Food Establishment Inspection Report

Score: 94

Establishment Name: MOONEY S MEDITERRANEAN RESTAURANT Establishment ID: 3034011934

Date: 10 / 31 / 2012 Status Code: A

Time In: 09 : 30 ⊗ am ○ pm Time Out: 12 : 25 ○ am ⊗ pm

Total Time: 2 hrs 55 minutes

Category #: IV

Establishment Type:

Instructions:

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

Location Address: 101 W FOURTH STREET

City: WINSTON SALEM

State: NC Zip: 27101

County: 34 Forsyth

Permittee: BLUE MOON RESTAURANT

Telephone: (336) 722-4222

⊗ 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: MOONEY S MEDITERRANEAN RESTAURANT Establishment ID: 3034011934

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:

x Ameen David
Person in Charge (Print)

x A. [illegible]
Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)

[illegible]
Regulatory Authority (Signature)

Contact Number: (____) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 7

No. of Repeat Risk Factor/Intervention Violations: 1

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:	6			

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011934

Date: 10/31/2012

Status Code: A

Category #: IV

Email 1: mooney@mooneysmedcafe.

Email 2:

Email 3:

Location Address: 101 W FOURTH STREET

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27101

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

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

Permittee: BLUE MOON RESTAURANT CORPORATION

Telephone: (336) 722-4222

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
rice	walk-in cooler	41						
hummus	walk-in cooler	41						
tomatoes	make unit	36						
lettuce	make unit	39						
hummus	make unit corner	38						
hot water	prep sink	133						
hot water	wash vat	109						

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 PIC did not meet requirements for demonstrating food safety knowledge. The PERSON IN CHARGE shall demonstrate this knowledge by being a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.

2 Employee health policy is not implemented. FOOD EMPLOYEES and CONDITIONAL EMPLOYEES must be informed of their responsibility to report in accordance with LAW, to the PERSON IN CHARGE, information about their health and activities as they relate to diseases that are transmissible through FOOD, as specified under ¶ 2-201.11(A). Owner given information to begin developing plan.

4 Employee drinks were stored improperly next to food that was in process. Drinks were stored uncovered. A FOOD EMPLOYEE may drink from a closed BEVERAGE container if the container is handled to prevent contamination of:
(1) The EMPLOYEE'S hands;
(2) The container; and
(3) Exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.
CDI

13 Ground beef was thawing with steak in the walk-in cooler. Separate items to prevent cross contamination by final cook temperature. Items requiring lower final cook temperatures shall be stored above items requiring higher cook temperatures. Food was found stored on the floor of the walk-in freezer and kitchen. Keep food items stored off the floor. CDI

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Spell

14 Can opener, plates, and pans needed additional cleaning. Sanitizer was too strong in the bottle. Maintain sanitizer at 50 - 200 ppm for chlorine. Items were sent for rewashing as corrective action. Sanitizer adjusted lower to 50-200 ppm during inspection.

17 Soup placed on hot holding unit for reheating. Reheat items on the stove before placing into hot holding. Soup prepared on-site shall be reheated to 165 F before placing into hot holding. Item reheated on stove.

26 Four chemical bottles contained faded labels or were missing. Ensure chemical bottles are labeled with common name. Bottles labeled during inspection.

31 Hummus made at room temperature was placed in the walk-in cooler to cool in a large portion with a lid tightly covering the product. Place items in a thin, small portion and loosely cover to promote quicker cooling.

34 Thermometer was 10 degrees of correct temperature. Properly calibrate.

35 Food item in unlabeled container was not readily identifiable. Label containers with the name of the contents inside.

42 Dishes stacked wet. Air dry dishes before stacking.

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Spell

45 Walk-in freezer leak must be corrected. Repair. Recommend using a storage cart to keep items off the floor.

49 Ensure proper backflow prevention is installed on the soda machine and tea urn.

53 Walls and ceilings are need of repair. Make proper repairs.

Spell check complete

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Spell