Food Establishment Inspection Report

Establishment Name: MON	TE DE REY MEXICAN RESTAURANT	Establishment ID:	3034012099			
Location Address: 4922 COUNTRY CLUB RD City: WINSTON SALEM State: North Carolina Zip: 27104 County: 34 Forsyth Permittee: MONTE DE REY OF COUNTRY CLUB,INC Telephone: (336) 765-1424			_Status Code: A _Time Out: _5:15 PM Full-Service Restaurant			
⊗ Inspection	○ Re-Inspection	7,				
Wastewater System: Municipal/Community Water Supply:	nicipal/Community On-Site System		No. of Risk Factor/Intervention Violations: 1 No. of Repeat Risk Factor/Intervention Violations: 0			
Municipal/Community	On-Site Supply					

Water Supply: ⊗ Municipal/Community ○ On-Site Supply											Tropode rusk radio//micrvorus/rviolations.
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					Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Compliance Status	OI	JT	CDI	R	VR	C	Coi	mpl	iar	nce	ce Status OUT CDI R
Supervision .2652						s	afe	Food	d an	d W	Water .2653, .2655, .2658
1 NOUT N/A PIC Present, demonstrates knowledge, &	1	0	,					OUT			Pasteurized eggs used where required 1 0.5 0
Manager Control of the Control of th	+	+			-	31	Ņ	OUT			Water and ice from approved source 2 1 0
			ויוי			32	IN	оит	1)X (A		Variance obtained for specialized processing methods 2 1 0
Employee Health 2 and Sangiliana (amplause)											
манадентент, тоод & conditional employee, knowledge, responsibilities & reporting	\perp	1 0				-	000	Ten	ipei	atu	
Proper use of reporting, restriction & exclusion Procedures for responding to vomiting &	3 1	+			_	33	X	оит			Proper cooling methods used; adequate equipment for temperature control
5 K out diarrheal events	1 0	.5 0)			34	įχ	OUT	N/A	N/C	
Good Hygienic Practices .2652, .2653								оит		N/C	
Proper eating, tasting, drinking or tobacco use	1 0	_	-			36	ìХ	OUT			Thermometers provided & accurate 1 0.5 0
7 X OUT No discharge from eyes, nose, and mouth	1 0	.5 0	ויי		_	F	000	lder	ntifi	cati	.2653
Preventing Contamination by Hands .2652, .2653, .2655, .265 8 Out Hands clean & properly washed		2 0				37)X	OUT			Food properly labeled: original container 2 1 0
No hare hand contact with DTE foods or pro		\top			\dashv	P	rev	entio	n o	f Fo	Food Contamination .2652, .2653, .2654, .2656, .2657
approved alternate procedure properly followed	4 2	2 0	וי			38	M	оит			Insects & rodents not present; no unauthorized animals 2 1 0
10 X OUT N/A Handwashing sinks supplied & accessible	2	1 0					Ľ				arminate
Approved Source .2653, .2655						39	M	оит			Contamination prevented during food preparation, storage & display 2 1 0
11 X out Food obtained from approved source		1 0	_			40	M	оит			Personal cleanliness 1 0.5 0
12 N out 50 Food received at proper temperature 13 M out Food in good condition, safe & unadulterated		1 0 1 0	-		\dashv	-	<u> </u>	OUT			Wiping cloths: properly used & stored 1 0.5 0
Peguired records available: shellstock tags	+	+			\dashv	42	M	OUT	N/A		Washing fruits & vegetables 1 0.5 0
14 IN OUT NO parasite destruction	2	1 0				Р	rop	er Us	se o	f Ut	Utensils .2653, .2654
Protection from Contamination .2653, .2654						43	IN	о х (т			In-use utensils: properly stored 1 0.5 X
15 IN OXT N/A N/O Food separated & protected	3 1	_	$\overline{}$			44	M	оит			Utensils, equipment & linens: properly stored,
16 X out Food-contact surfaces: cleaned & sanitized	3 1	.5 0	1		_	-	Ľ				and a nanara
Proper disposition of returned, previously served, reconditioned & unsafe food	2	1 0				45	M	OUT			Single-use & single-service articles: properly stored & used 1 0.5 0
Potentially Hazardous Food Time/Temperature .2653						46	M	OUT			Gloves used properly 1 0.5 0
18 Nout NANO Proper cooking time & temperatures 3 1.5 0		U	ten	sils a	and	Equ	quipment .2653, .2654, .2663				
19 IN OUT N/A NO Proper reheating procedures for hot holding	3 1	_				Ė	Г	П			Equipment, food & non-food contact surfaces
20 IN OUT N/ANO Proper cooling time & temperatures 21 X OUT N/ANO Proper hot holding temperatures	3 1	_			\dashv	47	IN	о х (т			approved, cleanable, properly designed, 1 0.5 X X
22 X OUT N/A N/O Proper cold holding temperatures	3 1	_	_				L				constructed & used
23 X OUT N/AN/O Proper date marking & disposition	3 1	_	-			48	M	оит			Warewashing facilities: installed, maintained & 1 0.5 0
24 IN OUT WANO Time as a Public Health Control; procedures & records	3 1	.5 0	,			49	M	OUT			Non-food contact surfaces clean 1 0.5 0
Consumer Advisory .2653		_					1	ical	Fac	ilitie	
25 MOUT N/A Consumer advisory provided for raw/	1 0			П			-	OUT			Hot & cold water available; adequate pressure 1 0.5 0
undercooked foods	1 0	.5 0	<u>'</u>		_	51	M	OUT			Plumbing installed; proper backflow devices 2 1 0
Highly Susceptible Populations .2653		_				52	M	OUT			Sewage & wastewater properly disposed 2 1 0
Pasteurized foods used; prohibited foods not offered	3 1	.5 0				53	M	оит	N/A		Toilet facilities: properly constructed, supplied 8 cleaned 1 0.5 0
Chemical .2653, .2657						54	M	оит			Garbage & refuse properly disposed; facilities
27 Mout N/A Food additives: approved & properly used	1 0										maintained 1 0.5 0
28 X OUT N/A Toxic substances properly identified stored & used	2	1 0					T	о х (т		\vdash	Physical facilities installed, maintained & clean 1 0 0 X
Conformance with Approved Procedures .2653, .2658 .265	2	1 0				56	×	оит			Meets ventilation & lighting requirements; designated areas used
29 IN OUT NA reduced oxygen packaging criteria or HACCP plan 2 1 0 TOTAL DEDUCTIONS: 2											





Score:

CDI R VR

Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034012099 Establishment Name: MONTE DE REY MEXICAN RESTAURANT Location Address: 4922 COUNTRY CLUB RD Date: 03/13/2023 X Inspection Re-Inspection City: WINSTON SALEM State: NC Comment Addendum Attached? X Status Code: A Zip: 27104 County: 34 Forsyth Water sample taken? Yes X No Category #: IV Email 1:lapanterilla100@gmail.com Water Supply: Municipal/Community On-Site System Permittee: MONTE DE REY OF COUNTRY CLUB, INC Email 2: Telephone: (336) 765-1424 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 39 lettuce make table 1 38 cheese make table 1 38 tomato make table 1 197 beef cook temp 170 chicken steam table 168 beans steam table 179 rice steam table 33 raw make table burger 39 raw reach in fish 40 chicken walk in 41 walk in cheese dip 38 walk in pico 38 beef walk in First Last Person in Charge (Print & Sign):

Last

Regulatory Authority (Print & Sign): Cierra

Elledge

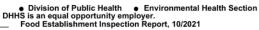
REHS ID:2760 - Elledge, Cierra

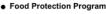
Verification Required Date:

REHS Contact Phone Number:

Authorize final report to be received via Email:









Comment Addendum to Inspection Report

Establishment Name: MONTE DE REY MEXICAN RESTAURANT Establishment ID: 3034012099

Date: 03/13/2023 Time In: 3:00 PM Time Out: 5:15 PM

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.

- 15 3-302.11 Packaged and Unpackaged Food Separation, Packaging, and Segregation- Observed fries and sopes in raw make unit stored below raw beef. Food shall be protected from contamination by separating types of food so that cross contamination of one type with another is prevented. P CDI- cFood was relocated to meet proper storage order and employees were educated on proper food storage.
- 43 3-304.12 In-Use Utensils, Between-Use Storage. Observed ice scoop handle stored in a manner that handle was in the ice in wait station drink dispenser. During pauses in food prep or dispensing, utensils shall be stored in the food with the handle protruding.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C) Observed gasket on lowboy unit torn. Equipment shall be maintained in good repair.
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods. Observed caulking at all hand sinks and dish pit in poor repair. Physical facilities shall be maintained in good repair.