Food Establishment Inspection Report

Establishment Name: CUCHIFRITO RESTAURANT

Date: <u>Ø 1</u> / <u>Ø 3</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: 12	: <u>4 5 ⊗ am</u> Time Out: <u>Ø 3</u> : <u>2 5 ⊗ am</u>				
Total Time:	2 hrs 40 minutes				
Category #:	IV				
Establishment Type:					

Instructions:

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

Location Address: 2104 OLD LEXINGTON RD						
City: _WINSTON SALEM						
State: NC Zip: 27107						
County: 34 Forsyth						
Permittee: REINA GUEVARA						
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

Score: 93.5

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

Establishment ID: 3034012164

Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Compliance Status				CDI	R	VR			
Su	Supervision .2652								
1	O & O	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0			
Employee Health .2652									
2	Ø ○ IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0			
3	Ø ○ IN OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0			
Go	od Hygienic F	Practices .2652, .2653							
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0			
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0			
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .2656	5						
6	⊗ ○ IN OUT	Hands clean & properly washed		0	0	0			
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0			
8	O & IN OUT	Handwashing sinks supplied & accessible	○ ⊗ ○ 2 1 0	8	0	0			
Ap	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0			
10	O O & IN OUT N/O	Food received at proper temperature	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0			
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0			
12	O O & O	Required records available: shellstock tags, parasite destruction	$\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 2 1 0	0	0	0			
Protection from Contamination .2653, .2654									
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	000		0	0			
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0	8	0	0			
15	8 0	Proper disposition of returned, previously served,	3 1.5 0	0	0	0			
Potentially Hazardous Food TIme/Temperature .2653									
16	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0			
17	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0			
18	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	000	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	8	0	0			
21	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	3 1.5 0	0	0	0			
22	0080	Time as a public health control: procedures & records	3 1.5 0	0	0	0			
Consumer Advisory .2653									
23	O O S IN OUT N/A	Consumer advisory provided for raw or undercooked foods	000		0	0			
		ple Populations .2653	1 0.5 0	Ÿ	-				
24	008	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 3 1.5 0		0	0			
	emical	.2653, .2657	3 1.5 0	\square					
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0		0	0			
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	000	0	0	0			
	Conformance with Approved Procedures .2653, .2654, .2658								
27	O O S IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000	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: CUCHIFRITO RESTAURANT Establishment ID: 3034012164

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

- 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".
- 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:



Person a Charge (Signature)

A Constant Fairch (Print)

Contact Number: (<u>336</u>) <u>703</u> - <u>3166</u>

Verification Required Date: ___/ ___/

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: _____ 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 ○ ○ ○ 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 O O & 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 31 0 0 0 1 0.5 0 ⊗ ○ ○ ○ IN OUT N/A N/O 32 Plant food properly cooked for hot holding 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ IN OUT N/A N/O 33 Approved thawing methods used 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 **⊗** ○ 1 0 O 8 Contamination prevented during food preparation, 37 0 0 \bigcirc OUT 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 In-use utensils: properly stored 41 0 0 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly OUT 43 0 0 0 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 test strips OUT 0 0 0 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 ⊗ IN 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ IN 0 0 0 1 0.5 0 OUT Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Meets ventilation & lighting requirements; 54 \bigcirc 0 0 **Total Deductions:**

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

Establishment Name: CUCHIFRITO RESTAURANT					Establishment ID: 3034012164			Date: 01/03/2013	
Location Address: 2104 OLD LEXINGTON RD						Status Code: A Category #: IV			
City: WINSTON SALEM		State: NC							
County: 3		Zi	p: <u>27107</u>					Email 1:	
	nter System: ⊗ Mu							Email 2:	
Water Su	IPPTY: ⊗ Mu e: _REINA GUEVAR/	•	nity On-Site	System					
Telephor								Email 3:	
Гоюрио			Temp	erature	Observa	ations			
Item salami	Location reach in cooler	Temp 40	Item cooked	Location walk in o		Temp 42	Item	Location	Temp
cut tomatoes	make unit	41	hot water	3 comp	sink	144			
cheese	reach in cooler	40	beans	walk in	cooler	42			
soup	hot hold	157							
beans	reheat	197							
pupusas	walk in cooler	42							
beef	walk in cooler	41							
chicken	walk in cooler	43							
The perso	/iolations cited in this re on in charge of this fa ility must complete a	eport must be acility has n	ot completed	in the time fr I an approv	ames below	, or as stated i	n sections 8-405		in charge

8 the manager.

Several utensils and the nozzle of the Horchata cambro were found dirty. Take more time when cleaning and sanitizing these items.

A large pan of beans was found sitting on the couther at 91 F. All food items being held hot must be held at or above 135 F. The beans were reheated to 165 F + by the manager.



Comment Addendum to Food Establishment Inspection Report

Establishment Name:	CUCHIFRITO RESTAURANT	Establishment ID:	3034012164

Observations	and	Corrective	Actions
Onservanons.	ancı	COHECHVE	ACHOUS

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 small container of a garlic and oil mixture was found on the make unit at 68 F. All potentially hazardous food items being held cold must be held at or below 45 F. The garlic and oil mixture was discarded by the manager.

Thank you bags were found in several pots of rice. The manager stated that the bags were used to keep the rice moist. "Thank you" / shopping bags are not approved for direct food contact. The manager stated that wax or parchment paper will now be used.

Paint and seal the wooded supports to the wall in the rear prep and dish washing areas. Repair the leaks found below the three compartment and vegetable prep sinks.

The self closure device on the rear door is no longer attached to the door. Repair it, this door must be self closing. Repair all damage / cracked floor tiles throughout the facility.

The lighting level above the clean drain board of the 3 compartment sink is too low (10 Ftc). The required lighting level for this area is 20 Ftc.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CUCHIFRITO RESTAURANT Establishment ID: 3034012164

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.





Comment Addendum to Food Establishment Inspection Report

Establishment Name: CUCHIFRITO RESTAURANT Establishment ID: 3034012164

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.



