

Food Establishment Inspection Report

Score: 97.5Establishment Name: CHIPOTLE 2640Establishment ID: 3034012441Location Address: 1020 SOUTH MAIN STREET SUITE G☒ Inspection ☐ Re-InspectionCity: KERNERSVILLEState: NCDate: 05 / 24 / 2017 Status Code: AZip: 27284County: 34 ForsythTime In: 10 : 30 ☒ am ☐ pmTime Out: 11 : 55 ☒ am ☐ pmPermittee: CHIPOTLE MEXICAN GRILL INC.Total Time: 1 hr 25 minutes

Telephone: _____

Category #: IIIWastewater System: ☒ Municipal/Community ☐ On-Site SystemFDA Establishment Type: Full-Service RestaurantWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: _____

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	0	0	0	0	0
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	15	0	0	0	0	0
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	15	0	0	0	0	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	0	0	0	0
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	05	0	0	0	0	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	0	0	0	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	15	0	0	0	0	0
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	0	0	0	0
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	0	0	0	0
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	0	0	0	0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	0	0	0	0
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	15	0	0	0	0	0
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	15	0	0	0	0	0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0	0	0	0	0
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	15	0	0	0	0	0
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	15	0	0	0	0	0
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	15	0	0	0	0	0
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	15	0	0	0	0	0
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	15	0	0	0	0	0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	15	0	0	0	0	0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0	0	0	0	0
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	05	0	0	0	0	0
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	15	0	0	0	0	0
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	05	0	0	0	0	0
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0	0	0	0	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	0	0	0	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	05	0	0	0	0	0
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	0	0	0	0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	05	0	0	0	0	0
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	05	0	0	0	0	0
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	05	0	0	0	0	0
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	05	0	0	0	0	0
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	05	0	0	0	0	0
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	0	0	0	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	0	0	0	0
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0	0	0	0	0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	05	0	0	0	0	0
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	05	0	0	0	0	0
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	05	0	0	0	0	0
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	05	0	0	0	0	0
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	05	0	0	0	0	0
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	05	0	0	0	0	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	1	<input checked="" type="checkbox"/>	0	0	0	0
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	05	0	0	0	0	0
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	05	0	0	0	0	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	0	0	0	0
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0	0	0	0	0
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	0	0	0	0
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	05	0	0	0	0	0
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	05	<input checked="" type="checkbox"/>	0	0	0	0
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	05	<input checked="" type="checkbox"/>	0	0	0	0
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Deductions:										2.5	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: CHIPOTLE 2640

Establishment ID: 3034012441

Location Address: 1020 SOUTH MAIN STREET SUITE G

☒ Inspection ☐ Re-Inspection Date: 05/24/2017

City: KERNERSVILLE State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27284

Category #: III

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: CHIPOTLE MEXICAN GRILL INC.

Email 1:

Email 2:

Telephone: _____

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Johnathan	10/12/20	0	Lettuce	Serving line	45	Raw chicken	Walk-in cooler	40
Hot water	4 comp sink	124	Lettuce	3 door	42	Rice	Hot hold	170
Quat	4 comp sink	400	Tomatoes	3 door	38	Air temp	Beverage cooler	44
Green	Serving line	171	Black beans	3 door	43			
Baked beans	Serving line	168	Rice	Final	197			
Chicken	Serving line	176	Chicken	Final	198			
Steak	Serving line	143	Black beans	Reheat	194			
Pico de gallo	Serving line	41	Air	Walk-in cooler	43			

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.

- 8 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF- One employee observed dispensing water from handwashing sink into metal pan for steam table and another employee placed sanitizer bucket inside handwashing sink. A handwashing sink shall be maintained so that it is accessible at all times for employee use and may not be used for purposes other than handwashing. CDI- Employees were instructed to not use handwashing sink for purposes other than handwashing. Person in charge advised to go over handwashing sink operation with all employees.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C- REPEAT. All metal pans were stacked wet. After washing, rinsing, and sanitizing, equipment and utensils shall be completely air-dried prior to stacking.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- 0 pts. Torn gasket present on 3 door cooler. Person in charge has placed work order. Documentation provided.

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

Regulatory Authority (Print & Sign): *First* Eva *Last* Robert REHSI

[Handwritten Signature: J. Hernandez]
[Handwritten Signature: Eva Robert REHSI]

REHS ID: 2551 - Robert, Eva

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3135



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- 52 5-501.113 Covering Receptacles - C- 0 pts. One dumpster door open. Receptacles shall be maintained covered.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C- 0 pts. Recaulk front handwashing sink and back of toilet to wall in men's restroom. Physical facilities shall be easily cleanable.
- 54 6-303.11 Intensity-Lighting - C- REPEAT. Low lighting measured at grill line 25-30 foot candles. Lighting shall be at least 50 foot candles in areas of food prep. Increase lighting.// 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition - C- Fan guards inside walk-in cooler require additional cleaning to remove dust buildup. Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials.



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