and Establishment Inspection Depart

Score: 91.5																
Establishment Name: SENOR BRAVO Establishment ID: 3034011987																
					ess: 241 S MARSHALL STREET	-							X Inspection ☐ Re-Inspection			
City: WINSTON SALEM State: NC									Date: 10 / 17 / 20 13 Status Code: A							
	•								Time In: $01:40\%$ pm Time Out: $05:30\%$ pm							
	Zip: 27101 County: 34 Forsyth								Total Time: 3 hrs 50 minutes							
	Permittee: SENOR BRAVO, INC.								Category #: IV							
Tel	ep	hc	ne	: <u>(</u>	(336) 725-1888											
Wa	Wastewater System: ⊠Municipal/Community □On-Site System System									stem FDA Establishment Type: Full-Service Restaurant No. of Risk Factor/Intervention Violations: 6						
Water Supply: ⊠Municipal/Community □ On-Site Supply													Risk Factor/Intervention Violations Repeat Risk Factor/Intervention Violation			
, , , , , , , , , , , , , , , , , , , ,											0. (J1 1	•		_	_
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.									Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,							
	Public Health Interventions: Control measures to prevent foodborne illness or IN OUT N/A N/O Compliance Status				and physical objects into foods. IN OUT N/A N/O Compliance Status OUT CDI R VR											
		out visi		N/O	Compliance Status .2652	OUT	CDI F	R VR	Safe		$\overline{}$	$\overline{}$	Compliance Status ater .2653, .2655, .2658	OUT C	CDI R	R VR
$\overline{}$	_	X			PIC Present: Demonstration-Certification by	2 🗶		ПП	28 🗆			u w	Pasteurized eggs used where required	1 0.5 0 [TF	$\overline{\Box}$
			e He	alth	accredited program and perform duties .2652		1-1-	7	29 🔀	=			Water and ice from approved source	210	#	#
$\overline{}$	×				Management, employees knowledge; responsibilities & reporting	3 1.5 0					5		Variance obtained for specialized processing		#	\pm
-	X				Proper use of reporting, restriction & exclusion	3 1.5 0	1-1-	╗	30	LT	×		methods	1 0.5 0	<u> </u>	<u> </u>
	_	Ну	gien	ic Pr	ractices .2652, .2653				31		iper	alur	e Control .2653, .2654 Proper cooling methods used; adequate	10501		1
4	X				Proper eating, tasting, drinking, or tobacco use	2 1 0				H			equipment for temperature control		#	#
5	X				No discharge from eyes, nose or mouth	1 0.5 0			32 🗆				Plant food properly cooked for hot holding	1 0.5 0	4	#
Pr	eve	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				33 🗆		Ш	X	Approved thawing methods used	1 0.5 0	뿌	#
6		X			Hands clean & properly washed	4 🗶 0			34				Thermometers provided & accurate	1 0.5 0		10
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0			Food	$\overline{}$	ntific	atio			TE	-
8		X			Handwashing sinks supplied & accessible	2 🗶 0			35 🗆	X	n of	Foo	Food properly labeled: original container d Contamination .2652, .2653, .2654, .2656, .265	2 1 🗶		<u> </u>
Aj	opro	ovec	d So	urce	.2653, .2655				36 🗆	X	11 01	FUC	Insects & rodents not present; no unauthorized	X10[TE	$\overline{\Box}$
9	X				Food obtained from approved source	2 1 0				-			animals Contamination prevented during food	+	#	\pm
10				X	Food received at proper temperature	2 1 0			37 🗆	X			preparation, storage & display	211	4	#
11	X				Food in good condition, safe & unadulterated	2 1 0			38	-			Personal cleanliness	1 0.5 0	4	44
12	X				Required records available: shellstock tags, parasite destruction	2 1 0		10	39 🔀				Wiping cloths: properly used & stored	1 0.5 0	4	卫
		ctio	n fro	om C	Contamination .2653, .2654				40				Washing fruits & vegetables	1 0.5 0		<u> </u>
13	X				Food separated & protected	3 1.5 0							ensils .2653, .2654		J.	
14		X			Food-contact surfaces: cleaned & sanitized	3 1.5			41 🔀				In-use utensils: properly stored	1 0.5 0	4	#
15	X				Proper disposition of returned, previously served,	2 1 0		10	42 🗆	X			Utensils, equipment & linens: properly stored, dried & handled	1 🗷 0		10
		tial	ly Ha	azaro	reconditioned, & unsafe food dous Food TIme/Temperature .2653				43				Single-use & single-service articles: properly stored & used	1 0.5 0		
16				X	Proper cooking time & temperatures	3 1.5 0			44 🔀				Gloves used properly	1 0.5 0		一
17	X				Proper reheating procedures for hot holding	3 1.5 0			Uten	sils a	and I	Equi	pment .2653, .2654, .2663			
18				X	Proper cooling time & temperatures	3 1.5 0			45 🔀				Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	210		
19	X			П	Proper hot holding temperatures	3 1.5 0		10	46 🗵	\vdash			constructed, & used Warewashing facilities: installed, maintained, &	1 0.5 0	7	士
+	X				Proper cold holding temperatures	3 1.5 0				X			used; test strips		╬	#
+	X	_	\equiv			3 1.5 0			47 D		Faci	litio	Non-food contact surfaces clean S .2654, .2655, .2656			<u> </u>
+	_				Proper date marking & disposition Time as a public health control: procedures &				48 🔀			IIIIG	Hot & cold water available; adequate pressure	210	TF	П
22		Ш	X	الا	records	2 1 0			49 🗆				Plumbing installed; proper backflow devices	2 🗙 0	= -	===
	\neg	ullie	I AC	dviso	Consumer advisory provided for raw or	1 0.5			\vdash						_ -	#
			ısce	ptib	undercooked foods le Populations .2653			-1	50 🗵				Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied	2 1 0	4	#
Т	g		X		Pasteurized foods used; prohibited foods not offered	3 1.5 0			51 🗆	×	Ш		& cleaned	1 0.5 🗶	뽀	#
		ical			.2653, .2657				52 🔀				Garbage & refuse properly disposed; facilities maintained	1 0.5 0		
25			X		Food additives: approved & properly used	1 0.5 0			53 🗆	×			Physical facilities installed, maintained & clean	1 🗷 0		
26		×			Toxic substances properly identified stored, & used	2 🗶 0			54 🗵				Meets ventilation & lighting requirements; designated areas used	1 0.5 0		ī
Co	onfo	rma	ance	wit	h Approved Procedures .2653, .2654, .2658									105		





Total Deductions: 8.5

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan

Establishm	ent Name: SENOR E	BRAVO			Establishment ID: 3034011987						
Location	Address: 241 S MARS	SHALL STRE	ET			Re-Inspection	Date: 10/17/2013	3			
City: WIN	STON SALEM			ate: NC	<u></u>		Status Code: A				
County: 3			Zip: ²⁷¹⁰¹				Category #: _\frac{1}{2}				
Wastewate	r System: 🗷 Municipal/C	ommunity 🗌	On-Site System		Email 1. lopino	kard@triad.rr.com	3 , _				
Water Supp			On-Site System								
	SENOR BRAVO, IN	<u>. </u>			Email 2:						
relephon	e: (336) 725-1888				Email 3:						
					oservations						
Item cheese	Location steam table	Temp 140	Item raw fish	Location prep unit	Te 44	emp Item	Location	Temp			
chicken	steam table	150	cook chick	walkin refri	g 44						
beef	steam table	160	beans	walkin refri	g 43						
rice	steam table	150									
lettuce	prep unit	42									
tomatoes	prep unit	43									
cabbage	prep unit	43	-								
raw chick	prep unit	42									
		(Observatio	ns and Co	rrective Action	ons					
Without	2 Cleaning Procedure all of the required ele	ments at a l	nand wash sii	nk, proper ha	nd washing can	not be conducted.					
at all tim 6-301.14 wash sig	I Handwashing Clear es for proper hand wa I Handwashing Signa gns were provided and athroom sink.	ashing. ige - C - No	hand wash s	igns were po	sted at any hand	wash sinks. 5 Englis	sh and 5 Spanish I	nand			
Person in Ch	arge (Print & Sign):	<i>Fi</i> Salvador	rst	La Bravo	ast —	Son	<u>S.</u>				
Regulatory A	uthority (Print & Sign)		rst	Stone La	ast A	Lynn B	Stone, le	ehs_			
	REHS ID	1286 - S	tone, Lynn		Ve	erification Required Dat	e://				
REHS	Contact Phone Number	(336)	703-31	3 7							



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-		1 to Food Establishinent inspection Report
E	Establishment Name: SENOR BRAVO	Establishment ID: 3034011987
		ervations and Corrective Actions ted within the time frames below, or as stated in sections 8-405.11 of the food code.
14		P - The chlorine sanitizer had to be primed in order for the test strip to register est the sanitizer strength of the dish machine at the start of each cycle in order to
23	Raw oysters are served. A Consumer Advisory poultry, seafood, shellfish, or eggs may increas	re Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens - PF - was must be posted that states - for example - Consuming raw or undercooked meats, se your risk of food borne illness, especially if you have certain medical conditions. The menu are served raw or undercooked by flagging the item on the menu or listing the
26	7-102.11 Common Name-Working Containers shall be labeled with the contents of the bottle.	- PF - Multiple spray bottles with no labeling as to contents. Spray bottles or buckets
35		with Common Name of Food - C - Multiple containers with white food product were dily identified, working containers holding food or food ingredients that are removed ith the common name of the food.
36		een throughout the kitchen during the inspection. Complaint had been received from I crawling out of their plate of food. Major cleaning would help with this problem and
37		et with Water or Ice - C -4 Pans of raw shrimp and fish were in refrigerators. Raw eived that way. If it is stored in ice the container must be able to drain.
42		ing Contamination - C - Clean utensils (knives, forks, spoons) are stored with the d with the handle up so that the eating end is not touched by employees.





Comment Addendum to Food Establishment Inspection Report

Establishment Name: SENOR BRAVO Establishment ID: 3034011987

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.



- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C The ice machine has a mildew build up inside and needs to be thoroughly cleaned. All equipment throughout the kitchen needs to be cleaned tables, refrigerators, shelves, drawers, legs, sinks, under sides of shelves and equipment, etc. The drink fountain nozzles had a build up due to lack of cleaning. These need to be removed and cleaned in hot soapy water regularly. They were thoroughly cleaned during the inspection. Several of the small refrigerators at the cook line had water standing in the bottom. These units need to be repaired to resolve this problem.
- 49 5-205.15 System Maintained in Good Repair P The hot water handle at the bar hand wash sink was missing. This must be repaired in order for employees to conduct proper hand washing.
- 51 5-501.17 Toilet Room Receptacle, Covered The women's bathroom shall be provided with a covered receptacle for feminine hygiene products.
- 6-201.11 Floors, Walls and Ceilings-Cleanability C There are many broken and missing floor tiles that need to be replaced. The floor needs to be cleaned under equipment, in corners, around wall edges. The walls need to be cleaned around prep, cooking, and dish wash areas where splash has occurred.





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