

Food Establishment Inspection Report

Score: 96.0

Establishment Name: MEXICO VEIJO

Establishment ID: 002010129

Location Address: 1060 NC HWY 90 EAST

☒ Inspection

☐ Re-Inspection

City: TAYLORSVILLE

State: North Carolina

Date: 09/22/2017

Status Code: A

Zip: 28681-0000

County: ALEXANDER

Time in: _____

Time out: _____

Permittee: IVAN TORRES

Category#: 4

Telephone: 828 640 5289

FDA Establishment Type: Full Service Restaurants

Wastewater System: ☒ Municipal/Community

☐ On-Site System

No. of Risk Factor/ Intervention Violations: 1

Water Supply: ☒ Municipal/Community

☐ On-Site Supply

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.

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present, Demonstration - Certification by accredited program and perform duties	<input type="checkbox"/> 2	<input type="checkbox"/> 0	
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge, responsibilities & reporting	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
Good Hygienic Practices .2652, .2653					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 0
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Approved Source .2653, .2655					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Protection from Contamination .2653, .2654					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated & protected	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served reconditioned, & unsafe food	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Potentially Hazardous Food Time/Temperature .2653					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
22	<input checked="" 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	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Consumer Advisory .2653					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Highly Susceptible Populations .2653					
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
Chemical .2653, .2657					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Food Temperature Control .2653, .2654					
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used, adequate equipment for temperature control	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Food Identification .2653					
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Proper Use of Utensils .2653, .2654					
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Utensils and Equipment .2653, .2654, .2653					
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed, facilities maintained	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Total Deductions:					4.0



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MEXICO VEIJO

Location Address: 1060 NC HWY 90 EAST

City: TAYLORSVILLE State: NC

County: ALEXANDER Zip: 28681-0000

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Permittee: IVAN TORRES

Telephone: 828 640 5289

Establishment ID:

002010129

Date: 09/22/2017

☒ Inspection ☐ Re-Inspection

☐ Visit

☐ Verification

☐ Name Change

☐ Status Change

☐ Pre-Opening Visit

☐ Other _____

Status Code: A

Category#: 4

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water	133	ground beef/ warmer	147		
shrimp/ cooler	40	rice/ warmer	152		
beef/ cooler	41	beans/ warmer	155		
chicken/ cooler	41	milk/ cooler	38		
cheese/ cooler	38				
tomato/ cooler	39				
chicken/ off grill	177				
chicken/ warmer	151				

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

13	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION-Keep lids on foods on storage shelves. Need lids on large dry foods containers- beans, rice etc. Do not store foods on same shelves as chemicals.
36	NOT IN COMPLIANCE- Flies present.
45	NOT IN COMPLIANCE-Paint/ seal the small wooden shelf at the bar.
47	NOT IN COMPLIANCE-Clean grill and fryer area equipment. Clean outsides of all equipment. Clean all sinks. Clean wire racks. Clean top edges of the sugar container. Clean walk-in unit doors.
53	NOT IN COMPLIANCE; REPEAT VIOLATION-Clean kitchen floors and walls. Clean walk-in units floors. Clean doors and seals on cooler and freezer. Repair ceiling at back storage area- water damage. Clean behind all kitchen equipment. Need new seals and door bottoms in back.

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): SHANNON T, PARKER

Verification Required Date: _____

REHS ID: 1660

REHS Contact Phone Number: --



Food Establishment Inspection Report

Score: 96.0

Establishment Name: MEXICO VEIJO

Establishment ID: 002010129

Location Address: 1060 NC HWY 90 EAST

☒ Inspection

☐ Re-Inspection

City: TAYLORSVILLE

State: North Carolina

Date: 12/22/2017

Status Code: A

Zip: 28681-0000

County: ALEXANDER

Time in: _____

Time out: _____

Permittee: IVAN TORRES

Category#: 4

Telephone: 828 640 5289

FDA Establishment Type: Full Service Restaurants

Wastewater System: ☒ Municipal/Community

☐ On-Site System

No. of Risk Factor/ Intervention Violations: 2

Water Supply: ☒ Municipal/Community

☐ On-Site Supply

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.

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	<input type="checkbox"/> 2	<input type="checkbox"/> 0	
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
Good Hygienic Practices .2652, .2653					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 0
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Approved Source .2653, .2655					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Protection from Contamination .2653, .2654					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated & protected	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served reconditioned, & unsafe food	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Potentially Hazardous Food Time/Temperature .2653					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
22	<input checked="" 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	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Consumer Advisory .2653					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Highly Susceptible Populations .2653					
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
Chemical .2653, .2657					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Food Temperature Control .2653, .2654					
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Food Identification .2653					
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Proper Use of Utensils .2653, .2654					
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Utensils and Equipment .2653, .2654, .2653					
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Total Deductions:					4.0



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MEXICO VEIJO

Location Address: 1060 NC HWY 90 EAST

City: TAYLORSVILLE State: NC

County: ALEXANDER Zip: 28681-0000

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Permittee: IVAN TORRES

Telephone: 828 640 5289

Establishment ID:

002010129

Date: 12/22/2017

☒ Inspection ☐ Re-Inspection

☐ Visit

☐ Verification

☐ Name Change

☐ Status Change

☐ Pre-Opening Visit

☐ Other _____

Status Code: A

Category#: 4

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water	133	taco meat/ warmer	141		
beef/ cooler	41	beans/ warmer	152		
chicken/ cooler	40	rice/ warmer	148		
cheese/ cooler	39	cheese sauce/ warmer	147		
beef/ hot off grill	171	shrimp/ cooler	40		
beans/ cooler	38	chicken/ hot off grill	183		
milk/ cooler	38				
tomato/ cooler	40				

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

13	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION- Need to store meats away from or below vegetables. Also cover any exposed foods in the coolers and freezers. Need lids on the large rice and bean containers that are near the prep sink.
14	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION- A couple pans need rewashing.
47	NOT IN COMPLIANCE- Clean kitchen and storage area equipment and shelving. Clean top of the sugar container. Clean highchairs. Clean bus carts. Clean dining room booths. Clean the hood unit and its screens. Clean main area handwash sink.
53	NOT IN COMPLIANCE- Clean kitchen floors and walls. Dust blinds and window sills. Clean behind the cooking equipment.

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): SHANNON T, PARKER

Verification Required Date: _____

REHS ID: 1660

REHS Contact Phone Number: --



Food Establishment Inspection Report

Score: 96.0

Establishment Name: MEXICO VEIJO

Establishment ID: 002010129

Location Address: 1060 NC HWY 90 EAST

☒ Inspection

☐ Re-Inspection

City: TAYLORSVILLE

State: North Carolina

Date: 03/23/2018

Status Code: A

Zip: 28681-0000

County: ALEXANDER

Time in: _____

Time out: _____

Permittee: IVAN TORRES

Category#: 4

Telephone: 828 640 5289

FDA Establishment Type: Full Service Restaurants

Wastewater System: ☒ Municipal/Community

☐ On-Site System

No. of Risk Factor/ Intervention Violations: 1

Water Supply: ☒ Municipal/Community

☐ On-Site Supply

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

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	2	0	
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge, responsibilities & reporting	3	1.5	0
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
Good Hygienic Practices .2652, .2653					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	2	1	0
5	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	3	1.5	0
8	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	2	1	0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
13	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
15	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	3	1.5	0
22	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
26	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	2	1	0
30	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
32	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
35	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
40	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2653					
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	2	1	0
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	2	1	0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
Total Deductions:					4.0



Comment Addendum to Food Establishment Inspection Report

Establishment Name: MEXICO VEIJO

Location Address: 1060 NC HWY 90 EAST

City: TAYLORSVILLE State: NC

County: ALEXANDER Zip: 28681-0000

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Permittee: IVAN TORRES

Telephone: 828 640 5289

Establishment ID: 002010129

Date: 03/23/2018

☒ Inspection ☐ Re-Inspection

☐ Visit

☐ Verification

☐ Name Change

☐ Status Change

☐ Pre-Opening Visit

☐ Other _____

Status Code: A

Category#: 4

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water	133	beef/ cooler	40		
taco beef/ warmer	147	beans/ warmer	155		
chicken/ warmer	151	rice/ warmer	159		
chicken/ off grill	181	milk/ cooler	40		
shrimp/ cooler	40	fish/ cooler	38		
steak/ cooler	39				
cheese/ cooler	40				
tomato/ cooler	38				

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

13	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION-Do not store meats on the same shelves or above vegetables. There were some in the freezer and kitchen prep. cooler like this.
36	NOT IN COMPLIANCE- A few flies and gnats present.
37	NOT IN COMPLIANCE- Some grease on the rear hood unit dripping onto some food packages below. Need new lids on the rice and beans storage containers. Some missing lids on foods in the walk-in cooler and freezer.
47	NOT IN COMPLIANCE- Clean kitchen equipment. Clean upper surfaces. Clean the cord that's above the warming table. Clean icemaker lid. Clean cooler door seals. Clean hood units.
52	NOT IN COMPLIANCE-Sweep dumpster pad.
53	NOT IN COMPLIANCE; REPEAT VIOLATION- Clean kitchen floors and walls. Clean storage area and walk-in unit floors. Clean blinds and window sills.
54	NOT IN COMPLIANCE- One light fixture in the rear storage room is going out.

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): SHANNON T, PARKER

Verification Required Date: _____

REHS ID: 1660

REHS Contact Phone Number: --

