## Food Establishment Inspection Report

Establishment Name: MO'	EMPANADAS			
Location Address: 106 SHOR	T STREET			
City: KERNERSVILLE	State: North Carolina	D		
Zip: 27284 Cou	unty: 34 Forsyth	Т		
Permittee: MO' EMPANADAS	3	C		
<b>Telephone</b> : (973) 570-7101				
	○ Re-Inspection	F		
Wastewater System:				
Municipal/Community	On-Site System	N		
Water Supply:		N		
Municipal/Community	On-Site Supply			

Date: 06/21/2022 Time In: 10:30 AM Category#: III	_Status Code: A _Time Out: _12:00 PM
FDA Establishment Type:	Full-Service Restaurant
No. of Risk Factor/Interve	ention Violations: 0

**Good Retail Practices** 

Establishment ID: 3034028109

Score:

100

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	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										
C	ò	mp	lia	nc	e Status	OUT		Γ	CDI	R	VR
S	upe	ervis	ion		.2652						
1	ìX	оит	N/A		PIC Present, demonstrates knowledge, &	1		0			
_	Ĺ	оит	_	Н	performs duties  Certified Food Protection Manager			_			$\vdash$
2	-	loye	_	ш		1		0			닉
3	Ť	оит	П	ean	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	ìX	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
				nic	Practices .2652, .2653	_					
7	12	OUT OUT	-		Proper eating, tasting, drinking or tobacco use  No discharge from eyes, nose, and mouth	1	0.5	-			$\vdash$
Pi		1	_	Conf	tamination by Hands .2652, .2653, .2655, .265	6					
8	_	оит	_		Hands clean & properly washed	4	2	0			
9	X	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	M	оит	N/A		Handwashing sinks supplied & accessible	2	1	0			
Α	ppı	rove	d S	our	ce .2653, .2655						
-	+	оит	_		Food obtained from approved source	2	1	0			
_	-	OUT	-	<b>1)</b> ∕⁄0	Food received at proper temperature	2	1	0			
13	X	OUT	$\vdash$	Н	Food in good condition, safe & unadulterated  Required records available: shellstock tags.	2	1	0			$\vdash$
	L	оит		Ш	parasite destruction	2	1	0			Ш
					Contamination .2653, .2654	_		_			
_	<b>"</b>	оит	N/A	N/O		3	1.5	-			$\vdash \vdash$
	Ť	оит		Н	Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served,	-	1.5	$\vdash$			H
17	X	оит			reconditioned & unsafe food	2	1	0			
					ardous Food Time/Temperature .2653	-					=
		OUT				3	1.5	-			$\vdash\vdash$
-	-	OUT	-	- `	Proper reheating procedures for hot holding Proper cooling time & temperatures	3	1.5	-			$\vdash\vdash$
		OUT			Proper hot holding temperatures	3	1.5	-			H
-	+	OUT	-	-	Proper cold holding temperatures	3	1.5	-			$\Box$
-	1	оит	-			3	1.5	_			
24	IN	оит	ıχ	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
С	ons	sum	er A	dvi	sory .2653						
25	IN	оит	ΝX		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Н	igh	ly S	usc	epti	ble Populations .2653						
26	X	оит	N/A		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
	_	nica			.2653, .2657						
		OUT			Food additives: approved & properly used	-	0.5	-			Ш
		оит	_	_	Toxic substances properly identified stored & used	2	1	0			Щ
С	onf	orm	and	e w	ith Approved Procedures .2653, .2654, .2658  Compliance with variance, specialized process,						
29	IN	оит	ŊXĄ		reduced oxygen packaging criteria or HACCP plan	2	1	0			

					Good Retail Fractices						
	G	ood	Reta	ail P	ractices: Preventative measures to control the addition of pa	tho	gens	, ch	emica	als,	
_			_		and physical objects into foods.	_					_
Compliance Status			OUT	Г	CDI	R	VI				
		Food		d Wa	ater .2653, .2655, .2658						
		OUT	<b>ìX</b> A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT			Water and ice from approved source	2	1	0			
32	IN	оит	i <b>)X</b> A		Variance obtained for specialized processing methods	2	1	0			
Fo	ood	Ten	nper	atur	re Control .2653, .2654			_			
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	оит	N/A	<b>Ŋ</b> (o	Plant food properly cooked for hot holding	1	0.5	0			
35	X	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	ood	lder	ntific	atio	n .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			
Pr	eve	entio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	×	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	ж	OUT			Personal cleanliness	1	0.5	0			
41	×	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	×	OUT	N/A		Washing fruits & vegetables	1	0.5	0			
Pr	оре	er Us	se o	f Ute	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			
44	×	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	×	оит			Gloves used properly	1	0.5	0			
Ut	tens	sils a	and	Equ	ipment .2653, .2654, .2663						
47	M	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	×	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			
Pł	nys	ical	Faci	litie	s .2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	X	оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	оит			Sewage & wastewater properly disposed	2	1	0			
53	×	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	M	OUT		$\vdash \vdash$	Physical facilities installed, maintained & clean	1	0.5	0		Н	
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			L





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034028109 Establishment Name: MO' EMPANADAS Location Address: 106 SHORT STREET Date: 06/21/2022 X Inspection Re-Inspection City: KERNERSVILLE State: NC Comment Addendum Attached? Status Code: A County: 34 Forsyth Zip: 27284 Water sample taken? Yes X No Category #: III Email 1:MIKE@MOEMPANADAS.COM Municipal/Community On-Site System Water Supply: Permittee: MO' EMPANADAS Email 2: Telephone: (973) 570-7101 Email 3:MIKE@MOEMPANADAS.COM Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Temp Item Temp 135 hot water 3 comp 200 sanitizer quat 3 comp 300 sanitizer quat bucket 40 walk in cooler cheese 40 walk in cooler cooked pork 40 raw chicken walk in cooler **CFPM Michael** 0 01/26/2027 <u>Orteann</u> 189 final cook chicken First Last Person in Charge (Print & Sign): Michael Ortegon First Last Regulatory Authority (Print & Sign): John Dunigan

> REHS ID: 3072 - Dunigan, John Verification Required Date:

