

Food Establishment Inspection Report

Score: 98.5

Establishment Name: TACOS CASA MIGUEL

Establishment ID: 3034012339

Location Address: 627 D NORTH MAIN STREET

☒ Inspection ☐ Re-Inspection

City: KERNERSVILLE

State: NC

Date: 04/12/2021

Status Code: A

Zip: 27284

County: 34 Forsyth

Time In: 9:55 AM

Time Out: 12:30 PM

Permittee: MIGUEL BERNAL

Total Time: 2 hrs 35 min

Telephone: (336) 480-5677

Category #: IV

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

FDA Establishment Type: Full-Service Restaurant

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

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR	
Supervision .2652										Safe Food and Water .2653, .2655, .2658									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0.3	0		
Employee Health .2652										Food Temperature Control .2653, .2654									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1.3	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1.3	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0.3	0		
Good Hygienic Practices .2652, .2653										Food Identification .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0.3	0		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0.3	0			32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	0.3	0		
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	0.3	0		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	1.3	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0.3	0		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654									
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0.3	0		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0.3	0		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0.3	0		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0.3	0		
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1.3	0			45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1.3	0			46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	0.3	0		
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	0.3	0		
Potentially Hazardous Food Time/Temperature .2653										Total Deductions: 1.5									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.3	0												
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	1.3	0												
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1.3	0												
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	1.3	0												
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1.3	0												
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1.3	0												
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0												
Consumer Advisory .2653																			
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	0.3	0												
Highly Susceptible Populations .2653																			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.3	0												
Chemical .2653, .2657																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0.3	0												
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0												
Conformance with Approved Procedures .2653, .2654, .2658																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	1	0												



North Carolina Department of Health & Human Services

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Food Protection Program

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: TACOS CASA MIGUEL
 Location Address: 627 D NORTH MAIN STREET
 City: KERNERSVILLE State: NC
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 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: MIGUEL BERNAL
 Telephone: (336) 480-5677

Establishment ID: 3034012339
☒ Inspection ☐ Re-Inspection Date: 04/12/2021
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: IV
 Email 1: miguel-0001@live.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
refried beans	cook line- reheat	189	servsafe					
pastor	True single door refrigerator	40						
cabbage	True single door refrigerator	40						
carnitas	True single door refrigerator	40						
beef	True single door refrigerator	40						
ceviche	True single door refrigerator	38						
chicken	True two door refrigerator	40						
chicharron	True two door refrigerator	40						
beef	True two door refrigerator	40						
lettuce	True two door refrigerator	41						
rice	True two door refrigerator	41						
hot dog	True two door refrigerator	40						
lettuce	make unit	34						
pico de gallo	make unit	33						
slice tomato	make unit	40						
cole slaw	make unit	40						
cole slaw	Chef base	30						
chorizo	chef base	30						
hot water	3 comp sink 124F	00						
chlorine	spray bottle 200ppm	00						

Person in Charge (Print & Sign): Miguel *First* Bernal *Last*
 Regulatory Authority (Print & Sign): Damon *First* Thomas *Last*

Miguel Bernal

Damon Thomas, REHS #3877

REHS ID: 2877 - Thomas, Damon

Verification Required Date:

REHS Contact Phone Number: (336) 703-3135



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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.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- Recondition the shelves in the True two door refrigerator to repair chipping and rusting. Recondition the legs of the three compartment sink to remove oxidation- Equipment shall be maintained in a state of good repair- 0 pts.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C- Cleaning is needed for the door gaskets of the make-unit and the chef base refrigerator and the filters of the hood exhaust system above the grill- Nonfood contact surfaces of equipment shall be kept free of an accumulation of food residue, dust, dirt and other debris- 0 pts.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C- REPEAT- Cleaning is needed for several ceiling panels in the kitchen area and the floor and baseboards beneath the shelves in the dry storage room- Physical facilities shall be cleaned as often as necessary to keep them clean.// 501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- Repair or replace the caulk at the junction between the wall and the handwashing sink in the women's restroom. Securely attach the rubber baseboards in the men's restroom and fill the holes in the wall at the paper towel dispenser. Ensure that all surfaces are smooth and easy to clean- Physical facilities shall be maintained in good repair.
- 54 6-303.11 Intensity-Lighting - C- REPEAT- The light intensity along the cookline at the flat top grill was measured at 37.5-50.1 foot candles(Fc The light intensity shall be at least 50 foot candles at a surface where an employee is working with food or equipment.