

Food Establishment Inspection Report

Score: 96

Establishment Name: MI PUEBLO #8

Establishment ID: 3034011447

Location Address: 2905 REYNOLDA RD

☐ Inspection ☒ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 07 / 2017 Status Code: A

Zip: 27106 County: 34 Forsyth

Time In: 01 : 30 ^{am} _{pm} Time Out: 03 : 20 ^{am} _{pm}

Permittee: MI PUEBLO NO 8 INC

Total Time: 1 hr 50 minutes

Telephone: (336) 722-5772

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: 0

No. of Repeat Risk Factor/Intervention Violations: 0

| 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 | | |
| Employee Health .2652 | | | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, employees knowledge; responsibilities & reporting | | | 3 | 13 | 0 | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of reporting, restriction & exclusion | | | 3 | 13 | 0 | |
| 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 | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose or mouth | | | 1 | 03 | 0 | |
| 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 | |
| 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 | 13 | 0 | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handwashing sinks supplied & accessible | | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | | | 2 | 1 | 0 | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | | | 2 | 1 | 0 | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe & unadulterated | | | 2 | 1 | 0 | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | | | 3 | 13 | 0 | |
| 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | 3 | 13 | 0 | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooking time & temperatures | | | 3 | 13 | 0 | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | | | 3 | 13 | 0 | |
| 18 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time & temperatures | | | 3 | 13 | 0 | |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | | | 3 | 13 | 0 | |
| 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | | | 3 | 13 | 0 | |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking & disposition | | | 3 | 13 | 0 | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records | | | 2 | 1 | 0 | |
| Consumer Advisory .2653 | | | | | | | | | | |
| 23 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | | | 1 | 03 | 0 | |
| Highly Susceptible Populations .2653 | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | | | 3 | 13 | 0 | |
| Chemical .2653, .2657 | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used | | | 1 | 03 | 0 | |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | | | 2 | 1 | 0 | |
| 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 | |

| 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 | 03 | 0 | |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | 2 | 1 | 0 | |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | | | 1 | 03 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | | | | | | |
| 31 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | | | 1 | 03 | 0 | |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | | | 1 | 03 | 0 | |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | | | 1 | 03 | 0 | |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | | | 1 | 03 | 0 | |
| Food Identification .2653 | | | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | | | 2 | 1 | 0 | |
| 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 | |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | 2 | 1 | 0 | |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | 1 | 03 | 0 | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | | | 1 | 03 | 0 | |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | | | 1 | 03 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | |
| 41 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | 1 | 03 | 0 | |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | | | 1 | 03 | 0 | |
| 43 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | | | 1 | 03 | 0 | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | | 1 | 03 | 0 | |
| 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 | 03 | 0 | |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | | | 1 | 03 | 0 | |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | | | 03 | 0 | | |
| 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 | |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | 2 | 1 | 0 | |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | | | 2 | 1 | 0 | |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied & cleaned | | | 1 | 03 | 0 | |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | | | 1 | 03 | 0 | |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | | | 1 | 03 | 0 | |
| 54 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | | | 1 | 03 | 0 | |
| Total Deductions: 4 | | | | | | | | | | |



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

CR
OF



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MI PUEBLO #8
 Location Address: 2905 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: MI PUEBLO NO 8 INC
 Telephone: (336) 722-5772

Establishment ID: 3034011447
☐ Inspection ☒ Re-Inspection Date: 08/07/2017
 Comment Addendum Attached? ☐ Status Code: A
 Category #: IV
 Email 1:
 Email 2:
 Email 3:

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-------------|----------------|------|----------------|--------------------|------|----------------|-------------------|------|
| lengua | hot hold | 156 | chile relleno | make-unit | 42 | chlorine (ppm) | dish machine | 100 |
| carne asada | hot hold | 163 | carnitas | walk-in cooler | 40 | ServSafe | Richardo Arellano | 0 |
| chicken | hot hold | 171 | barbacoa | walk-in cooler | 37 | | | |
| brisket | hot hold | 155 | pico | walk-in cooler | 36 | | | |
| flauta | upright cooler | 41 | salsa | walk-in cooler | 40 | | | |
| pico | make-unit | 41 | tomatillo | walk-in cooler | 39 | | | |
| lettuce | make-unit | 43 | hot water | 3-compartment sink | 144 | | | |
| tomato | cooling | 68 | chlorine (ppm) | 3-compartment sink | 100 | | | |

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.

- 31 3-501.15 Cooling Methods - PF - Repeat - Tomatoes in make-unit measured 68F and were actively cooling. Potentially hazardous foods that are cooling shall be placed in equipment that is designed to rapidly cool foods such as the walk-in cooler. CDI - Tomatoes taken to walk-in cooler as corrective action.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Tongs stored in container of water that was at room temperature. In-use utensils must be stored in a clean container, in the food, or in water that measures 135F or above. CDI - Tongs taken to ware washing area as corrective action.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - Rims of disposable cups unprotected. Ensure that single-use articles such as disposable cups are stored in their plastic sleeves or that they are not overstacked above the top of the container/holder. 0 pts.



Person in Charge (Print & Sign): *First* *Last*

Regulatory Authority (Print & Sign): *First* *Last*
 Andrew Lee

[Signature]
[Signature]

REHS ID: 2544 - Lee, Andrew

Verification Required Date: / /

REHS Contact Phone Number: (3 3 6) 7 0 3 - 3 1 2 8



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: MI PUEBLO #8

Establishment ID: 3034011447

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.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Repeat - Rusted utensil shelf and rusted dry storage shelf. Large crack present in prep sink. Manager states welder is scheduled to repair crack in prep sink this week. Equipment shall be maintained in good repair. Repair/replace listed equipment.
- 47 4-602.13 Nonfood Contact Surfaces - C - Repeat - Additional cleaning needed inside microwave and gaskets of make-unit doors are moldy and require cleaning. Nonfood contact surfaces shall be maintained clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Repeat - No coved base present in restrooms. Floors, walls and ceilings shall be easily cleanable. Install coved baseboard or use caulk/grout mixture to manually create cove where wall meets the floor in restrooms.
- 54 6-303.11 Intensity-Lighting - C - Repeat - Lighting low at right side of grill and at oven (25-35 foot candles) and in both restrooms: 2-12 foot candles. Lighting shall be at least 50 foot candles where food is prepared and at least 20 foot candles at plumbing fixtures in restrooms.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MI PUEBLO #8

Establishment ID: 3034011447

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.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MI PUEBLO #8

Establishment ID: 3034011447

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.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MI PUEBLO #8

Establishment ID: 3034011447

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.

✓
Spell

