

Food Establishment Inspection Report

Score: 96

Establishment Name: QDOBA MEXICAN GRILL

Establishment ID: 3034012126

Date: 04 / 08 / 2013 Status Code: A

Time In: 10 : 15 am pm Time Out: 01 : 25 am pm

Total Time: 3 hrs 10 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 945 HANES MALL BLVD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: Q-PIEDMONT RESTAURANTS, LLC

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".

Foodborne Illness Risk Factors and Public Health Interventions									
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Compliance Status						OUT	CDI	R	VR
Supervision .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"/>
Employee Health .2652									
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
Good Hygienic Practices .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"/>
Preventing Contamination by Hands .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"/>
Approved Source .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	Required records available: shellstock tags, parasite destruction		<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
Protection from Contamination .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
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized		<input type="radio"/> 3	<input checked="" 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"/>
Potentially Hazardous Food Time/Temperature .2653									
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper reheating procedures for hot holding		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
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
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
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
21	<input checked="" type="radio"/> IN	<input 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 type="radio"/> 0
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
Consumer Advisory .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
Highly Susceptible Populations .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
Chemical .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
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
Conformance with Approved Procedures .2653, .2654, .2658									
27	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input 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 checked="" type="radio"/> 0



Food Establishment Inspection Report, continued

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Establishment ID: 3034012126

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:

First Last
michael montgomery

Person in Charge (Print)

Michael Montgomery

Person in Charge (Signature)

First Last
Clark Sizemore

Regulatory Authority (Print)

Clark Sizemore
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3128

Verification Required Date: ___ / ___ / ___

REHS ID: 944 - Sizemore, Clark

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		
Safe Food and Water .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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A	Variance obtained for specialized processing methods			1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A	Plant food properly cooked for hot holding			1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A	Approved thawing methods used			1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification .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"/>
Prevention of Food Contamination .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 type="radio"/> IN	<input checked="" type="radio"/> OUT	Personal cleanliness					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/> IN	<input checked="" 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"/>
Proper Use of Utensils .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"/>
Utensils and Equipment .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 checked="" type="radio"/> IN	<input 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"/>
Physical Facilities .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 checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" 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"/>
Total Deductions:							4						

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012126

Date: 04/08/2013

Location Address: 945 HANES MALL BLVD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: Q-PIEDMONT RESTAURANTS, LLC

Telephone: _____

Status Code: A

Category #: IV

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
pre cooked	cooler	34	lettuce	amke unit	42	chicken	steam table	157
corn	cooler-	36	white rice	steam table	149	beef	steam table	138
black beans	cooler	40	brown rice	steam table	145	ground beef	steam-table	135
pinto beans	cooler	37	guacamole	cold holding	40			
raw chicken	cooler	36	sour cream	cold holding	39			
beef	warmer	175	cheese	cold holding	40			
beans	warmer	168	picodegallo	cold hlosing	39			
hamburger	warmer	165	pork	steam table	149			

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.

- 14 One chopper had dried food particles on blades. Two nozzles had build up on them at beverage machine. Need new labels for wash sink and sanitizer sink at three compartment sink.
4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency
- 27 Need more information on prepared ground meat procedure. Food code requires food be labeled so the food is maintained at 41F or below.3-502.12 Reduced Oxygen Packaging, Criteria
- 38 One male employee was not wearing an effective hair restraint while serving food; at the front counter.2-402.11 Effectiveness-Hair Restraints
- 39 All wiping cloths must be dry or wet in a bucket of sanitizer, one damp cloth found today on top of the warming unit. 3-304.14 Wiping Cloths, Use Limitation



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Observations and Corrective Actions

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- 45 Door of cookie oven is damaged and needs to be replaced. One door handle at a cabinet up front needs to be re attached. Steam unit is leaking water into a steel pan and needs to be replaced. Need to clean and evaluate wire shelving at prep sink and three compartment sink. Need to wrap soda line properly, the existing wrap is wearing and not in good repair.
4-201.11 Equipment and Utensils-Durability and Strength
- 47 Need to clean the following : shelving above three compartment sink, top of white bulk storage containers, clean shelving of work tables and hand sink at three compartment sink.
4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils
4-602.13 Nonfood Contact Surfaces
- 53 Need to repair stall wall in men's room so that they are easy to clean. Need to store brooms in can wash area not beside ice machine. Need wall cleaning in all food prep and cooking areas. Need floor cleaning in corners. Need to remove litter from dumpster area. Need to reattach divider to wall at hand sink and urinal in men's restroom.
6-501.12 Cleaning, Frequency and Restrictions
6-501.113 Storing Maintenance Tools
6-501.114 Maintaining Premises, Unnecessary Items and Litter
6-201.11 Floors, Walls and Ceilings-Cleanability
6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods



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Observations and Corrective Actions

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✓
Spell



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✓
Spell

