Food Establishment Inspection Report

Establishment Name: MONTE DE REY

		.50	aIJ	in a	Minent Name. MONTE DE RET						
	L	002	atio	on .	Address: 838 S MAIN ST UNIT A1						
	_				NERSVILLE State: North Ca		line	_			
		-				10	IIIIi	1			
	Ζ	ip:	27	28	4 County: <u>34 Forsyth</u>						
	Ρ	err	ni	tte	e: MONTE DE REY						
	т	ele	nh	nor	ne: (336) 813-4085						
	•	-	-								
					ection O Re-Inspection						
	v	Vas	ste	wa	ater System:						
		Ø) N	lun	icipal/Community O On-Site System						
	v	~			ipply:						
	•										
		0) IV	lun	icipal/Community O On-Site Supply						
_	_										
	Fc	od	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ition	S	
	Ris	k fa	cto	rs: (Contributing factors that increase the chance of developing foo	db	orne	illr	ness.		
	Pu	blic	Hea	alth	Interventions: Control measures to prevent foodborne illness	or	injur	y			
C	ò	mp	lia	nc	e Status	(רטכ	г	CDI	R	VR
		-									
S	upe	ervis	ion		.2652	-		_			1
1	X	ουτ	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
-	X	оит	N/A		Certified Food Protection Manager			_			+
2	1				5	1		0			
E	mp	loye	еH	ealt		1		_			-
3	×	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит			Proper use of reporting, restriction & exclusion	3	1.5	0			<u> </u>
5	<u> </u>	оит			Procedures for responding to vomiting &	1	0.5	0			
-	~	001			diarrheal events	1	0.5	0			
				nic	Practices .2652, .2653						
6 7	1.	OUT	<u> </u>		Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1	0.5 0.5	_		<u> </u>	-
		оит	-			-	0.5	0		L	
			-	Con	tamination by Hands .2652, .2653, .2655, .265	-		0			
8	X	ουτ			Hands clean & properly washed	4	2	0			<u> </u>
9	M	ουτ	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	IN	о)∢ т	N/A		Handwashing sinks supplied & accessible	2	1	X	X		+
	-	ove	-			-					-
		OUT			Food obtained from approved source	2	1	0			1
		OUT		NX0		2	1	0			+
13	X	оит			Food in good condition, safe & unadulterated	2	1	0			-
14	N	оит	N/A	N/O	Required records available: shellstock tags,	2	1	0			
	ľ				parasite destruction	Ĺ	1	Ľ			
P	rote	ectio	n f	rom	Contamination .2653, .2654						
15	Ņ	ουτ	N/A		Food separated & protected	3	1.5				
16	IN	¢Хт		\square	Food-contact surfaces: cleaned & sanitized	3	1.5	X			
17	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
P	-	n#1-*	be !	- Inco				-			-
		OUT			ardous Food Time/Temperature .2653 Proper cooking time & temperatures	3	1.5	0			
	1	OUT				3	1.5	_			+
20	IN	оит	N/A	NXO	Proper cooling time & temperatures	3	1.5	0			
21	X	оит	N/A	N/O	Proper hot holding temperatures	3	1.5	-			
<u> </u>	-	о X т	_			3	1)\$5	-	X		
23	X	ουτ	N/A	N/O	Proper date marking & disposition	3	1.5	0		<u> </u>	
24	IN	ουτ	NXA	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
C	one	sume	er A	dvi	sory .2653	_		_			-
	T	<u> </u>	<u> </u>	<u> </u>	Consumer advisory provided for raw/						T
25	IN	оит	NA		undercooked foods	1	0.5	0			
н	igh	ly Si	usc	epti	ble Populations .2653						
	Ē	оит		ΓĪ	Pasteurized foods used; prohibited foods not	3	1.5	0			
Ē	<u> </u>	[].	1.4		offered	Ľ		Ľ			
_	-	nica			.2653, .2657	1	0.7	6			
		OUT	· ·		Food additives: approved & properly used	1	0.5	0			
		оит			Toxic substances properly identified stored & used	2	1	0		L	
C	Γ				ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	Г					
29	IN	ουτ	NXA		reduced oxygen packaging criteria or HACCP plan	2	1	0			
L	1				North Carolina Department of Health &	H	ima	n s	Service		Jivieiz

Establishment ID: 3034012759

Date: <u>02/01/2023</u> Time In: <u>1:10 PM</u>	_Status Code: <u>A</u> _Time Out: _3:35 PM
Category#: <u>IV</u>	
FDA Establishment Type:	Full-Service Restaurant

No. of Risk Factor/Intervention Violations: <u>3</u> No. of Repeat Risk Factor/Intervention Violations: <u>0</u>

					ractices: Preventative measures to control the addition of pa and physical objects into foods.	uio	yens	, un	enno	ais,	
С	on	npl	iar	nce	Status		OUT	Г	CDI	R	١
Sa	ife I	Food	d an	d Wa	ater .2653, .2655, .2658						
30 IN OUT KA Pasteurized eggs used where required								0			Γ
31	X	OUT			Water and ice from approved source	2	1	0			
32	2 IN OUT ₩ Variance obtained for specialized processing methods					2	1	0			
Fo	ood	Ten	nper	atur	e Control .2653, .2654						
33	×	оит			Proper cooling methods used; adequate equipment for temperature control 1 0.5						
34	IN	оит	N/A	N)X(0	Plant food properly cooked for hot holding	1	0.5	0			F
35	X	оит	N/A	N/O	Approved thawing methods used	1	0.5	0			ſ
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	ood	Ider	ntific	catio	n .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			Γ
Pr	eve	entic	on of	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57				_	
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			Γ
39	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	M	оит			Personal cleanliness	1	0.5	0			t
41	M	оит			Wiping cloths: properly used & stored	1	0.5	0			
42	×	ουτ	N/A		Washing fruits & vegetables	1	0.5	0			ſ
Pr	ope	er Us	se o	fUte	ensils .2653, .2654						
43	M	ουτ			In-use utensils: properly stored	1	0.5	0			Ĺ
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled 1		0.5	0			
45	×	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	OUT			Gloves used properly	1	0.5	0			
Ut	ens	sils a	and	Equ	ipment .2653, .2654, .2663					_	
47	IN	¢¥⊓			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1 035 0		0		x	
48	IN	% (⊤			Warewashing facilities: installed, maintained & used; test strips	1	0.5	X	Х		
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			Ĺ
	-			ilitie	s .2654, .2655, .2656						
_		OUT	N/A		Hot & cold water available; adequate pressure		0.5	0			
_		оит		\square	Plumbing installed; proper backflow devices		1	0			
52	M	OUT			Sewage & wastewater properly disposed	2	1	0			L
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	M	оит			Garbage & refuse properly disposed; facilities an						
55	IN	о){(т			Physical facilities installed, maintained & clean 1 0.5 X						
56	IN	¢∕ (⊤			Meets ventilation & lighting requirements; designated areas used	1	0.5	x			
_	_					2		-	_	_	_



ent of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer. Page 1 of _____ Food Establishment Inspection Report, 10/2021

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Comment Addendum to Food Establishment Inspection Report me: MONTE DE REY Establishment ID: 3034012759

Establishment Name: MONTE DE REY									
Location Address: 838 S MAIN ST UNIT A1									
City: KERNERSVILLE	State:NC								
County: 34 Forsyth	Zip: 27284								
Wastewater System: X Municipal/Community ON Water Supply: X Municipal/Community O									
Permittee: <u>MONTE DE REY</u>									
Telephone: <u>(</u> 336) 813-4085									

X Inspection Re-Inspection	Date: 02/01/2023
Comment Addendum Attached? X	Status Code: A
Water sample taken? Yes X No	Category #: <u>IV</u>
Email 1:M.HDZ71@YAHOO.COM	

Email 3:

Item	Location	Temp	Item	Location	is now 41 degree Temp Item	Location	Tem
Barbacoa	Flat top	146	Shredded Chicken	Walk In Cooler	36		
Shrimp	Reach In	39	Ambient	Walk In Cooler	36		
roccoli	Flip Top	36	Hot Water	3 Compartment Sink	142		
ettuce	Reach In	40	Final Rinse	Dish Machine	160		
Rice	Steam Well	174	Sanitizer Lactic	3 Compartment Sink	600		
Beans	Steam Well	179					
Chicken	Steam Well	200					
Ground Beef	Steam Well	178					
Cheese Sauce	Steam Well	149					
Wings	Grill Drawer	38					
Famale	Grill Drawer	37					
Raw Steak	Grill Drawer	38					
Chorizo	Final Cook	187					
Chicken	Final Cook	179					
Carnitas	Reheat for Hot Holding	208					
Cheese Quesadilla	a Left Out	68					
Ambient	Salsa Reach In	35					
Carnitas	Walk in Cooler	38					
Beans	Walk In Cooler	35					
Cheese Dip	Walk In Cooler	37					
Person in Ch	<i>F</i> narge (Print & Sign): Ri	<i>iirst</i> go		<i>.ast</i> lernandez	Fgh	B	
		irst		ast	201-		
Regulatory Auth	nority (Print & Sign): Gl	en	F	rugh	/ sun/mj	~ {	
REHS ID:3016	- Pugh, Glen		Verific	ation Required Date:			
REHS Contact F	Phone Number:				e final report to ved via Email:		

Establishment Name: MONTE DE REY

Establishment ID: 3034012759

Date: 02/01/2023 Time In: 1:10 PM Time Out: 3:35 PM

		Certifications							
Name Certificate # Type Issue Date Expiration Date									
Alfredo Antele Temich	21797897	Food Service	02/22/2022	02/22/2027					
Violations cited in th	Observatio	ns and Corrective		05.11 of the food code.					
10 5-205.11 (B) Using a Hai purposes other than hand ***Employee used hand	dwashing.			SINK may not be used for hk was cleaned and sanitized.					
ice bins and BEVERAGE tanks and distribution line EQUIPMENT: (b) At a free	not TIME/TEMPERATURE	CONTROL FOR SAFE nclosed components of E dispensing lines or tube ude accumulation of soi	TY FOOD shall be cl EQUIPMENT such as s, coffee bean grinde I or mold.	eaned: In EQUIPMENT such a ice makers, cooking oil storaç ers, and water vending					
	Y FOOD shall be maintaine It sitting on top of flip top a	ed: at 41F or below.		- TIME/TEMPERATURE . CDI quesadillas taken back to					
of breaks, open seams, o	Surfaces - Cleanability (Pf) cracks, chips, inclusions, pi nandles. CDI whisks were c	its, and similar imperfec		S shall be:(1) SMOOTH; (2) Fre					
surface temperature.	e registering temperature in ature indicator available. T	ndicator shall be provide	ed and readily access	cal WAREWASHING ible for measuring the UTENS ed. CDI thermal stickers left wit					
 55 6-501.12 Cleaning, Frequencies ***Floors under racks in the second seco	uency and Restrictions (C) dry storage need additiona	•	be cleaned as often	as necessary to keep them					
56 6-501.110 (B) Using Drea		(C) - Lockers or other su	itable facilities shall	be used for the orderly storage					

of EMPLOYEE clothing and other possessions. ***Employee phone left on prep table. Speaker in prep area stored with clean equipment.