

Food Establishment Inspection Report

Score: 90

Establishment Name: CAMINO REAL

Establishment ID: 3034012840

Location Address: 3800 REYNOLDA RD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 03 / 21 / 2017 Status Code: A

Zip: 27106

County: 34 Forsyth

Time In: 10 : 40 am pm

Time Out: 01 : 05 am pm

Permittee: CAMINO REAL AND ASSOCIATES INC.

Total Time: 2 hrs 25 minutes

Telephone: (336) 923-0001

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 3

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

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input type="checkbox"/>
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	<input type="checkbox"/>
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	0.5	0	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	0	<input type="checkbox"/>
Total Deductions:							10			



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
DHHS is an equal opportunity employer.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CAMINO REAL
Location Address: 3800 REYNOLDA RD
City: WINSTON SALEM **State:** NC
County: 34 Forsyth **Zip:** 27106
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: CAMINO REAL AND ASSOCIATES INC.
Telephone: (336) 923-0001

Establishment ID: 3034012840
 Inspection Re-Inspection **Date:** 03/21/2017
Comment Addendum Attached? **Status Code:** A
Category #: IV
Email 1: franking7@yahoo.com
Email 2:
Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
lingua	make-unit	35	refried beans	hot well	157	shrimp	final cook	171
tripa	make-unit	38	rice	hot well	141	chorizo	final cook	166
carnitas	make-unit	37	ambient air	upright cooler	40	steak	final cook	160
lettuce	make-unit	41	salsa	make-unit	41	hot water	3-compartment sink	140
tomato	make-unit	41	cabbage	make-unit	38	bleach (ppm)	3-compartment sink	50
pico	make-unit	39	rice	walk-in cooler	38	Fredy Salinas	3-14-21 exp.	0
chicken	hot well	148	refried beans	walk-in cooler	39			
beef	hot well	149	carnitas	walk-in cooler	40			

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.

- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - Repeat - Raw beef and raw chicken stored above raw shrimp in make-unit. Raw chicken and raw beef stored above raw shrimp and raw fish in walk-in cooler on 1 shelf. Raw chicken stored above peppers and onions on other shelf in walk-in cooler. Raw animal products shall be stored in accordance to final cook temperatures and not be stored above ready-to-eat foods. CDI - Food storage order corrected during inspection.
- 14 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P - Repeat - Dish machine reading below 50 ppm chlorine. Chlorine sanitizers shall be 50-200 ppm chlorine. VR - Contact Andrew Lee at (336)703-3128 when dish machine has been repaired. Technician called during inspection. Establishment is to use 3-compartment sink vat filled with bleach sanitizer until dish machine is repaired. Complete by 3-23-2017.
- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF - Repeat - Carnitas, lingua and tripa not date marked in make-unit. Manager states items were prepared Friday. Ham and chicken wings not date marked in upright cooler. Manager states items were prepared Sunday. Rice and carnitas not date marked in walk-in cooler. Manager states items were prepared Sunday. Potentially hazardous ready-to-eat foods shall be date marked if held in the establishment for more than 24 hours. CDI - All items date marked by manager.



Person in Charge (Print & Sign): _____
First *Last*
Regulatory Authority (Print & Sign): Andrew Lee _____
First *Last*

REHS ID: 2544 - Lee, Andrew

Verification Required Date: 03 / 22 / 2017

REHS Contact Phone Number: (336) 703 - 3128



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- 37 3-303.12 Storage or Display of Food in Contact with Water or Ice - C - Fish stored in undrained ice in walk-in cooler. Seafood shall not be stored on undrained ice. Use a perforated pan inside another pan to allow melted ice to drain. // 3-305.11 Food Storage-Preventing Contamination from the Premises - C - Containers of shellstock stored on floor in walk-in cooler. Food shall be stored at least 6 inches off the floor. CDI - Containers moved to shelving.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Knife stored between prep table and make-unit. In-use utensils must not be stored where they are subject to contamination. CDI - Knife removed. 0 pts.
- 45 4-101.17 Wood, Use Limitation - C - Raw wood planks used as serving surface for molcajete and raw wood boards used to prop up tortilla warmer. Raw wood is not to be used in establishment. Raw wood must be sealed. Remove from establishment. // 4-205.10 Food Equipment, Certification and Classification - C - Establishment is reusing sour cream buckets. Equipment shall be ANSI-approved and not be reused single-service articles. Remove from establishment.
- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF - No chlorine test strips at establishment. Test strips must be at establishment for testing sanitizer. VR - Acquire chlorine test strips within 10 days and contact Andrew Lee at (336) 703-3128 when acquired.
- 51 5-501.17 Toilet Room Receptacle, Covered - C - No covered receptacle in employee restroom. Restrooms used by women must have a covered receptacle. 0 pts.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Ceiling vent in dry storage area has accumulated dust and needs to be cleaned. Floors, walls and ceilings shall be maintained clean. // 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Dish machine needs to be recaulked to wall as old caulking has accumulated mold. Physical facilities shall be easily cleanable. 0 pts.



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✓
Spell



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