Food Establishment Inspection Report Score: 95.5

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Stablishment Name: MAGUEY MEXICAN RESTAURANT, EL									Establishment ID: 3034011684										
ocation Address: 5160 REIDSVILLE RD																			
City: WALKERTOWN State: NC							Date: <u>Ø 6</u> / <u>Ø 6</u> / <u>2 Ø 1 9</u> Status Code: A												
Zip: 27051 County: 34 Forsyth							Time In: 1 2 : Ø Ø ⊗ pm Time Out: Ø 3 : 3 Ø ⊗ pm												
Permittee: EL MAGUEY LLC								Total Time: 3 hrs 30 minutes											
	Felephone: (336) 595-4220								Category #: _IV										
											FDA Establishment Type: Full-Service Restaurant								
Wastewater System: ⊠Municipal/Community □ On-Site Sys									No. of Risk Factor/Intervention Violations: 1										
Na	ate	r S	Sup	ply	/: ⊠Municipal/Community □ On-	Site S	Supp	oly			N	o. c	of F	Repeat Risk Factor/Intervention Viol	atior	าร:	_1 	_	
Foodborne Illness Risk Factors and Public Health Interventions Good										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.								Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,											
P					ventions: Control measures to prevent foodborne illness or		Tapil	2 1/2		I	0117			and physical objects into foods.	Τ		00.		
S	IN upei		N/A ion	N/O	Compliance Status .2652	OUT	CDI	R VR	Si			N/A d an		Compliance Status 2653, .2655, .2658	OU	ı	CDI	R	VR
$\overline{}$	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2 0			28			X		Pasteurized eggs used where required	1 0.	50			
E	mpl	oye	e He	alth	.2652				29	X				Water and ice from approved source	2 1	0			
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30		П	×		Variance obtained for specialized processing	1 0.	5 0	П		П
3	X		Proper use of reporting, restriction & exclusion 3 13 0 0										atur	methods re Control .2653, .2654		1			
$\overline{}$		Ну	gienic Practices .2652, .2653							×				Proper cooling methods used; adequate equipment for temperature control	1 0.	5 0			
\rightarrow	X				Proper eating, tasting, drinking, or tobacco use	210			32	X				Plant food properly cooked for hot holding	1 0.5	50			
_	X				No discharge from eyes, nose or mouth	1 0.5 0			33				×	Approved thawing methods used	1 0.	50	П		П
$\overline{}$	reve 🔀	ntin	ig Ci	onta	mination by Hands .2652, .2653, .2655, .2656	420	ا ا		34	×	$\overline{\Box}$			Thermometers provided & accurate	1 0.	5 0	П		П
\rightarrow					Hands clean & properly washed No bare hand contact with RTE foods or pre-					ood	lder	ntific	atio	•					
\dashv	X		Ш	Ш	approved alternate procedure properly followed	3 1.5 0			35	×				Food properly labeled: original container	2 1	0			ō
_	X nnr		1 6 0	uroo	Handwashing sinks supplied & accessible	2 1 0					ntio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .265	7				
$\overline{}$	ppro	Dvec	d So	urce	Food obtained from approved source	2 1 0	الصال		36	X				Insects & rodents not present; no unauthorized animals	2 1	0			
10				×	Food received at proper temperature	210			37	X				Contamination prevented during food preparation, storage & display	2 1	0			
\rightarrow		\equiv			Food in good condition, safe & unadulterated	210			38	X				Personal cleanliness	1 0.	50			
11					Required records available: shellstock tags,	210			39		X			Wiping cloths: properly used & stored	1 0.	X			
P	rote	ctio	n fro	nm (parasite destruction Contamination .2653, .2654				40	X				Washing fruits & vegetables	1 0.	5 0			
13					Food separated & protected	3 1.5 0					r Us	se of	fUte	ensils .2653, .2654					
\dashv	X	П			Food-contact surfaces: cleaned & sanitized	3 1.5 0	ini		41	×				In-use utensils: properly stored	1 0.	0			
15	-	П			Proper disposition of returned, previously served,	210	+		42		X			Utensils, equipment & linens: properly stored, dried & handled	X [0.1	5 0		X	
		△ □ reconditioned, & unsafe food Itentially Hazardous Food Time/Temperature .2653							43	X				Single-use & single-service articles: properly stored & used	1 0.	5 0			
16	X				Proper cooking time & temperatures	3 1.5 0			44	X				Gloves used properly	1 0.	5 0			
17	X				Proper reheating procedures for hot holding	3 1.5 0			U	tens	ils a	nd l	Equ	ipment .2653, .2654, .2663					
18	X				Proper cooling time & temperatures	3 1.5 0			45		X			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	30			
19	X				Proper hot holding temperatures	3 1.5 0			46	×				Warewashing facilities: installed, maintained, & used; test strips	1 0.	5 0	П		П
20		×			Proper cold holding temperatures	3 X 0		X 🗆	47		\mathbf{X}			Non-food contact surfaces clean	1 0.	+			F
21	X				Proper date marking & disposition	3 1.5 0	+	5		hysi	$\overline{}$	Faci	litie	s .2654, .2655, .2656		ا ا			
22			×		Time as a public health control: procedures &	210		$\exists \Box$	48	X				Hot & cold water available; adequate pressure	2 1	0			
С	ons	ume	er Ac	dviso	records ory .2653		١		49	X				Plumbing installed; proper backflow devices	2 1	0			
23	X				Consumer advisory provided for raw or undercooked foods	1 0.5 0			50	X				Sewage & waste water properly disposed	21	0			
Н	ighl	y Sı		ptib	le Populations .2653				51	×				Toilet facilities: properly constructed, supplied & cleaned	1 0.	5 0			
24			×		Pasteurized foods used; prohibited foods not offered	3 1.5 0				×	П			Garbage & refuse properly disposed; facilities	1 0.				П
25	hem	ııcal	X		.2653, .2657 Food additives: approved & properly used	1 0.5 0			53		×			maintained Physical facilities installed, maintained & clean	X 0.	F		X	F
26	X				Toxic substances properly identified stored, & used	210	+		-					Meets ventilation & lighting requirements;	1 0.	+			Ħ
_		orm:		wit	h Approved Procedures .2653, .2654, .2658	الاللالا	الصار		Meets ventilation & lighting requirements; designated areas used				designated areas used	4.5				브	
27			×		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210							Total Deductions						
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Establishme	ent Name: MAGUE	MEXICAN RE	ESTAURANT, I	<u>EL</u>	Establishn	nent ID	: 3034011684					
Location A	ddress: 5160 REIDS	SVILLE RD		☑Inspection ☐Re-Inspection Date: 06/06/2019								
City: WALK			St	ate: NC	Comment Addendum Attached? Status Code: A							
County: 34	Forsyth		_Zip: <u>27051</u>		Water sample taken? Yes No Category #: N							
Wastewater Supply	System: ☒ Municipal/C y: ☒ Municipal/C	ommunity \square Community \square C			Email 1:							
Permittee:	EL MAGUEY LLC				Email 2:							
Telephone	e: <u>(336) 595-4220</u>				Email 3:							
			Temp	erature Ol	oservation	S						
		Cold Hol	ding Tem	perature	is now 41	Degr	ees or less	5				
Item servsafe	Location Raul Garcia 9/20/21	Temp 0	Item cheese	Location cold drawer	r	Temp 46	Item salsa	Location salsa cooler	Temp 39			
air temp	bar cooler	36	guacamole	large prep		39	queso	cooling 3 hours	41			
chlorine	dish machine	100	lettuce	large prep		40	raw beef	walk in cooler	39			
hot water	3 compartment sink	166	taco meat	steam table)	156	salsa	walk in cooler	38			
chlorine	spray bottle	100	queso	steam table)	139	cooked chilis	walk in cooler	39			
tomato	small prep	37	beans	steam table	•	160	chicken	cook temp	189			
raw shrimp	small prep	37	beans	cook temp		202	queso	reheat temp	170			
raw beef	cold drawer	39	shrimp ————	cook temp		177						
	/iolations cited in this r			ns and Co								
	14 Wiping Cloths, U er between uses.	se Limitation	ı - C 0 points	. One wet wip	oing cloth obs	served c	on front prep ta	ble. Hold in-use v	wiping cloths in			
Allow of 4-903. and Sintomato	11 Equipment and Uclean dishes to air d 11 (A), (B) and (D) Ingle-Use Articles-Si les and other food d cleaned equipment,	ry thoroughly Equipment, L toring - C Cet lebris observ	/ before stack Itensils, Line an lids for pa ed in bottom	king. ns and Single ins stored in b of bin. Tongs	e-Service oin on lower s s hanging on	shelf of place	orep table nea oven where d	r 3 compartment ust and grease b	sink. Diced			
_	-	Fir	st		ast	n		≱ ≺				
Person in Cha	rge (Print & Sign):	Raul		Garcia		17						
Regulatory Au	ithority (Print & Sign	<i>Fir</i> Amanda):	st	La Taylor	ast	6	X					
			aylor, Aman	da		Verifica	ation Required D	ate://				
	Contact Phone Number Orth Carolina Department	of Health & Hum	nan Services • DHHS		tunity employer.		ealth Section ● F	ood Protection Program	m			

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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.



- 4-501.11 Good Repair and Proper Adjustment-Equipment C Replace missing panel from bottom of oven. Identify cause of water buildup in small prep cooler and repair. Replace cracked handle on freezer door. Remove pastic wrap from sides of chemical shelf as it is neither durable nor easily cleanable. Recondition bottom corner of small bar cooler where it is rusted. Equipment shall be in good repair.
- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C 0 points. Grease buildup present on hoods and hood vents. Clean. Non food contact surfaces of equipment shall be clean.
- 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods C Repeat violation. Seal exposed wood on underside of back bar area. Regrout toilet to floor in mens restroom as current sealant is neither smooth nor easily cleanable. Physical facilities shall be n good repair.
 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed C New baseboard
 - has been installed in employee restroom but it is not coved. In food service establishments in which cleaning methods other than water flushing are used for cleaning floors, the floor and wall junctures shall be coved and closed to no larger than one thirty-second inch (1 mm). Install coved base in employee restroom for ease of cleanability.





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