Food Establishment Inspection Report

Establishment Name: EL PAISANO 1 Establishment ID: 3034012104

Date: <u>Ø 1</u> / <u>Ø 7</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: <u>Ø 4</u>	: <u>Ø Ø ⊗</u> am	Time Out:	: <u>06</u> : <u>20</u> ⊗	am pm			
Total Time:	2 hrs 20 minut	es					
Category #:	IV						
Establishment Type:							

Instructions:

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

Location Address: 2742 WAUGHTOWN STREET						
City: _WINSTON SALEM						
State: NC Zip: 27107						
County: 34 Forsyth						
Permittee: _EL PAISANO #1 INC.						
Telephone:						
⊗Inspection						
○Re-Inspection						
Wastewater System:						
⊗Municipal/Community						
○On-Site System						
Water Supply: ⊗Municipal/Community						
On-Site System						

- 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
- 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: 96

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Public Health Interventions: Control measures to prevent foodborne illness or injury.							
Со	mpliance	Statu	s	OUT	CDI	R	VR
Su	pervisio	n	.2652				
1	⊗ O IN OU	T N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0
En	ployee	_					
2		OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	0	0	0
3		O DUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0
Go		_	Practices .2652, .2653				
4		O DUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0
5	IN C	O DUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0
Pre		Cont	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	⊗ O IN OU	T 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 (O DUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0
Ap	proved	_	e .2653, .2655				
9	⊗ IN (O TUC	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
10	O OU		Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
11		TUC	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
12	O O (8 O /A N/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	O ⊗ (O O	Food separated & protected	○ ○ ⊗ 3 1.5 0	8	0	0
14	8	O	Food-contact surfaces: cleaned & sanitized	0 0 0 3 1.5 0	0	0	0
15	⊗ IN (O	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	⊗ ○ (IN OUT N) () /A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0
18	⊗ ○ (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	8	0	0
20	⊗ ○ (IN OUT N) /A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0
21	⊗ ○ (IN OUT N		Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0
22	O O (2 IN OUT N	⊗ ○ /A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0
Со	nsumer	Advis	ory .2653				
23	O O		Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0
Hiç	jhly Sus	ceptik	ple Populations .2653				
24	O O		Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0
Ch	emical		.2653, .2657				
25	⊗ ○ IN OU		Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0
26	⊗ O IN OU		Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Со	nformar		th Approved Procedures .2653, .2654,	.2658			
27		N/A ⊥	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c} \bigcirc \bigcirc$	0	0	0

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

Food Establishment Inspection Report, continued

Establishment Name: EL PAISANO 1 Establishment ID: 3034012104

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".

Person in Charge (Frint)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703 - 3166

Verification Required Date: ___/ ___/

REHS ID: _ 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 2 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										
		od and V			-					
28	⊗ IN	OUT	Pasteurized eggs used where required	1 0.		0	0	0		
29	⊗ IN	OUT	Water and ice from approved source	O (0	0	0		
30		○ ⊗ UT N/A	Variance obtained for specialized processing methods	O (0	0	0		
Fo	Food Temperature Control .2653, .2654									
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.		0	0	0		
32		O O	Plant food properly cooked for hot holding	1 0.		0	0	0		
33	⊗ ○ IN OUT	O O	Approved thawing methods used	1 0.		0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	1 0.		0	0	0		
_	-	entificat	ion .2653							
35	35 8 0 Food properly labeled: original container 0 0 0 0 0									
Pr		_	ood Contamination .2652, .2653, .2654, .265	5, .26						
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2 1	0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	O C 2 1		0	0	0		
38	⊗ IN	OUT	Personal cleanliness	1 0.		0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 C 1 0.		0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	1 0.		0	0	0		
Pr		Jse of U	tensils .2653, .2654							
41	IN	OUT	In-use utensils: properly stored	1 0.	5 0	0	0	0		
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.	5 0	0	0	0		
43	IN	OUT	Single-use & single-service articles: properly stored & used	1 0.	5 0	0	0	0		
44	⊗ IN	OUT	Gloves used properly	1 0.	_	0	0	0		
Ut			uipment .2653, .2654, .2663							
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1	0	0	0	0		
46	IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.	5 0	0	0	0		
47	IN	OUT	Non-food contact surfaces clean	1 0.	5 0	0	0	0		
Ph	<u>, </u>	Faciliti	es .2654, .2655, .2656					ı		
48	IN	OUT	Hot & cold water available; adequate pressure	2 1	0	0	0	0		
49	IN	OUT	Plumbing installed; proper backflow devices	2 1	0	0	0	0		
50	IN	OUT	Sewage & waste water properly disposed	2 1	0	0	0	0		
51	IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.	5 0	0	0	0		
52	IN	OUT	Garbage & refuse properly disposed; facilities maintained	1 0.	5 0	0	0	0		
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean	1 0.	5 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	1 0.		0	0	0		
			Total Deductions:	4						
			North Carolina Department of Health & Human Service	- D:						

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

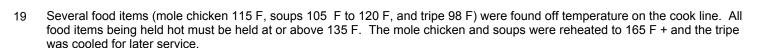
Establishment Name: EL PAISANO 1		Establishment ID: 3034012104	Date: 01/07/2013
Location Address: 2742 WAUGHTOWN	STREET		Status Code: A
			Category #:IV
County: 34 Forsyth 2	Zip: <u>²⁷¹⁰⁷ </u>		Email 1:
Wastewater System: ⊗ Municipal/Comm Water Supply: ⊗ Municipal/Comm			Email 2:
Permittee: EL PAISANO #1 INC.			Email 3:
Telephone:			

Temperature Observations								
Item beans	Location hot hold	Temp 174	Item cooked pork	Location walk in cooler	Temp 40	Item	Location	Temp
beef	hot hold	178	beans	walk in cooler	38			
chicken	hot hold	174	hot dog	walk in cooler	39			
pork	hot hold	175	hot water	3 comp sink	146			
cut tomatoes	make unit	40						
beef	walk in cooler	39						
cooked beef	walk in cooler	40						
cooked	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.

A sealed package of steaks was found on the top shelf above cheeses and produce in the walk in cooler. Keep all food items in refrigerated storage in order of final cook temperature. E.G. (from bottom to top shelves) poultry, ground beef, beef, pork, shell eggs, seafood, cooked / ready to eat / vegetables.



Repair the condensate leaks in the reach and walk in coolers. No evidence of food contamination was found today, but as condensate is considered waste water do not store food items below the damaged areas until the leaks area repaired. Reattach and reseal the shelf above the 3 comp sink to the wall. The handbag used to strain blended rice for horchata is not approved for use in this facility as a utensil. Replace it.

Repair the damaged area of the wall just above the hand sink in the men's restroom and in the rear storage area. Properly seal the base boards to the wall behind the reach in freezer units in the rear storage area.

Spell



Establishment Name: EL PAISANO 1 Establishment ID: 3034012104

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.





Establishment Name: EL PAISANO 1 Establishment ID: 3034012104

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.





Establishment Name: EL PAISANO 1 Establishment ID: 3034012104

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.



