# Food Establishment Inspection Report

Score: 97.5

Establishment Name: LA CARRETA

Establishment ID: 3034011165

Date: 02 / 28 / 2013 Status Code: A

Time In: 10 : 30 ⊗ am ○ pm Time Out: 01 : 15 ○ am ⊗ pm

Total Time: 2 hrs 45 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 137 JONESTOWN RD

City: WINSTON SALEM

State: NC Zip: 27104

County: 34 Forsyth

**Permittee:** LA CARRETA 3, INC.

**Telephone:**

⊗Inspection

○Re-Inspection

**Wastewater System:**

⊗Municipal/Community

○On-Site System

**Water Supply:**

⊗Municipal/Community

○On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection
R= Repeat Violation
VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

## 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 | ○ IN ⊗ OUT ○ N/A | PIC Present; Demonstration-Certification by accredited program and perform duties | ○ 2 ⊗ 0 | ○ | ○ | ○ |
| | **Employee Health** | .2652 | | | | |
| 2 | ○ IN ⊗ OUT | Management, employees knowledge; responsibilities & reporting | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| 3 | ○ IN ⊗ OUT | Proper use of reporting, restriction & exclusion | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| | **Good Hygienic Practices** | .2652, .2653 | | | | |
| 4 | ○ IN ⊗ OUT | Proper eating, tasting, drinking, or tobacco use | ○ 2 ⊗ 1 ○ 0 | ○ | ○ | ○ |
| 5 | ⊗ IN ○ OUT | No discharge from eyes, nose, and mouth | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Preventing Contamination by Hands** | .2652, .2653, .2655, .2656 | | | | |
| 6 | ⊗ IN ○ OUT | Hands clean & properly washed | ○ 4 ○ 2 ○ 0 | ○ | ○ | ○ |
| 7 | ⊗ IN ○ OUT ○ N/O | No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 8 | ⊗ IN ○ OUT | Handwashing sinks supplied & accessible | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Approved Source** | .2653, .2655 | | | | |
| 9 | ⊗ IN ○ OUT | Food obtained from approved source | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 10 | ○ IN ○ OUT ⊗ N/O | Food received at proper temperature | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 11 | ⊗ IN ○ OUT | Food in good condition, safe & unadulterated | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 12 | ○ IN ○ OUT ○ N/A ⊗ N/O | Required records available: shellstock tags, parasite destruction | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Protection from Contamination** | .2653, .2654 | | | | |
| 13 | ⊗ IN ○ OUT ○ N/A ○ N/O | Food separated & protected | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 14 | ⊗ IN ○ OUT | Food-contact surfaces: cleaned & sanitized | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 15 | ⊗ IN ○ OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Potentially Hazardous Food TIme/Temperature** | .2653 | | | | |
| 16 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cooking time & temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 17 | ○ IN ○ OUT ○ N/A ⊗ N/O | Proper reheating procedures for hot holding | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 18 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cooling time & temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 19 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper hot holding temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 20 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cold holding temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 21 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper date marking & disposition | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 22 | ○ IN ○ OUT ○ N/A ⊗ N/O | Time as a public health control: procedures & records | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Consumer Advisory** | .2653 | | | | |
| 23 | ⊗ IN ○ OUT ○ N/A | Consumer advisory provided for raw or undercooked foods | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Highly Susceptible Populations** | .2653 | | | | |
| 24 | ⊗ IN ○ OUT ○ N/A | Pasteurized foods used; prohibited foods not offered | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| | **Chemical** | .2653, .2657 | | | | |
| 25 | ⊗ IN ○ OUT ○ N/A | Food additives: approved & properly used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 26 | ⊗ IN ○ OUT ○ N/A | Toxic substances properly identified stored, & used | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Conformance with Approved Procedures** | .2653, .2654, .2658 | | | | |
| 27 | ⊗ IN ○ OUT ○ N/A | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |

# Food Establishment Inspection Report, continued

Establishment Name: LA CARRETA  Establishment ID: 3034011165

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

   IN= In Compliance, OUT= Not in compliance
   N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

   CDI= Corrected during Inspection
   R= Repeat Violation
   VR= Verification Required

   Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Francisco Lopez
Person in Charge (Print)

Francisco Lopez
Person in Charge (Signature)

Clark Sizemore
Regulatory Authority (Print)

Clark Sizemore
Regulatory Authority (Signature)

Contact Number: (336) 703-3128

Verification Required Date: ___/___/_____

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 4

No. of Repeat Risk Factor/Intervention Violations: _____

## 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 | | | | |
| 28 | ⊗ IN ○ OUT | Pasteurized eggs used where required | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 29 | ⊗ IN ○ OUT | Water and ice from approved source | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 30 | ⊗ IN ○ OUT ○ N/A | Variance obtained for specialized processing methods | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Food Temperature Control** | .2653, .2654 | | | | |
| 31 | ⊗ IN ○ OUT | Proper cooling methods used; adequate equipment for temperature control | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 32 | ⊗ IN ○ OUT ○ N/A ○ N/O | Plant food properly cooked for hot holding | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 33 | ⊗ IN ○ OUT ○ N/A ○ N/O | Approved thawing methods used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 34 | ⊗ IN ○ OUT | Thermometers provided & accurate | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Food Identification** | .2653 | | | | |
| 35 | ⊗ IN ○ OUT | Food properly labeled: original container | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Prevention of Food Contamination** | .2652, .2653, .2654, .2656, .2657 | | | | |
| 36 | ⊗ IN ○ OUT | Insects & rodents not present; no unauthorized animals | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 37 | ⊗ IN ○ OUT | Contamination prevented during food preparation, storage & display | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 38 | ○ IN ⊗ OUT | Personal cleanliness | ○ 1 ⊗ 0.5 ○ 0 | ○ | ○ | ○ |
| 39 | ⊗ IN ○ OUT | Wiping cloths: properly used & stored | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 40 | ⊗ IN ○ OUT | Washing fruits & vegetables | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Proper Use of Utensils** | .2653, .2654 | | | | |
| 41 | ⊗ IN ○ OUT | In-use utensils: properly stored | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 42 | ⊗ IN ○ OUT | Utensils, equipment & linens: properly stored, dried & handled | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 43 | ⊗ IN ○ OUT | Single-use & single-service articles: properly stored & used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 44 | ⊗ IN ○ OUT | Gloves used properly | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Utensils and Equipment** | .2653, .2654, .2663 | | | | |
| 45 | ○ IN ⊗ OUT | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | ○ 2 ⊗ 1 ○ 0 | ○ | ○ | ○ |
| 46 | ⊗ IN ○ OUT | Warewashing facilities: installed, maintained, & used; test strips | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 47 | ⊗ IN ○ OUT | Non-food contact surfaces clean | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Physical Facilities** | .2654, .2655, .2656 | | | | |
| 48 | ⊗ IN ○ OUT | Hot & cold water available; adequate pressure | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 49 | ⊗ IN ○ OUT | Plumbing installed; proper backflow devices | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 50 | ⊗ IN ○ OUT | Sewage & waste water properly disposed | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 51 | ⊗ IN ○ OUT | Toilet facilities: properly constructed, supplied & cleaned | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 52 | ⊗ IN ○ OUT | Garbage & refuse properly disposed; facilities maintained | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 53 | ○ IN ⊗ OUT | Physical facilities installed, maintained & clean | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| 54 | ⊗ IN ○ OUT | Meets ventilation & lighting requirements; designated areas used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | | Total Deductions: | 2.5 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: LA CARRETA

Establishment ID: 3034011165

Date: 02/28/2013

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 137 JONESTOWN RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

**Wastewater System:** ⊗ Municipal/Community ○ On-Site System

**Water Supply:** ⊗ Municipal/Community ○ On-Site System

**Permittee:** LA CARRETA 3, INC.

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| beef | make unit | 37 | hamburger | cooked to | 191 | | | |
| cheese | make unit | 38 | cheese | cooler | 44 | | | |
| onions, | make unit | 35 | beef | cooler | 38 | | | |
| corn dogs | make unit | 32 | chicken | cooler | 40 | | | |
| chicken | under counter | 40 | beans | cooler | 39 | | | |
| steak | under counter | 35 | cheese sauce | ice bath | 43 | | | |
| chciken | cooked to | 166 | sour cream | ice bath | 40 | | | |
| beans | cooked to | 192 | | | | | | |

## 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.

Spell

1 The person in charge of the restaurant at the time of inspection after 1-1-14must have to food safety certification. 2-102.12

2 The person in charge of the restaurant must inform each employee of when not to report to work due to illness. 2-103.11,2-201.11

3 The person in charge of the restaurant must inform employees when to report food borne illness. 2-201.12

4 An employee drink with a lid and a straw must be stored away from an area storing clean dishes. 2-401.11

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: LA CARRETA Establishment ID: 3034011165

## 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.

38 One employee put on hair restraint after i arrived. 2-402.11

45 One split gasket; replace gasket. Need to remove rust from bottom shelf one work table and from bottom shelf of steam table. Need new knobs on all controls at flat top. Water in bottom of one make unit; repair this unit as needed. 4-201.11

53 A few base board tiles were loose and need to be re grouted on both side of cooking line. 6-201.11

# Comment Addendum to Food Establishment Inspection Report

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Establishment Name: LA CARRETA Establishment ID: 3034011165

## Observations and Corrective Actions

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Spell