

Food Establishment Inspection Report

Score: 95.5

Establishment Name: MONTE DE REY OF WALKERTOWN

Establishment ID: 3034012305

Location Address: 3018 OLD HOLLOW RD

Inspection Re-Inspection

City: WALKERTOWN

State: NC

Date: 11 / 06 / 2018 Status Code: A

Zip: 27051 County: 34 Forsyth

Time In: 01 : 00 ^{am} _{pm} Time Out: 04 : 45 ^{am} _{pm}

Permittee: MONTE DE REY OF WALKERTOWN INC.

Total Time: 3 hrs 45 minutes

Telephone: (336) 595-3033

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: _____

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.								
IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Supervision .2652								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0		
Employee Health .2652								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13	0	
Good Hygienic Practices .2652, .2653								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	0	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	13	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0	
Consumer Advisory .2653								
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	03	0	
Highly Susceptible Populations .2653								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0	
Chemical .2653, .2657								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658								
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	1	0	

Good Retail Practices								
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03	0	
Food Temperature Control .2653, .2654								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	03	0	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0	
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	0	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03	0	
Food Identification .2653								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03	0	
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	03	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03	0	
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03	0	
Utensils and Equipment .2653, .2654, .2663								
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	0	0	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03	0	
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	03	0	
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	0	03	0	
Total Deductions:					4.5			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MONTE DE REY OF WALKERTOWN
 Location Address: 3018 OLD HOLLOW RD
 City: WALKERTOWN State: NC
 County: 34 Forsyth Zip: 27051
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: MONTE DE REY OF WALKERTOWN INC.
 Telephone: (336) 595-3033

Establishment ID: 3034012305
 Inspection Re-Inspection Date: 11/06/2018
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: IV
 Email 1: m.hd71@yahoo.com
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
servsafe	Jorge Bernal 4/22/22	0	chorizo	corner prep unit	40	beans	cook temp	202
chicken	delivery temp	39	fish	corner prep unit	39	chicken	cook temp	180
hot water	3 compartment sink	134	guacamole	main prep	42	taco meat	cook temp	192
chlorine	spray bottle	100	lettuce	main prep	43	rice	cook temp	174
chlorine	dish machine	100	pico	main prep	42	horchata	glass cooler	37
cooked pork	walk in cooler	39	taco meat	steam table	157	air temp	bar cooler	38
raw chicken	walk in cooler	38	chicken fajita	steam table	139	tomato paste	cooling from ambient 10	70
tomatoes	walk in cooler	42	rice	steam table	169	tomato paste	cooling one hour from	49

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.

- 6 2-301.14 When to Wash - P Food employee observed entering from back door and attempting to return to food handling without washing hands. Food employees shall wash hands when changing tasks or areas. CDI. Employee was stopped and washed hands.
 2-301.12 Cleaning Procedure - P Dish employe observed washing hands then using bare hands to turn off faucet. Food employees shall use paper towel to turn off faucet after washing hands to avoid recontaminating hands. CDI. Employee washed using correct procedure.
- 33 3-501.13 Thawing - C Frozen tilapia allowed to thaw in pan in small prep unit without opening original vacuum sealed packaging. When thawing frozen seafood in reduced oxygen packaging, follow manufacturers instructions and open packaging to allow air to circulate around product.
- 43 4-502.13 Single-Service and Single-Use Articles-Use Limitations - C 0 points Empty ice cream container reused to store cinnamon and sugar mix. Do not reuse single use containers once they are emptied of their original contents. Durable food containers may be used instead.

Lock Text

Person in Charge (Print & Sign): First Salvador Last Bernal
 Regulatory Authority (Print & Sign): First Amanda Last Taylor

Salvador B

Amanda Taylor

REHS ID: 2543 - Taylor, Amanda

Verification Required Date: ___ / ___ / ___

REHS Contact Phone Number: (336) 703 - 3136



✓ Spell

Comment Addendum to Food Establishment Inspection Report

Establishment Name: MONTE DE REY OF WALKERTOWN

Establishment ID: 3034012305

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.



- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Repeat violation(with improvements made) prep table leg repaired since last inspection. Racks in walk in cooler and freezer have been reconditioned. Recondition undersides of drainboards on prep sinks where rusted. Remove plastic crates from walk in freezer as they hinder floor cleaning. Use dunnage racks for storing food off of the floor.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C 0 points. Minor cleaning needed inside front keg cooler and on lower shelf below grill. Non food contact surfaces of equipment shall be clean.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C 0 points. All physical facilities repairs have been addressed since last inspection. New sealant at walk in cooler door is coming loose. Reseal. Can wash repairs requested during last inspection have not been approved by landlord, due to gutter drainage issues at can wash. Physical facilities shall be in good repair.
6-501.12 Cleaning, Frequency and Restrictions - C Sweep out water heater closet. Physical facilities shall be maintained clean.
- 54 6-403.11 Designated Areas-Employee Accommodations for eating / drinking/smoking - C Repeat violation. Employee ice cream and cookies observed in bar freezer. Employee phone and speakers on dry storage rack in kitchen among restaurant food supplies. Store employee food and personal items away from where they can contaminate restaurant food and food contact surfaces.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MONTE DE REY OF WALKERTOWN

Establishment ID: 3034012305

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



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MONTE DE REY OF WALKERTOWN

Establishment ID: 3034012305

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: MONTE DE REY OF WALKERTOWN

Establishment ID: 3034012305

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

