-ood Establishment Inspection Report Score: 98.5																				
Establishment Name: MAGUEY MEXICAN RESTAURANT, EL Establishment ID: 3034011684															_					
Location Address: 5160 REIDSVILLE RD											☐ Inspection ☐ Re-Inspection									
City: WALKERTOWN State: NC									Date: 01/17/2020 Status Code: A											
Zip: 27051 County: 34 Forsyth									Time In: $12:45 \overset{\bigcirc \text{am}}{\otimes} \text{pm}$ Time Out: $04:00 \overset{\bigcirc \text{am}}{\otimes} \text{pm}$											
											Total Time: 3 hrs 15 minutes									
	Permittee: EL MAGUEY LLC Telephone: (336) 595-4220										Category #: IV									
	_												_	stablishment Type: Full-Service Restaurant			-			
	<b>Vastewater System:</b> $oxtimes$ Municipal/Community $ oxtimes$ On-Site Sys										tem No. of Risk Factor/Intervention Violations: 0									
Water Supply:          \[           \omega \text{Municipal/Community} \]         \[           \omega \text{On-Site Supply} \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]         \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega \text{No. of Repeat Risk Factor/Intervention Violations: } \]     \[           \omega No. of Re													าร:	_						
Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Public Health Interventions: Control measures to prevent foodborne illness or injury.										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				DUT	N/A	N/O	Compliance Status	OUT CDI R V			VR		
S	uper				.2652				$\vdash$	ife F	_			- 1						
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2 0			28			X		Pasteurized eggs used where required	1 0.	5 0				
$\neg$		oyee	e He	alth	.2652				29	X				Water and ice from approved source	2 1	0				
$\rightarrow$	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30			×		Variance obtained for specialized processing methods	1 0.	5 0				
_	X				Proper use of reporting, restriction & exclusion	3 1.5 0			Fo	Food Temperature Control .2653, .2654										
$\overline{}$	$\overline{}$		gien	ic Pı	ractices .2652, .2653				31	×				Proper cooling methods used; adequate equipment for temperature control	1 0.	5 0				
-	_				Proper eating, tasting, drinking, or tobacco use	2 1 0		쁘	32	X				Plant food properly cooked for hot holding	1 0.	5 0				
_	×				No discharge from eyes, nose or mouth	1 0.5 0			$\vdash$	-+			X	Approved thawing methods used	1 0.	+	$\vdash$		Б	
$\overline{}$		$\neg$	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				34	$\rightarrow$	П			Thermometers provided & accurate	1 0.	+	$\vdash$		П	
$\rightarrow$	=				Hands clean & properly washed  No bare hand contact with RTE foods or pre-	420	$\vdash$	#	$\vdash$	od l	=	tific	atio	•						
-	_			Ш	approved alternate procedure properly followed	3 1.5 0		44	35	X				Food properly labeled: original container	2 1	0				
8 🗵												7								
$\neg$		ovec	1 50	urce					36	×				Insects & rodents not present; no unauthorized animals	2 1	0				
$\dashv$		=			Food obtained from approved source	210			37		X			Contamination prevented during food preparation, storage & display	2	0				
10	_			IX.	Food received at proper temperature	210			38	X				Personal cleanliness	1 0.	50				
11	_				Food in good condition, safe & unadulterated  Required records available: shellstock tags,	210			39	×				Wiping cloths: properly used & stored	1 0.	0				
			X		parasite destruction	210		10	40	_		П		Washing fruits & vegetables	1 0.	+	$\vdash$		П	
13	_	$\overline{}$			Contamination .2653, .2654 Food separated & protected	3 1.5 0			Proper Use of Utensils .2653, .2654											
$\rightarrow$	-			Ш	·				41	×				In-use utensils: properly stored	1 0.	5 0				
14	-				Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served,	3 1.5 0		111	42	X				Utensils, equipment & linens: properly stored, dried & handled	1 0.	5 0				
	X stan	LI LI	by I Iz		reconditioned, & unsafe food	210		ᆚᆜ	43	$\rightarrow$				Single-use & single-service articles: properly stored & used	1 0.	5 0			П	
$\neg$	oten ⊠	liaii	ју на П	azan	dous Food Time/Temperature .2653  Proper cooking time & temperatures	3 1.5 0			44	-+				Gloves used properly	1 0.	+				
-	X				Proper reheating procedures for hot holding	3 1.5 0			$\vdash$		=	nd l	Eau	ipment .2653, .2654, .2663		عام			Ë	
$\dashv$									45				-9-	Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 1		П	П	Г	
18 19	×				Proper cooling time & temperatures  Proper hot holding temperatures	3 1.5 0			46	-				constructed, & used Warewashing facilities: installed, maintained, &	1 0.				E	
$\dashv$	×				Proper cold holding temperatures	3 1.5 0			$\vdash$	-+				used; test strips		50			H	
$\dashv$	×					3 1.5 0			$\perp$	ysic	ᆜ	aci	litio	Non-food contact surfaces clean  S .2654, .2655, .2656	1 0.		븨	Ш	L	
21					Proper date marking & disposition  Time as a public health control: procedures &					_			IIIIC.	Hot & cold water available; adequate pressure	2 1		П		П	
22 C	onsi	ıme	× Δc	dviso	records	2 1 0			49	_				Plumbing installed; proper backflow devices	2 1					
$\neg$	X			IVIS	Consumer advisory provided for raw or	1 0.5 0	ПП		50	-+					21					
		y Su		ptib	le Populations .2653		1-1-			-+				Sewage & waste water properly disposed  Toilet facilities: properly constructed, supplied					H	
24		$\neg$	×		Pasteurized foods used; prohibited foods not offered	3 1.5 0			51	$\rightarrow$	믜			& cleaned Garbage & refuse properly disposed; facilities	1 0.			Ш	닏	
C	hem				.2653, .2657				52	-				maintained	1 0.	$\vdash$	-			
25			X		Food additives: approved & properly used	1 0.5 0			53	-	X			Physical facilities installed, maintained & clean	1 0.	+	$\vdash$	X		
_	×				Toxic substances properly identified stored, & used	210			54		X			Meets ventilation & lighting requirements; designated areas used	1	0				
С	onfo	rma		wit	h Approved Procedures .2653, .2654, .2658					_				Total Deductions:	1.5					
27	Ш	Ц	X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2 1 0								Total Deductions.						



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					<u>stablishn</u>	nent l	<u>Inspectio</u>	n Report			
Establishme	ent Name: MAGUEY M	IEXICAN RI	ESTAURANT, E	<u>L</u>	Establishr	nent ID	): <u>3034011684</u>				
City: WALK County: 34 Wastewater Water Suppl	Forsyth  System: ☑ Municipal/Com	munity 🗌 (		☐ Inspection ☐ Re-Inspection ☐ Date: 01/17/2020  Comment Addendum Attached? ☐ Status Code: A  Water sample taken? ☐ Yes ☒ No Category #: IV  Email 1:  Email 2:							
Telephone	: (336) 595-4220				Email 3:						
			Tempe	erature Ol	bservation						
	C	old Hol	•				ees or les	s			
ltem servsafe	Location Gilberto Cruz 2/21/21	Temp 0	Item rice	Location cook temp		Temp 198	Item salsa	Location salsa cooler	Temp 38		
hot water	3 compartment sink	127	chicken	cook temp		190	air temp	bar cooler	36		
chlorine	3 compartment sink	100	shrimp	cook temp		182	vegetable	cook temp	186		
chlorine	dish machine	100	beans	reheat temp	p	207					
chlorine	spray bottle	100	raw beef	cold drawer	r	38					
taco meat	steam table	186	raw shrimp	right prep		38					
chicken fajita	steam table	174	sour cream	left prep		39					
beans	steam table	190	tomato	left prep		40	-				
custon Pitcher 53 6-501. restroc 54 6-303.	11 Food Display-Prevener seating. No sneezers covered with plastic 11 Repairing-Premiser om. Seal undersides of 11 Intensity-Lighting - Increase lighting to 50	e guard in wrap. s, Structur f bar in ba	place. Protectes, Attachments service are	t food on dis nts, and Fixt ea where wo	play using sh ures-Method ood is expose	ields, p s - C 0 դ d. Phys	ackaging, or o	other effective m base in place in shall be in good i	eans. CDI, employee repair.		
Lock Text — Person in Cha	_	Fii aul Fii	rst	La Garcia	ast ast				<b>3</b>		
negulalul y Al			aylor, Amanc	la		Verifica	ation Required I	Date: /			

REHS Contact Phone Number:  $(\underline{336})\underline{703} - \underline{3136}$ 

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

DHHS is an equal opportunity employer.

Page 2 of \_\_\_\_\_ Food Establishment Inspection Report, 3/2013



Establishment Name: MAGUEY MEXICAN RESTAURANT, EL Establishment ID: 3034011684

#### **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.







Establishment Name: MAGUEY MEXICAN RESTAURANT, EL Establishment ID: 3034011684

Observations and Corrective Actions
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