N/A     | Pasteurized foods used; prohibited foods not offered                                           | 3   | 1.5 | 0     |
| <b>Chemical .2653, .2657</b>                                        |                                                    |                                                                                                |     |     |       |
| 27                                                                  | <input checked="" type="checkbox"/> IN OUT/N/A     | Food additives: approved & properly used                                                       | 1   | 0.5 | 0     |
| 28                                                                  | <input checked="" type="checkbox"/> IN OUT/N/A     | Toxic substances properly identified stored & used                                             | 2   | X   | 0 X X |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>     |                                                    |                                                                                                |     |     |       |
| 29                                                                  | <input checked="" type="checkbox"/> IN OUT/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 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  | Plant food properly cooked for hot holding                                                             | 1   | 0.5 | 0     |
| 35                                                                        | <input checked="" type="checkbox"/> IN OUT  | Approved thawing methods used                                                                          | 1   | 0.5 | 0     |
| 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"/> IN      | In-use utensils: properly stored                                                                       | 1   | 0.5 | 0 X X |
| 44                                                                        | <input checked="" type="checkbox"/> OUT     | Utensils, equipment & linens: properly stored, dried & handled                                         | 1   | 0.5 | 0     |
| 45                                                                        | <input checked="" type="checkbox"/> IN      | Single-use & single-service articles: properly stored & used                                           | 1   | 0.5 | 0 X   |
| 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      | 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"/> 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"/> IN      | 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     |
| <b>TOTAL DEDUCTIONS:</b>                                                  |                                             |                                                                                                        |     |     | 3     |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: DANIEL'S RESTAURANT  
 Location Address: 1430 W WILLIAMS ST  
 City: APEX State: NC  
 County: 92 Wake Zip: 27523-9300  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: YDRAGOH LLC  
 Telephone: (919) 303-1006

Establishment ID: 4092018728  
☒ Inspection ☐ Re-Inspection Date: 06/17/2026  
☐ Educational Visit Status Code: A  
 Comment Addendum Attached? ☒ Category #: IV  
 Email 1:  
 Email 2:  
 Email 3: danielsapex@gmail.com

## Temperature Observations

| Item/Location                                 | Temp       | Item/Location | Temp | Item/Location | Temp |
|-----------------------------------------------|------------|---------------|------|---------------|------|
| Sausages /Final cook                          | 198 - 200+ |               |      |               |      |
| Fried chicken /Final cook                     | 212 - 220  |               |      |               |      |
| Marinara sauce /Hot holding, stove            | 148 - 160  |               |      |               |      |
| Pasta/Meat sauce /Fliptop, cookline           | 41         |               |      |               |      |
| Chicken/Veal/Reach-in, cookline               | 38 - 40    |               |      |               |      |
| Heavy cream/Lasagna /Reach-in, cookline       | 39 - 41    |               |      |               |      |
| Chicken/Lasagna /Walk-in, prepared foods      | 36 - 41    |               |      |               |      |
| Pasta/Marinara /Walk-in, prepared foods       | 36 - 41    |               |      |               |      |
| Meatballs/Creme brulee/Walk-in #2             | 41         |               |      |               |      |
| Salmon/Shellstock /Walk-in #2                 | 34 - 35    |               |      |               |      |
| Cut lettuce/Ranch dressing /Salad prep cooler | 38 - 41    |               |      |               |      |
| Cut tomato /Salad prep reach-in               | 41         |               |      |               |      |
| Marinara sauce /Hot holding unit, expo        | 150 - 160  |               |      |               |      |
| Ground beef/Milk /Outdoor Walk-in             | 40 - 41    |               |      |               |      |
| Fried chicken /Walk-in, cooling 1hr           | 49 - 52    |               |      |               |      |
| Ranch dressing /Walk-in, prep cool            | 58         |               |      |               |      |
| Fried chicken /Walk-in, cooling 2 hrs         | 44 - 46    |               |      |               |      |
| Ham/Sausage/Mozzarella /Pizza prep unit       | 38 - 41    |               |      |               |      |
| Ricotta/Chicken/Pizza sauce/Pizza prep unit   | 39 - 40    |               |      |               |      |

Person in Charge (Print & Sign): Joy *First* Kipp *Last*  
 Regulatory Authority (Print & Sign): Matthew *First* Saliba *Last*

*Joseph H. Kipp*

*Matthew Saliba*

REHS ID: 3079 - Saliba, Matthew Verification Dates: Priority:

Priority Foundation: Core:

REHS Contact Phone Number: (919) 500-6269

Authorize final report to be received via Email:

*Matthew Saliba*



North Carolina Department of Health & Human Services

Page 2 of        Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 12/2023

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** DANIEL'S RESTAURANT

**Establishment ID:** 4092018728

**Date:** 06/17/2026 **Time In:** 1:15 PM **Time Out:** 3:30 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.

- 28 7-102.11; Priority Foundation; A spray bottle of concentrated bleach disinfectant and a bottle of degreaser were observed without a label and a very faint label. Clearly label working containers of poisonous or toxic materials with the common name of the material when taken from bulk supplies. CDI- labels added or reapplied. All other chemicals had legible labels. Full points not taken.
- 33 3-501.15; Priority Foundation; A deep tub of house-made ranch dressing was cooling from recent prep in the walk-in cooler. Tub had a lid on it. Cooling shall be accomplished by using rapid cooling equipment or ice baths, using shallow portions and pans and leaving foods uncovered/vented if stored in an area that is protected from overhead contamination. CDI - ranch dressing was placed in a large ice bath to rapidly chill.
- 43 3-304.12 (A)(B); Core; A metal bowl was being used to scoop cooked pasta and left in the pasta. A metal ramekin was used in a container of sugar. In-use utensils in TCS food, must be stored with handles above the food and top of the food container. Store in-use utensils used on non-TCS food with their handles above the top of the food within containers that can be closed, such as bins of dry ingredients. CDI- bowl and ramekin removed. Use appropriate dispensing utensils with handles. Full point may be taken for repeat violations.
- 45 4-903.11(A) and (C); Core; A few single-use, to-go containers stored with the food-contact surface exposed in the kitchen and expo area. Store single-service articles inverted to prevent contamination until use, or in original protective packaging. CDI- items inverted. No point taken
- 47 4-501.11; Core; Shelving in the interior walk-in coolers is rusting and paint is chipping. Metal shelving in warewashing area is rusting. This affects cleanability and flakes of paint or rust may contaminate food. Door to reach-in unit at cookline is damaged on the interior. Equipment shall be kept in good repair. Replace shelving in the near future and repair or replace reach-in door. NSF rated plastic shelving may be used in areas where moisture is persistent such as walk-in coolers and warewashing areas. Full point not taken
- 55 6-501.11; Core; Wall near hot water heater is damaged. Floors, walls, ceilings and physical facilities shall be kept in good repair. Repair this area. Others items have been repaired since previous inspection. Full point not taken.