-ood Establishment Inspection Report Score: 97.5																				
S	tab	lis	hn	ner	nt Name: MI PUEBLO MEXICAN RESTAL	JRANT						E	st	ablishment ID: 3034011479						
					ess: 644 S STRATFORD ROAD									X Inspection ☐ Re-Inspection						
City: WINSTON SALEM State: NC								;	Date: 09 / 09 / 2019 Status Code: A											
										Time In: $\underline{10}:\underline{30} \overset{\otimes}{\otimes} \overset{\text{am}}{\text{pm}}$ Time Out: $\underline{12}:\underline{45} \overset{\otimes}{\otimes} \overset{\text{am}}{\text{pm}}$										
										Total Time: 2 hrs 15 minutes										
	emittee.										Category #: IV									
	Telephone: (336) 765-5174												_	stablishment Type: Full-Service Restaurant			-			
Na	Vastewater System: $oxtimes$ Municipal/Community $oxdot$ On-Site Sys										No. of Risk Factor/Intervention Violations: 1									
Water Supply: Municipal/Community □ On-Site Supply No. of Repeat Risk Factor/Intervention Violations. No. of Repeat Risk Factor/Intervention Violations.														_ 1S:						
Foodborne Illness Risk Factors and Public Health Interventions									Good Retail Practices											
					buting factors that increase the chance of developing foodb ventions: Control measures to prevent foodborne illness or		SS.		G	Good	Ret	ail P	rac	tices: Preventative measures to control the addition of patho and physical objects into foods.	gens,	che	mica	ls,		
T	IN (_			Compliance Status	OUT	CDI R	VR		IN O	UT	N/A	N/O	Compliance Status	OU.	Г	CDI	R	VR	
Supervision .2652							\vdash	fe Fo	_			- 1								
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2 0			28			X		Pasteurized eggs used where required	1 0.5	0				
$\overline{}$	mplo	yee	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		J	×		Variance obtained for specialized processing methods	1 0.5	0				
3	X				Proper use of reporting, restriction & exclusion	3 1.5 0			\perp				atur	e Control .2653, .2654						
$\overline{}$	$\overline{}$		gieni	ic Pr	ractices .2652, .2653				31					Proper cooling methods used; adequate equipment for temperature control	1 0.5	0				
\rightarrow	-				Proper eating, tasting, drinking, or tobacco use	2 1 0	++-		32		╗		X	Plant food properly cooked for hot holding	1 0.5	0				
_	X				No discharge from eyes, nose or mouth	1 0.5 0			33	M [d			Approved thawing methods used	1 0.	0	П	П	П	
$\overline{}$		\neg	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				34	-	╗			Thermometers provided & accurate	1 0.5		\dashv			
\rightarrow	= +		_		Hands clean & properly washed No bare hand contact with RTE foods or pre-	420	+		\perp	od lo	=	tific	atio	•		تعاد		الت		
\rightarrow	=			Ш	approved alternate procedure properly followed	3 1.5 0		44	35	$\overline{}$	X			Food properly labeled: original container	2 1	×				
_	X				Handwashing sinks supplied & accessible	210			Pr	even	tior	า of	Foo	od Contamination .2652, .2653, .2654, .2656, .2657	7					
\neg	ppro		1 50	urce					36		X			Insects & rodents not present; no unauthorized animals	2 1	X				
_	-			.	Food obtained from approved source	2 1 0	+		37	X [Contamination prevented during food preparation, storage & display	2 1	0				
\rightarrow	_				Food received at proper temperature	210	+		38	X	1			Personal cleanliness	1 0.5	0				
11	-	Ш			Food in good condition, safe & unadulterated Required records available: shellstock tags,	210			39		╗			Wiping cloths: properly used & stored	1 0.5	+	-			
			X		parasite destruction	210			40	-	7	П		Washing fruits & vegetables	1 0.5	+	\rightarrow	П	\Box	
13	_	\neg			Contamination .2653, .2654 Food separated & protected				\perp	Proper Use of Utensils .2653, .2654										
\dashv	-	-	Ц			3 1.5 0	-		41		J			In-use utensils: properly stored	1 0.5	0				
-	-	X			Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,	3 🗙 0	\vdash		42		J			Utensils, equipment & linens: properly stored, dried & handled	1 0.5	0				
15 D		LI I	v II	722	reconditioned, & unsafe food	210			43	_				Single-use & single-service articles: properly stored & used	1 0.5					
т	oten	uall	Iу на □		dous Food TIme/Temperature .2653 Proper cooking time & temperatures	3 1.5 0			44	-	7	_		stored & used Gloves used properly	1 0.5					
\rightarrow	-+] [nd F	יים=	ipment .2653, .2654, .2663	النالن:	الكاد	믜	الت		
\dashv					Proper reheating procedures for hot holding	3 1.5 0					Т	.iu L	_qu	Equipment, food & non-food contact surfaces approved, cleanable, properly designed,						
18				X	Proper cooling time & temperatures	3 1.5 0				-	XI			constructed, & used Warewashing facilities: installed, maintained, &	2 🗶		_	×	_	
+					Proper hot holding temperatures	3 1.5 0			46	_	_			used; test strips	1 0.5					
\rightarrow	×	닠			Proper cold holding temperatures	3 1.5 0			\vdash]			Non-food contact surfaces clean	1 0.5	0				
21	×				Proper date marking & disposition	3 1.5 0		Щ		ysic:	\neg	\neg	lítie				Ы			
22			×		Time as a public health control: procedures & records	210			\vdash	=	=+			Hot & cold water available; adequate pressure	21	F	_			
т	onsu	ime		lviso	ory .2653 Consumer advisory provided for raw or				49	-	4			Plumbing installed; proper backflow devices	2 1		=		<u>Ц</u>	
	⊠ iably	□		ntibl	undercooked foods le Populations .2653	1 0.5 0			50	_	4			Sewage & waste water properly disposed	2 1	٥				
24	gill)	\neg	isce	μιιυ	Pasteurized foods used; prohibited foods not	3 1.5 0			51	X				Toilet facilities: properly constructed, supplied & cleaned	1 0.5	0				
C	hemi				.2653, .2657	الا التالي	1-1-	-1	52	\mathbf{Z}				Garbage & refuse properly disposed; facilities maintained	1 0.5	0				
25			X		Food additives: approved & properly used	1 0.5 0			53	X [ī			Physical facilities installed, maintained & clean	1 0.	0				
26	×				Toxic substances properly identified stored, & used	210			54	X [1			Meets ventilation & lighting requirements; designated areas used	1 0.5	0				
_	_	rma	ance	wit	h Approved Procedures .2653, .2654, .2658				H						2.5					
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210								Total Deductions:	2.5					
								_											_	



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	Commei	nt Adde	endum to	Food Es	<u>stablish</u>	ment	<u>Inspectio</u>	n Report				
Establishmer	nt Name: MI PUEBLO	O MEXICAN	I RESTAURANT	Establishment ID: 3034011479								
Location Ac	ddress: 644 S STRAT	FORD ROA	AD.									
City: WINST			Sta	Comment Addendum Attached? Status Code: A								
County: 34	Forsyth		_ Zip: <u>27103</u>	Water sample taken? Yes No Category #: IV								
	System: Municipal/Cor				Email 1:							
Water Supply: Permittee:	MI PUEBLO MEXICA		ity			Email 2:						
	(336) 765-5174				Email 3:							
			Tempe	erature Ob	servatio	ns						
	(Cold Ho	Iding Tem	perature	is now 4	1 Degi	rees or les	S				
Item diced ham	Location upright cooler	Temp 40	•	Location walk in		Temp 40	Item chicken	Location final cook	Temp 165			
milk	upright cooler	40	beef	walk in		40	hot water	three comp sink	134			
beef	make unit 1	39	tamal	walk in		39	cl sani	three comp sink ppm	100			
pico	make unit 1	40	ckn soup	hot holding		153	cl sani	dishmachine ppm	50			
shrimp	make unit 2	41	shred. beef	reheat		173	ServSafe	Angel L. 2/14/24	00			
chicken	make unit 2	40	rice	hot holding		160						
lettuce	make unit 2	39	beans	hot holding		165						
tomatoes	make unit 2	40	beef —————	final cook		173						
14 4-601.1 3 plastic		oort must be od-Contac lates, and	ct Surfaces, No 2 cutting board	the time frame onfood-Conta ds were visib	es below, or a act Surfaces bly soiled wi	as stated in s, and Ut ith food re	n sections 8-405 ensils - (P)- A _l	.11 of the food code. oproximately 6 metal coment, food contact surf				
	2 Food Storage Con unmistakably recogr							vere not labeled. Unles n name of the food.	ss food			
								od prep areas (one by ve food preparation ar				
Lock Text		Fi	irst	La	ast		.Oa					
Person in Char	ge (Print & Sign):	Angel		Lopez			19					
Regulatory Aut	hority (Print & Sign):	Fi Shannon	irst	La Maloney	ast	the	un Ma	loney				
	REHS ID:	2826 - M	laloney, Shar	nnon			ation Required [(/ '				

REHS Contact Phone Number: (336)703-3383

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

DHHS is an equal opportunity employer.

Page 2 of ______ Food Establishment Inspection Report, 3/2013



Establishment Name: MI PUEBLO MEXICAN RESTAURANT Establishment ID: 3034011479

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 - REPEAT- Replace/repair rusted shelves in walk in cooler, oven handle that is missing, recaulk front handsink back to wall. Equipment shall be maintained in a state of good repair. // 4-205.10 Food Equipment, Certification and Classification - Tortilla press machine located in dry storage area is not an approved. Except for toasters, mixers, microwave ovens, water heaters, and hoods, food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program.





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