

# Food Establishment Inspection Report

Score: 94.5

Establishment Name: MOE'S SOUTHWEST GRILL

Establishment ID: 3034012822

Location Address: 206 SOUTH STRATFORD RD

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: IMAGINE DINING LLC

Telephone: (336) 724-5920

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 09/29/2022 Status Code: A

Time In: 12:10 PM Time Out: 3:10 PM

Category#: IV

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

## 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

Compliance Status		OUT	CDI	R	VR
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Certified Food Protection Manager	1	<input checked="" type="checkbox"/>	
<b>Employee Health .2652</b>					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A/N/O	Proper cold holding temperatures	<input checked="" type="checkbox"/> 1.5	0	X X
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Proper cooling methods used; adequate equipment for temperature control	1	<input checked="" type="checkbox"/> 0	X
34	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT/N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Utensils, equipment & linens: properly stored, dried & handled	1	<input checked="" type="checkbox"/> 0	
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Non-food contact surfaces clean	1	<input checked="" type="checkbox"/> 0	X
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	1	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Physical facilities installed, maintained & clean	<input checked="" type="checkbox"/> 0.5	0	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					5.5



# Comment Addendum to Food Establishment Inspection Report

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 Location Address: 206 SOUTH STRATFORD RD  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27103  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: IMAGINE DINING LLC  
 Telephone: (336) 724-5920

Establishment ID: 3034012822  
☒ Inspection ☐ Re-Inspection Date: 09/29/2022  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: IV  
 Email 1: jasonp@br1980.com  
 Email 2:  
 Email 3:

## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Cilantro rice	Hot line	170						
Spanish rice	hot line	170						
Black beans	hot line	186						
Chicken	hot line	140						
Beef	hot line	170						
Grilled onions	hot line	181						
Chicken	hot hold cabinet	165						
Cilantro rice	hot hold cabinet	140						
Black beans	hot hold cabinet	140						
Queso	hot hold cabinet	178						
Pico	walk in cooler	40						
Lettuce	walk in cooler	41						
Onions	walk in cooler	41						
Shredded cheese	walk in cooler	41						
Hot water	3 compartment sink	116						
Quat sanitizer	3 compartment sink (ppm)	150						

*First*  
 Person in Charge (Print & Sign): Jason  
*First*  
 Regulatory Authority (Print & Sign): Elizabeth

*Last*  
 Puhlman  
*Last*  
 Manning

*Jason Puhlman*  
*Elizabeth Manning*

REHS ID: 3136 - Manning, Elizabeth  
 REHS Contact Phone Number: (336) 703-3135

Verification Required Date: 10/09/2022

Authorize final report to  
 be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

Page 1 of \_\_\_\_\_  
 Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 10/2021

Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** MOE'S SOUTHWEST GRILL

**Establishment ID:** 3034012822

**Date:** 09/29/2022 **Time In:** 12:10 PM **Time Out:** 3:10 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.

- 2 2-102.12 (A) Certified Food Protection Manager (C): There was no certified food protection manager during the inspection. The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding-P(REPEAT): Lettuce and shredded cheese by hot line measured 60F. Shredded cheese(49F), guacamole(51F), diced cucumber(50F), and lettuce(50F) on the top of the cold line measured above 41F. Guacamole(45F), Salsa(45F), and lettuce(45F) in the bottom of the cold line make unit measured above 41F. Raw peppered steak and chicken at the small raw meat cooler measured at 45F. Potentially hazardous food shall be maintained at a temperature of 41 F or below. CDI: PIC decided to use time as public health control for the foods on the cold serve line and all items were discarded at 1pm, all other items were placed in the walk in cooler to cool to 41F.
- 33 4-301.11 Provide equipment in number and capacity so that cooling, heating, and holding temperatures are achieved. -Pf The cold make unit on the serve line ambient was 47.9F and the small beverage air cooler ambient was 46.9F and were not keeping foods at 41F or below. Equipment for cooling and heating food, and holding cold and hot food, shall be sufficient in number and capacity to provide food temperatures.  
VERIFICATION IS NEEDED BY 10/09/2022. YOU MAY CONTACT LIZ MANNING AT 336-462-1991
- 44 4-901.11 Equipment and Utensils, Air-Drying Required-C(REPEAT): Metal containers stored by the tortillas on the serve line were wet stacked. After cleaning and sanitizing, equipment and utensils: shall be air-dried.
- 49 4-602.13 Nonfood Contact Surfaces-C(REPEAT): Cleaning is needed on the inside of all the reach-in coolers on the serve line. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 51 5-205.15 (B) Leak pipe etc. not imminent threat: Cold water still runs when both faucet are turned off. Using middle faucet to turn off water. A plumbing system shall be: Maintained in good repair
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods-C(REPEAT): Replace/repair cracked and missing floor tiles throughout the facility. A storage area and enclosure for refuse, recyclables, or returnables shall be maintained free of unnecessary items, as specified under § 6-501.114, and clean.  
6-501.12 Cleaning, Frequency and Restrictions-C(REPEAT): Cleaning is needed on the walls throughout the facility. (A) Physical facilities shall be cleaned as often as necessary to keep them clean.