Food Establishment Inspection Report

Establishment Name: MAGUEY MEXICAN RESTAURANT, EL Establishment ID: 3034011571

Date: 11 / 20 / 2012 Status Code: A					
Time In: $01:35 \otimes pm$ Time Out: $04:05 \otimes pm$					
Total Time: 2	hrs 30 minutes				
Category #: IN	/				
Establishment Type: Full-Service Restaurant					

Instructions:

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

Location Addres	SS: 4625 YADKINVILLE RD						
City: PFAFFTO	WN						
State: NC	Zip: ²⁷⁰⁴⁰						
County: 34 For	rsyth						
Permittee: EL							
Telephone:_(33	66) 924-6553						
⊗Inspection							
○Re-Inspection	○Re-Inspection						
Wastewater Sy							
⊗Municipal/Co	ommunity						
On-Site Syst	em						
Water Supply:							
⊗Municipal/Co	ommunity						
○On-Site Syst	em						

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

Score: 98.5

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Pu	Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Со	mpliance Statu	s	OUT	CDI	R	VR			
Su	Supervision .2652								
1		PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0			
En	nployee Health								
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0			
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0			
Go	od Hygienic P	Practices .2652, .2653							
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0			
5	Ø ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0			
Pre		amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0			
7	O & O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ⊗ 3 1.5 0	8	0	0			
8	⊗ ⊖ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0			
Ap	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
12	O O & O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Pro	otection from	Contamination .2653, .2654							
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0			
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 3 1.5 0	0	0	0			
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$\begin{array}{c c} 0 & 1.3 & 0 \\ \hline 0 & 0 & 0 \\ 2 & 1 & 0 \end{array}$	0	0	0			
Po	tentially Haza	rdous Food Time/Temperature .2653							
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0			
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0			
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0			
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0			
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0			
21	O 🗞 O O IN OUT N/A N/O	Proper date marking & disposition	○ ○ ⊗ 3 1.5 0	8	0	0			
22	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Со	nsumer Advis	sory .2653							
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0			
Hiç	hly Susceptil	ple Populations .2653							
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	O O O 3 1.5 0	0	0	0			
Ch	emical	.2653, .2657							
25	O O & IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0			
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0		0	0			
Со		th Approved Procedures .2653, .2654,	.2658						
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c} \bigcirc \bigcirc$		0	0			

Food Establishment Inspection Report, continued

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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

- 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:

Juan Ruiz

Person in Charge (Print)

Juan Ruiz

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 3

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								
		od and V		001	СЫ	R	VK		
28	8	0	Pasteurized eggs used where required	000		0	0		
29	IN	OUT	Water and ice from approved source	1 0.5 0	0	0	0		
	IN O	OUT	2 1 0		_				
30	IÑ O	1 0.5 0	0	0	0				
	8	0	ure Control .2653, .2654 Proper cooling methods used; adequate equipment for	000		0			
31	IN O	OUT	temperature control	1 0.5 0	0	_	0		
32	IN OU	TN/A N/C	Plant food properly cooked for hot holding	1 0.5 0	0	0	0		
33	-	T N/A N/O	Approved thawing methods used	1 0.5 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	1 0.5 0	0	0	0		
		entificat							
35	⊗ IN	OUT	Food properly labeled: original container	2 1 0	0	0	0		
Pr			ood Contamination .2652, .2653, .2654, .265	<u> </u>					
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2 1 0	0	0	0		
37	O IN	⊗ OUT	Contamination prevented during food preparation, storage & display	○ ⊗ ○ 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr		Jse of U	tensils .2653, .2654						
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	0	0	0		
42	O IN	⊗ OUT	Utensils, equipment & linens: properly stored, dried & handled	O & O 1 0.5 0	0	0	0		
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 0	0	0	0		
44	⊗ IN	OUT	0 0 0	0	0	0			
Ut			uipment .2653, .2654, .2663						
45	⊗ IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0		
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0		
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0 1 0.5 0	0	0	0		
Pł	nysica	l Faciliti	es .2654, .2655, .2656	<u>'</u>					
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	0 0 0 2 1 0	0	0	0		
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	0 0 0 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	0 0 0 2 1 0	0	0	0		
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied						
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0 1 0.5 0	0	0	0		
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 0 1 0.5 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0 1 0.5 0	0	0	0		
			Total Deductions:	1.5					

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section ● Food Protection Program

Comment Addendam to Food Establishment inspection Report								
Establishment Name: MAGUEY MEXICAN RESTAURANT, EL	Establishment ID: 3034011571	Date: 11/20/2012						
Location Address: 4625 YADKINVILLE RD City: PFAFFTOWN State: NC County: 34 Forsyth Zip: 27040		Status Code: A Category #: IV Email 1:						
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System Permittee: EL MAGUEY INC		Email 2: Email 3:						
Telephone: (336) 924-6553	Observations							

	Temperature Observations							
ltem chicken fajita	Location cook temp	Temp 189	Item raw beef	Location drawer cooler	Temp 37	Item	Location	Temp
chorizo	cook temp	195	beans	walk-in cooler	41			
white rice	steam table	155	chicken	walk-in cooler	41			
beans	steam table	145	air temp	walk-in cooler	43			
chicken	steam table	155	hot water	utensil sink	145			
tomatoes	make unit	40	wash temp	dishmachine	150			
carnitas	make unit	40	final rinse	dishmachine	164			
cheese	ice bath	41	air temp	bar cooler	42			

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.

2 0-pts. New Rule. An employee heath policy needs to be implemented.



- 7 0-pts. Gloves were not being worn at the beginning of the inspections. Management was unsure of the stat date of the new rules. Gloves were worn for the rest of the inspection.
- 21 0-pts. New Rule. Be sure to date mark potentially hazardous ready to eat foods that are going to be held for more than 24 hours.

There was a condensation leak in the walk in freezer that had dripped into an open box of mixed vegetables. CDI-vegetables were voluntarily disposed of. Do not store open boxes of food beneath this leak until it has been repaired. New Rule. Some of seafood had been iced down for cold storage-do not use ice in contact with food for storage.



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Spell

42 Several pans were stacked wet. Be sure to allow pans to air dry before stacking.



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