Г(—	JU	u	ᆫ	31	tablistiment inspection	1 1/7	<u> </u>	UI I						3	core: <u>98</u>	
Es	Establishment Name: MONTE DE REY OF HARPER									Establishment ID: 3034012012						
					ress: 4110 HARPER RD											
Cit	City: CLEMMONS State: NC								Date: 07 / 03 / 2013 Status Code: A							
):): _				County: 34 Forsyth	Olai					Time In: $0 \ 2 : 0 \ 0 \ \infty \ pm$ Time Out: $0 \ 5 : 5 \ 5 \ \infty \ pm$					
					MONTE DEY REY OF HARPER INC.						Total Time: 3 hrs 55 minutes					
Pe	rm	itte	e:	-	WONTE DET RET OF HARFER INC.						Category #: IV					
	lep										_		_	stablishment Type:		
Wa	ast	ew	ate	er (System: 🛛 Municipal/Community	Or	า-Si	te S	yste	m					4	
Wa	Wastewater System: ⊠Municipal/Community □On-Site System No. of Risk Factor/Intervention Violations: 4 No. of Repeat Risk Factor/Intervention Violations:															
F	000	dbo	rne	e III	ness Risk Factors and Public Health In	terver	ntior	าร		Good Retail Practices						
					ibuting factors that increase the chance of developing food					Go	od Re	etai	Pract	tices: Preventative measures to control the addition of pate	hogens, chemicals,	
P					ventions: Control measures to prevent foodborne illness of			DI R	<u></u>	T.N.	OUT	- I N/	A N/O		OUT COL D VD	
S	uper		N/A on	N/O	Compliance Status .2652	OUT	CI	ן א ןוע				_	nd W	Compliance Status ater .2653, .2655, .2658	OUT CDI R VR	
$\overline{}$	X	$\overline{}$			PIC Present; Demonstration-Certification by accredited program and perform duties	2	0		-	3 🗷	_		1	Pasteurized eggs used where required	1 0.5 0	
\vdash	mplo			alth						9 🗵	+	-		Water and ice from approved source	210	
2		X			Management, employees knowledge; responsibilities & reporting	3 1.5	X		30	+-		×	7	Variance obtained for specialized processing		
3	X				Proper use of reporting, restriction & exclusion	3 1.5	0		⊓⊫			_		methods e Control .2653, .2654		
G	ood	Нус	jieni	ic P	ractices .2652, .2653					1 🗵	$\overline{}$	lipe	latui	Proper cooling methods used; adequate	1 0.5 0	
4	X				Proper eating, tasting, drinking, or tobacco use	2 1	0			2 🔀	_	┢		equipment for temperature control Plant food properly cooked for hot holding		
5	X				No discharge from eyes, nose or mouth	1 0.5	0		$\Box \vdash$	+	+	+	+		++++++++++++++++++++++++++++++++++++	
Pı	eve	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656					3 -	+	┞		Approved thawing methods used		
6	X				Hands clean & properly washed	4 2	0		╙╢┕	4 🗀		. 1'6		Thermometers provided & accurate	1 0.5 🗶 🗆 🗆	
7	×				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0			-000	$\overline{}$	_	icatio	n .2653 Food properly labeled: original container		
8	X				Handwashing sinks supplied & accessible	2 1	0					_	of Foo	od Contamination .2652, .2653, .2654, .2656, .26		
Approved Source .2653, .2655					36	$\overline{}$	$\overline{}$			Insects & rodents not present; no unauthorized	2 X 0					
9	X				Food obtained from approved source	2 1	0			7 [+			animals Contamination prevented during food		
10				X	Food received at proper temperature	2 1	0		Ⅱ⊢	+	+	_		preparation, storage & display		
11	X				Food in good condition, safe & unadulterated	2 1	0		- 11 ⊢	3 🗵	+-			Personal cleanliness	1 0.5 0	
12			X		Required records available: shellstock tags, parasite destruction	2 1	0		Ш⊢	9 🗵	+-			Wiping cloths: properly used & stored	1 0.5 0	
Р	rote	ctio	n fro	m (Contamination .2653, .2654							_	1	Washing fruits & vegetables	1 0.5 0	
13	X				Food separated & protected	3 1.5	0			_	_	_	of Ute	ensils .2653, .2654	1 0.5 0	
14		X			Food-contact surfaces: cleaned & sanitized	3 1.5	X		 □ ⊢	+			+	In-use utensils: properly stored Utensils, equipment & linens: properly stored,		
15	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	, 2 1	0		42	2 _				dried & handled	1 0.5 🗶 🗆 🗆	
\vdash		tiall	y Ha	azar	dous Food Time/Temperature .2653				43	3 🗷				Single-use & single-service articles: properly stored & used	1 0.5 0	
16	X				Proper cooking time & temperatures	3 1.5	0 [□ 44	4 🗵				Gloves used properly	1 0.5 0	
17				X	Proper reheating procedures for hot holding	3 1.5	0			Jten	sils	and	l Equ	pment .2653, .2654, .2663		
18	×				Proper cooling time & temperatures	3 1.5	0 [45	5				Equipment, food & non-food contact surfaces approved, cleanable, properly designed,		
\vdash	×	П		П	Proper hot holding temperatures	3 1.5	ПГ	17	J 46	5 🗆				constructed, & used Warewashing facilities: installed, maintained, &	1 0.5 🗶	
\vdash	×				Proper cold holding temperatures	3 1.5			⊣⊢	-	+-	-		used; test strips		
H			_	Ξ		3 1.5			\dashv \vdash	7 X		Fa	cilitie	Non-food contact surfaces clean s .2654, .2655, .2656	1 0.5 0	
21		X			Proper date marking & disposition Time as a public health control: procedures &					3 X	$\overline{}$	$\overline{}$		Hot & cold water available; adequate pressure	210	
22	onsi	LIMA C	X r Ad	lvic	records	2 1	0		╙		+	۲	_	Plumbing installed; proper backflow devices		
23	OHS	ume		10120	Consumer advisory provided for raw or	1 0.5	XX		=-		+	-				
\vdash	ighl		sce	ptib	undercooked foods . le Populations .2653	التاب	- 9	السال	\sqcap \vdash	╁	+	-	+	Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied		
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5	0		51	<u> </u> _	+	L]	& cleaned	1 0.5 🗶 🗆 🗆	
\vdash	hem	ical			.2653, .2657				52	2 🗆		L		Garbage & refuse properly disposed; facilities maintained	1 0.5 🗶 🗆 🗆	
25		ַ□	X		Food additives: approved & properly used	1 0.5	0		□ 5 3	3 🗆				Physical facilities installed, maintained & clean	1 0.5 🗶 🗆 🗆	
26	X				Toxic substances properly identified stored, & used	2 1	0		□ 54	1 🗆				Meets ventilation & lighting requirements; designated areas used	1 0.5 🗶 🗆 🗆	
С	onfo	orma	ınce	wit	th Approved Procedures .2653, .2654, .2658							_		<u> </u>	1_	



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



Total Deductions: 2

Comment Addendant to 1 ood Establishment inspection Report						
Establishment Name: MONTE DE REY OF HARPER	Establishment ID: 3034012012					
Location Address: 4110 HARPER RD City: CLEMMONS State: NC County: 34 Forsyth Zip: 27012 Wastewater System: Municipal/Community □ On-Site System Water Supply: Municipal/Community □ On-Site System Permittee: MONTE DEY REY OF HARPER INC. Telephone:	MInspection ☐ Re-Inspection Email 1: Email 2: Email 3:	Date: 07/03/2013 Status Code: A Category #: IV				
Temperature Observations						

	Temperature Observations									
Item hot water	Location out of tap at utensil sink	Temp 127	Item gucamole	Location walk-in cooler	Temp 45	Item chicken (raw)	Location top of make unit	Temp 38		
wash water	utensil sink	94	beef (raw)	walk-in cooler	36	shrimp	top of make unit	40		
shredded	walk-in cooler	41	lettuce	top of make unit	33	beef	top of make unit	41		
diced	walk-in cooler	38	pico	top of make unit	33	rice	hot holding	159		
carnitas	walk-in cooler	35	gucamole	top of make unit	37	refried beans	hot holding	153		
cooked	walk-in cooler	35	diced	top of make unit	35	ground beef	hot holding	166		
chicken (raw)	walk-in cooler	37	sour cream	top of make unit	39	chicken	hot holding	165		
black beans	walk-in cooler	37	shredded	top of make unit	39	cheese dip	hot holding	161		

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.

No employee health policy available. See handout for use or as an example.



- Be sure to clean fountain heads nightly. Build up noted on both drink fountains (kitchen and bar). Spray bottles of sanitizer were weak, want 25-100 ppm using chlorine.
- 21 Be sure to date mark all foods, use handouts for guidance.

Person in Charge (Print & Sign):

Sotero Lóper

Sotero López

Regulatory Authority (Print & Sign):

REHS ID: 1158 - Long, C. Kentt

_ Verification Required Date: ___ / ___ / ____/

REHS Contact Phone Number: (336) 703 - 3136





Establishment Name: MONTE DE REY OF HARPER Establishment ID: 3034012012

Observations	and (Corrective	Actions
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Spell

Consumer advisory required for foods that are undercooked or served raw to customers (ceviche, steak, hamburgers, etc.).

Disclosure and reminder statements need to be posted on menu, table tents, placards, etc. Foods cooked to order must be named or an asterisk must be placed beside food items cooked to order referencing customers back to disclosure statement. Disclosure statements shall read " Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness or Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions."

34	Need to have probe type of food	thermometer, when taking temperatures	of thin meat patties or fish fillets.
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35	I abel all dry	/ food containers	(cinnamon an	d sugar.	etc.)

Fly problem noted today. Consult with PCO for treatment options.

37 Some foods not covered inside walk-in freezer and cooler. (shredded cheese, shrimp, etc.). Tea urn not covered in bar.

42 Some pans, etc. were stacked together wet. Be sure to air dry utensils first, then can stack together.

Walk-in freezer has condensate problem (ice on floor in areas). Shelving starting to rust inside make units. Wire rack shelving (wall mounted) is rusty. GE chest freezer (for chilling mugs and glasses) is not ANSI certified (NSF, ETL or UL sanitation), removed whiled there. Some wear noted on individual colored and white cutting boards. Vegetable prep sink drain leaks.



36



Establishment Name:	MONTE DE REY OF HARPER	Establishment ID: 3034012012
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Ohserv	ations	and	Corre	octive	Actions
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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.

One faucet leaking on utensil sink (cold water).

Need covered receptacles in women's bathroom for disposal of sanitary napkins.

One dumpster lid is bowed in some.

53 Some floor cleaning (under chest freezer).

Lighting poor over commodes in women's bathroom (light out). Now required to have 20 foot candles of lighting over hand sinks and bathroom fixtures.





Establishment Name: MONTE DE REY OF HARPER Establishment ID: 3034012012

Observations and Corrective Actions

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