

# Food Establishment Inspection Report

Score: 95

Establishment Name: MOE'S SOUTHWEST GRILL

Establishment ID: 3034012822

Location Address: 206 SOUTH STRATFORD RD

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: IMAGINE DINING LLC

Telephone: (336) 724-5920

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

Date: 05/23/2023 Status Code: A

Time In: 10:15 AM Time Out: 1:00 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

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

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

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



# Comment Addendum to Food Establishment Inspection Report

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Permittee: IMAGINE DINING LLC

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☒ Inspection ☐ Re-Inspection Date: 05/23/2023

Comment Addendum Attached? ☒ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: jasonp@br1980.com

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

### Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Chicken	hot hold	184	Black beans	hot cabinet 2	136			
Lettuce	ice bath	41	Seasoned rice	final cook	210			
Clantro rice	steam table	190	Roasted corn	walk in cooler	40			
Black beans	steam table	158	Tofu	walk in cooler	39			
Pinto beans	steam table	160	Guacamole	walk in cooler	39			
Chicken	steam table	150	Chicken adoba raw	walk in cooler	39			
Chicken 2	steam table	150	Tomatillo salsa	salsa cooler	41			
Steak	steam table	142	El guapo	salsa cooler	41			
Ground beef	steam table	163	Produce wash	produce sink (mL)	7.8			
Cooked corn	steam table	156	Hot water	3 compartment sink	116			
Grilled peppers	steam table	150	Quat sanitizer	3 compartment sink (ppm)	400			
Pico	cold table	39						
Shredded cheese	cold table	40						
Shredded lettuce	cold table	39						
Guac	cold table	39						
Cooked corn	bottom cooler	38						
Season rice	hot cabinet 1	137						
Clantro rice	hot cabinet 1	143						
Pinto beans	hot cabinet 1	135						
Raw chicken	raw cooler	40						

First  
Person in Charge (Print & Sign): Cordezman

Last  
James

First  
Regulatory Authority (Print & Sign): Elizabeth

Last  
Manning

*CC James*

*Elizabeth Manning*

REHS ID: 3136 - Manning, Elizabeth

Verification Required Date: \_\_\_\_\_

REHS Contact Phone Number: (336) 703-3135

Authorize final report to  
be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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• Division of Public Health • Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 10/2021

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** MOE'S SOUTHWEST GRILL

**Establishment ID:** 3034012822

**Date:** 05/23/2023 **Time In:** 10:15 AM **Time Out:** 1:00 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Cordezman James		Food Service		09/17/2024

### 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.

- 33 3-501.15 Cooling Methods (Pf)(REPEAT) . Multiple items in the walk in cooler were cooling tightly wrapped in plastic wrap. When placed in cooling or cold holding equipment, food containers in which food is being cooled shall be: (1) Arranged in the equipment to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the food. CDI: Open air gap to allow air flow to cool foods.
- 39 3-305.11 Food Storage - Preventing Contamination from the Premises (C)(REPEAT): Two cases of coca cola were stored on the floor in the walk in cooler. Food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor. CDI: Case were moved up and off the floor during the inspection.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required-C- Metal containers by the tortilla press and on the clean equipment rack were stacked wet. After cleaning and sanitizing, equipment and utensils: (A) shall be air-dried.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-C: Bottom table on the steam table is damaged. Equipment shall be maintained in good repair.
- 49 4-602.13 Nonfood Contact Surfaces-C: Cleaning is needed on the inside of the hot cabinets, the hood filters, the ice shield of the ice machine, the shelves in the walk in cooler. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 51 5-205.15 (B) Leak pipe etc. not imminent threat: Front two handwashing sinks measured at 129F, and 149F. A plunbing system shall be maintained in good repair.
- 54 5-501.111 Area, Enclosures and Receptacles, Good Repair-C: Replace broken lid on dumpster. Dumpster has multiple cracks on the bottom and a hole on the right side wall. Storage areas, enclosures, and receptacles for refuse, recyclables, and returnables shall be maintained in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C)(REPEAT) Replace/repair cracked floor and missing floor tiles throughout the facility. Repair broken cold water facuet at the 3 compartment sink, recaulk toilets in the womens restroom. Physical facilities shall be maintained and in good condition.

### Additional Comments

Establishment is using an Ecolab low temp soap that is effective at 70F.

Establishment starting the first or second week of June will be undergoing a total remodel and will be closed for 3 weeks. PLEASE CONTACT LIZ MANNING @ 336-462-1991 WHEN A START DATE HAS BEEN SET.