Food Establishment Inspection Report

Establishment Name: MONTE REAL Establishment ID: 3034012086

Date: <u>Ø 2</u> / <u>1 2</u> / <u>2 Ø 1 3</u> Status Code: A				
Time In: $\underline{\emptyset \ 1} : \underline{45 \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}}$ Time Out: $\underline{\emptyset \ 3} : \underline{20 \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}}$				
Total Time: 1 hr 35 minutes				
Category #: IV				
Establishment Type: Full-Service Restaurant				

Instructions:

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

Location Address:	1022 BETHANIA RURAL HALL RD					
City: RURAL HALL						
State: NC	Zip: ²⁷⁰⁴⁵					
County: 34 Forsyth						
Permittee: MONT						
Telephone:						
⊗Inspection						
○Re-Inspection						
Wastewater Syste						
⊗Municipal/Comr	•					
○On-Site System	1					
Water Supply:						
⊗Municipal/Comr	nunity					
○On-Site System	1					

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

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

Pul	blic Health Interv	ventions: Control measures to prevent foodborne illness	or injury.			
Со	mpliance Statu	s	OUT	CDI	R	VR
Su	pervision	.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	0	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, .2656	6			
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	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	0 0 0 3 1.5 0	0	0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0 0 2 1 0	0	0	0
Ро	tentially Hazai	rdous Food Time/Temperature .2653				
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0
17	OOO ⊗ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0
18	OOO ⊗ 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	Proper date marking & disposition	O O O 3 1.5 0	0	0	0
22	⊗ ○ ○ ○ 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	jhly Susceptik	ple Populations .2653				
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 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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Establishment Name: MONTE REAL	Establishment ID: 303401208
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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:

Regulatory Authority (Signature)

Contact Number:

Verification Required Date: __ / /

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/ Intervention Violations: 0

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 .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 0 0 29 0 0 0 Water and ice from approved source OUT ⊗ ○ ○ IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 8 0 0 0 1 0.5 0 ○ ○ ⊗ ○ Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 0 😵 \circ Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 41 0 0 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT 00 0 0 44 Gloves used properly 0 1 0.5 0 **Utensils** and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used OIN ⊗ OUT ○ **⊗** ○ 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 OUT 49 Plumbing installed; proper backflow devices 0 0 0

Sewage & waste water properly disposed

Garbage & refuse properly disposed;

facilities maintained

Toilet facilities: properly constructed, supplied

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

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

Total Deductions:

0 0

○ **⊗** ○ 1 0.5 0

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Establishment Name: MONTE REAL	Establishment ID: 3034012086	Date: 02/12/2013
Location Address: 1022 BETHANIA RURAL HALL RD		Status Code: A
City: RURAL HALL State: NC		Category #:IV
County: 34 Forsyth Zip: 27045		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: MONTE REAL INC.		Email 3:
Telephone:		

Temperature Observations								
Item Chicken	Location Grill	Temp 189	Item Raw shrimp	Location Reach in cooler	Temp 38	Item Fish	Location Walk in cooler	Temp 38
Shredded	Make unit	42	Raw beef	Reach in cooler	40			
Lettuce	Make unit	41	Raw chicken	Reach in cooler	40	Hot water	Three compartment sink	156
Diced	Make unit	42	Spanish rice	Hot bar	158	Chlorine	Sanitizing compartment	50
Sour cream	Make unit	42	Refried beans	Hot bar	149			
Chili rellenos	Lower make unit	41	Taco meat	Hot bar	154			
Sausage	Lower make unit	42	Chicken	Hot bar	158			
Diced	Reach in cooler	39	Cheese dip	Walk in cooler	39			

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

- 4-501.19 Manual Warewashing Equipment, Wash Solution Temperature Warewashing temperature recorded at 106 deg F warewashing solution must be maintained at a minimum temp of 110 deg F at all times try adding hot water periodically to ensure warewashing solution maintains 110 deg F at minimum
- 4-602.13 Nonfood Contact Surfaces Detailed cleaning needed around and on equipment such as inside bin handles and storage racks thoughout kitchen and walk in cooler
- 51 5-501.17 Toilet Room Receptacle, Covered Women's restroom missing covered waste bin must have covered waste bin

6-201.11 Floors, Walls and Ceilings-Cleanability - Broken and cracked floor tiles in kitchen area - exposed wood subfloor under grill in kitchen - repair as soon as possible so floor is easily cleanable and in good repair



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