

# Food Establishment Inspection Report

Score: 92

**Establishment Name:** MONTE DE REY  
**Location Address:** 1410 RIVER RIDGE ROAD  
**City:** CLEMMONS **State:** NC  
**Zip:** 27012 **County:** 34 Forsyth  
**Permittee:** MONTE DE REY, INC.  
**Telephone:** (336) 788-1370

**Establishment ID:** 3034011545  
☒ Inspection ☐ Re-Inspection  
**Date:** 06/26/2015 **Status Code:** A - Open For Business  
**Time In:** 9:40 AM **Time Out:** 1:40 PM  
**Category#:** IV  
**FDA Establishment Type:** Full-Service Restaurant  
**No. of Risk Factor/Intervention Violations:** 3  
**No. of Repeat Risk Factor/Intervention Violations:** 1

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

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

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
<b>Safe Food and Water</b> .2653, .2655, .2658									
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	1	0.5	0	
29	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	1	0.5	0	
<b>Food Temperature Control</b> .2653, .2654									
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	X	0.5	0	X
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	0.5	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	0.5	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	1	0.5	0	
<b>Food Identification</b> .2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657									
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects and rodents not present; no unauthorized animals	2	1	X	
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display	2	X	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	0.5	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	1	0.5	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	1	0.5	0	
<b>Proper Use of Utensils</b> .2653, .2654									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0.5	0	
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried and handled	1	0.5	X	X
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use and single-service articles: properly stored and used	1	0.5	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0.5	0	
<b>Utensils and Equipment</b> .2653, .2654, .2663									
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	2	X	0	X
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; test strips	1	.5	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food-contact surfaces clean	1	X	0	
<b>Physical Facilities</b> .2654, .2655, .2656									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	2	1	0	
49	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied and cleaned	1	.5	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	1	.5	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained and clean	1	X	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation and lighting requirements; designated areas used	1	.5	0	
<b>TOTAL DEDUCTIONS:</b>						<b>8.0</b>			



# Comment Addendum to Food Establishment Report

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 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
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 Telephone: (336) 788-1370

Establishment ID: 3034011545  
☒ Inspection ☐ Re-Inspection Date: 06/26/2015  
 Comment Addendum Attached ? ☐ Status Code: A  
 Category#: IV  
 Email 1: pentro@live.com  
 Email 2: \_\_\_\_\_  
 Email 3: \_\_\_\_\_

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
cheese sause/ walk in	45.0	cheese sause/ hot line	135.0		
steak/ walk in	45.0	hot water/ prep sink	156.0		
beans/ walk in	45.0	beans/ final cook	160.0		
tomato/ reach in	40.0	hot plate te/ dishmachine	180.0		
tomato/ make uni	41.0	chili relen/ upright	43.0		
lettuce/ mke unit	44.0	octopus/ upright	39.0		
red sause/ hot line	150.0	chicken wing/ upright	45.0		
brown sause/ hot line	160.0	6-17-19/ martin jimenez	0.0		

## Observations and Corrective Actions

Violatons cited in this report must be corrected within the time frames below , or as stated in sections 8-405.11 of the food code.

Item Number	Observations and Corrective Actions
2	2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P Employee health policy is not in place at this time and PIC could not identify the illness and symptoms associated with the health policy. An employee health policy shall be in place that lists the big five illnesses and symptoms and the exclusion policies associated with them. CDI: PIC given a copy of the employee health policy in spanish and english.
20	3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P Upright freezer not functioning at time of inspection. Potentially hazardous foods ranged from 22F - 58F. Foods in cold holding units shall be kept at 45F or lower at all times. CDI: All potentially hazardous foods that were over above cold holding temperatures or labelled "keep frozen" and have thawed were opened, discarded, and denatured with bleach. Foods discarded were: One bag of scallops, one bag of crab meat, two sandwich bags of breaded shrimp, two closed boxes of stuffed chicken breast, one package of seafood mix, 14 small bags of out of shell oysters, one pan of chicken wings, 4 bags of chopped beef tongue, 1 pan of cut beef, one pan of stuffed poblano peppers, one bag of flounder, one pan of tamales. Product Disposition form given to PIC.
23	3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens - PF Menu has consumer advisory but does not have identification markings as to what foods may be ordered raw or undercooked. Add markings such as asterisk to foods that are able to be ordered raw or undercooked. Contact Joseph Chrobak at the forsyth county health department at 336-703-3164 when consumer advisory is corrected for review.
31	3-501.15 Cooling Methods - PF Repeat: Foods in walk in cooler such as beans and cheese sauce are cooling in large batches. Thick foods such as beans and cheese sauce shall be cooled in small batches, in metal containers to allow for proper air exchange. Pan thick and heavy foods into smaller amounts to allow them to rapidly cool.
36	6-202.15 Outer Openings, Protected - C Bottom of screen door in back has torn opening a space for pests to enter. Repair the screen door to be fully sealed. Opts
37	3-307.11 Miscellaneous Sources of Contamination - C plastic bins of cumin, salt, chicken base, sugar were open without lids. Taco shells under grill did not have a cover. All food and ingredients shall be covered to prevent potential contamination. CDI: Bins of spices were covered during the inspection.
42	4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C Spoons and forks were stored in a plastic bin in the back with mouth contact parts facing up. All utensils shall be stored with the handles up to prevent hand contact contamination to the mouth contact parts of the utensil.



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**Comment Addendum Attached ?** ☐ **Status Code:** A  
**Category#:** IV  
**Email 1:** pentro@live.com  
**Email 2:** \_\_\_\_\_  
**Email 3:** \_\_\_\_\_

## Observations and Corrective Actions

Item Number	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.
Item Number	Observations and Corrective Actions
45	4-205.10 Food Equipment, Certification and Classification - C One jack la lannes power juicer labelled household use only in the back storage area. Only ANSI approved food service equipment shall be used in the permitted food establishment. Remove the juicer. // 4-501.11 Good Repair and Proper Adjustment-Equipment - C Upright freezer and low boy cooler are not functioning during the inspection. Equipment shall be maintained in good repair. Repair all cold holding and freezer equipment. Maintenance personnel arrived during the inspection to repair the freezer and cooler and to evaluate all other cold holding equipment, Contact Joseph Chrobak at forsyth county health department at 336-703-3164 when repairs are completed to be evaluated before equipment is put back into use. // One gasket torn on glass door taulsen cooler, Wire shelving chipped in walk in cooler and dry storage shelving, replace or repair. Shelving chipped in reach in cooler units throughout, repair or replace. Hole drilled into edge of two prep sinks with screw holding splash guard between them, Remove the screw from the splash guard and seal the holes in the guard and the sinks. One handle to reach in cooler is cracked, replace. Equipment shall be maintained in good repair.
47	Wire shelf in back have food debris accumulation, top of upright cooler has heavy grease build up. Grease build up on hood starting to drip. Non food contact surfaces must be maintained clean. Clean noted areas. 0 pts
53	6-201.11 Floors, Walls and Ceilings-Cleanability - C Frp separating from baseboard by grill, Holes where pipes enter ceiling from hot water heater need to be sealed, All handsinks, prep sinks, three compartment sink and drainboards need to be recaulked to walls where they have separated. One hole present in womens restroom wall. Physical facilities shall be kept in good repair to aid in cleaning. // 6-501.12 Cleaning, Frequency and Restrictions - C Ceiling tiles around hood are soiled, clean the tiles. One ceiling tiles in the womens restroom is badly water damaged and molded, replace the tile. Physical facilities shall be maintained clean.

**Person in Charge (Print & Sign):** \_\_\_\_\_

**Regulatory Authority (Print & Sign):** Joseph Chrobak

**REHS ID:** 2450 Chrobak, Joseph

**REHS Contact Phone Number:** (336)703-3164

Estaban M.

[Signature]

**Verification Required Date:** 06/29/2015

