

Food Establishment Inspection Report

Score: 90.0

Establishment Name: EL PACIFICO RESTAURANT MEXICAN
 Location Address: 429 RODNEY ORR BY-PASS
 City: ROBBINSVILLE State: North Carolina
 Zip: 28771 County: GRAHAM
Permittee: RAFAEL SOLORIO
Telephone: 828 479 8448
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010072
 Inspection Re-Inspection
 Date: 09/02/2021 Status Code: A
 Time in: _____ Time out: _____
 Category#: 4
 FDA Establishment Type: _____
 No. of Risk Factor/ Intervention Violations: 5
 No. of Repeat Risk Factor/Intervention Violations: 3

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	2	0	X
Employee Health .2652					
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	3	1.5	0
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
Good Hygienic Practices .2652, .2653					
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	2	1	0
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	3	1.5	0
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	2	1	0
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food received at proper temperature	2	1	0
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasit destruction	2	1	0
Protection from Contamination .2653, .2654					
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated & protected	3	1.5	0
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served reconditioned, & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures	3	1.5	0
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	3	1.5	0
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time & temperatures	3	1.5	0
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	3	1.5	X X
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	3	1.5	X X
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	3	1.5	X X
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records	2	1	0
Consumer Advisory .2653					
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
Safe Food and Water .2653, .2655, .2658					
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	2	1	0
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	1	0.5	0
Food Temperature Control .2653, .2654					
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5	0
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	1	0.5	0
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	2	1	0
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	2	1	0
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
Total Deductions:					10.0



Comment Addendum to Food Establishment Inspection Report

Establishment Name: EL PACIFICO RESTAURANT MEXIC

Establishment ID: _____

Location Address: 429 RODNEY ORR BY-PASS

038010072

Date: 09/02/2021

City: ROBBINSVILLE State: NC

Inspection Re-Inspection

Status Code: A

County: GRAHAM Zip: 28771

Visit

Category#: 4

Wastewater System: Municipal/Community On-Site System

Verification

Water Supply: Municipal/Community On-Site Supply

Name Change

Permittee: RAFAEL SOLORIO

Status Change

Telephone: 828 479 8448

Pre-Opening Visit

Other _____

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Lettuce/ Prep top	41	Pico De Gallo/ walk in	52	salsa/ walk in	52
Salsa/ Reach in	40	sliced tomatoes/prep top	40	cheese/ prep top	41
Cheese/ HH	107	Chicken/HH	150	beef/HH	147
Steak/ raw prep top	40	Cheese/HH	117	Chicken/ raw prep top	39
Rice/ Steamer HH	107	Peppers/ raw prep top	39	onions/ raw prep top	41
Shredded chicken 2/ Walk in	56	rice/ steamer HH	108	shredded chicken 1/ walk in	58
Queso 1/ walk in	56	Shredded chicken 3/ walk in	58	raw beef/ walk in	58
Ambient air/ walk in	58	queso 2/ walk in	60	cooked beef/ walk in	58

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 fo

01	NOT IN COMPLIANCE; REPEAT VIOLATION 2-102.12; A food safety manager shall be present any time food is being prepared or served, No one present had such certification. REPEAT VIOLATION
14	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 4-601.11; Food contact surfaces shall be sanitized when contamination may have occurred. No sanitizer was found to be present in the cooking area to wipe down surfaces that have been potentially contaminated. CDI by PIC who put a container in the area
19	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; REPEAT VIOLATION 3-501.16; Food items that are being hot held shall be kept at 135 degrees or above. Queso dip in the hot holding unit was found to be holding at 107 and 117. Also rice, found in the steamer was being held at 107 & 108. CDI by PIC who threw out the items and due to them being at that temperature for over 3 hours. REPEAT VIOLATION
20	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.16; Potentially hazardous foods shall be cold held at 41 degrees or below. Upon walking into the walk in cooler, the ambient temperature was warm. Several items (see temperature logs) were holding too hot for several hours according to PIC. CDI by PIC who threw out all items that were too warm
21	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; REPEAT VIOLATION 3-501.17; All items kept more than 24 hours shall be date marked. Several items in the fridge like the shredded chicken, diced onions diced tomatoes, and other items. CDI by PIC due to the items having to be thrown out due to the walk in being too warm. REPEAT VIOLATION
31	NOT IN COMPLIANCE 4-301.11; Cooling equipment shall be able to cold hold temperatures. Walk in cooler shall be capable of cold holding foods at 41 degrees or below.

Additional Comments

Person in charge (Print & Sign) _____

Verification Required Date: _____

Regulatory Authority (Print & Sign): ALLI , GRAY

REHS ID: 2765

REHS Contact Phone Number: --

