

# Food Establishment Inspection Report

Score: 98

**Establishment Name:** MONTE DE REY MEXICAN RESTAURANT

**Establishment ID:** 3034012099

**Date:** 11 / 19 / 2012 **Status Code:** A

**Time In:** 10 : 40  am  pm **Time Out:** 01 : 40  am  pm

**Total Time:** 3 hrs 0 minutes

**Category #:** IV

**Establishment Type:** \_\_\_\_\_

**Instructions:**

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

**Location Address:** 4922 COUNTRY CLUB RD

**City:** WINSTON SALEM

**State:** NC **Zip:** 27104

**County:** 34 Forsyth

**Permittee:** MONTE DE REY OF COUNTRY CLUB, INC

**Telephone:** \_\_\_\_\_

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".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>												
<b>Risk factors:</b> Contributing factors that increase the chance of developing foodborne illness.												
<b>Public Health Interventions:</b> Control measures to prevent foodborne illness or injury.												
Compliance Status								OUT	CDI	R	VR	
<b>Supervision</b> .2652												
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
<b>Employee Health</b> .2652												
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
3	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Proper use of reporting, restriction & exclusion				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
<b>Good Hygienic Practices</b> .2652, .2653												
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper eating, tasting, drinking, or tobacco use				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		No discharge from eyes, nose, and mouth				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656												
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed				<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Handwashing sinks supplied & accessible				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
<b>Approved Source</b> .2653, .2655												
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe & unadulterated				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Protection from Contamination</b> .2653, .2654												
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
<b>Potentially Hazardous Food Time/Temperature</b> .2653												
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Time as a public health control: procedures & records				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Consumer Advisory</b> .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Consumer advisory provided for raw or undercooked foods				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
<b>Highly Susceptible Populations</b> .2653												
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Pasteurized foods used; prohibited foods not offered				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
<b>Chemical</b> .2653, .2657												
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Food additives: approved & properly used				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Toxic substances properly identified stored, & used				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658												
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>



# Food Establishment Inspection Report, continued

Establishment Name: MONTE DE REY MEXICAN RESTAURANT

Establishment ID: 3034012099

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:

Salvador Bernal  
Person in Charge (Print)

Salvador Bernal  
Person in Charge (Signature)

Clark Sizemore  
Regulatory Authority (Print)

Clark Sizemore  
Regulatory Authority (Signature)

Contact Number: ( 3 3 6 ) 7 0 3 - 3 1 2 8

Verification Required Date:     /     /    

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/  
Intervention  
Violations: 3

No. of Repeat Risk  
Factor/Intervention  
Violations:    

<b>Good Retail Practices</b>											
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Compliance Status								OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658											
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Food Temperature Control</b> .2653, .2654											
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	1	0	5	0	<input type="radio"/>	<input type="radio"/>	
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	1	0	5	0	<input type="radio"/>	<input type="radio"/>	
34	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Thermometers provided & accurate	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Food Identification</b> .2653											
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657											
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Proper Use of Utensils</b> .2653, .2654											
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Utensils and Equipment</b> .2653, .2654, .2663											
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Physical Facilities</b> .2654, .2655, .2656											
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Total Deductions:</b>								2			

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MONTE DE REY MEXICAN RESTAURANT

Establishment ID: 3034012099

Date: 11/19/2012

Location Address: 4922 COUNTRY CLUB RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site System

Permittee: MONTE DE REY OF COUNTRY CLUB, INC

Telephone: \_\_\_\_\_

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cooked pork	walk in	39	hamburger	steam table	168	dish machine	rinse	175
potatoes	walk in	39	beans	steam table	180			
beans	walk in	39	tomatoes	make unit	44			
cooked	walk in	39	cheese	make unit	45			
raw chicken	walk in	39	pepper and	make unit	42			
squash	make unit	42	shrimp	drawer	38			
raw chicken	make unit	45	beef	drawer	35			
chicken	steam table	154	hot water	fa-ucet	150			

## 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

- 2 Need to inform all employees of health policy and have each employee sign an agreement. 2-201.11
  
- 3 Each employee must be informed of the exclusions and restrictions concerting reportable diseases. 2-201.13
  
- 21 Food prepared in the restaurant and held in the walk in cooler for more that 24 hours shall be date marked with the date the food was placed in the refrigerator. 3-501.17
  
- 34 Both dial head food thermometers were checked an calibrated to 32 degrees F. 4-502.11



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- 45 Need to replace wire shelving where chemicals are stored. Need to repair the handle on one up right refrigerator; duct tape is not an approved repair. 4-201.11 After replacing wire rack use bus pan on wire rack to prevent the rack from rusting.
- 46 The wash water temperature in the wash vat of the three compartment sink was 95F today needs to be 110F.4-501.19
- 47 Need detail cleaning of top of dish machine.4-602.13
- 52 Do not store mops and brooms in corner at upright in serving area. 6-501.113

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## Observations and Corrective Actions

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✓  
Spell



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## Observations and Corrective Actions

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✓  
Spell

