

Food Establishment Inspection Report

Establishment Name: Joe's Diner - Plaza		Physical Address: 2810 Rodeo Rd		City: Santa Fe	State: NM	Zip Code: 87507
Permit #: 002517	Permit Expiration Date: 4/2019	Phone: 471-3800	Email:		Est. Type: Rem. 1	



As Governed by State Regulation 7.6.2 NMAC
 NMED Environmental Health Bureau
 121 Tijeras Ave. NE, Albuquerque NM 87102

Purpose of Inspection:

<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Annual	<input type="checkbox"/> Complaint	<input type="checkbox"/> Closing
<input type="checkbox"/> Opening	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Investigation	<input type="checkbox"/> CAR
<input type="checkbox"/> Other	<input type="checkbox"/> Initial Operational		

Risk Category:

Time In: 11am
Time Out: 12pm

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS		R	
Supervision					
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager			
Employee Health					
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction & exclusion			
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use			
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean & properly washed			
10	<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 pre-approved alternative procedure properly followed			
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks; supplied & accessible			
Approved Source					
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature			
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, & unadulterated			
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction			
Consumer Advisory					
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods			
Highly Susceptible Populations					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used			
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance / specialized process / HACCP			
No. of Risk Factors / Intervention Violations					1
No. of Repeat Risk Factors / Intervention Violations					0

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Compliance Status		COS		R	
Safe Food and Water					
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required			
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water & ice from approved source			
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Variance obtained for specialized processing methods			
Food Temperature Control					
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control			
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plant food properly cooked for hot holding			
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used			
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate			
Food Identification					
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container			
Prevention of Food Contamination					
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, & animals not present			
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display			
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness			
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored			
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Washing fruits & vegetables			
Proper Use of Utensils					
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored			
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled			
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use/single-service articles: properly stored & used			
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly			
Utensils, Equipment and Vending					
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean			
Physical Facilities					
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hot & cold water available; adequate pressure			
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices			
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed			
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			
55	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained			
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, & clean			
57	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation & lighting; designated areas used			
No. of Good Retail Practices Violations					3
No. of Repeat Good Retail Practices Violations					0

Reinspection: Yes No Date: _____

Corrective Action Response: Yes No Date: _____

Status: (check one) Approved Unsatisfactory Immediate Closure Voluntary Closure

Person in Charge: (Signature) _____

Inspector: (Signature) _____

Date: 4/3/19

Food Establishment Inspection Report



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 NMED Environment Health Bureau
 121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

Joe's Diner - Pizza

Permit #:

602517

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
3 BIN SINK w/ clox	100ppm	SANITATION BULK CLOX	100ppm	RED ROOM - 134E	
DISH MACHINE	100ppm	WATER IN COOLER	35	1 - 2 Down Cooler	35
Hood, Oven, Grill	OK	ICE MACHINE	OK	3 BIN SINK w/ clox	70ppm
Hot Hold is	150+	3 Down Cooler/Freeze	40/38		
2 Down Cooler w/ flap	40/38	2 BIN PLED SINK	OK		
2 Down Cooler w/ flap	40/40				
2 Down Cooler w/ flap	41/39				
PIZZA OVEN	OK				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item Number	Description
24	3-501.17 DATE MARKINGS (F) + Some foods do not have date markings
38	3-602.12 FOOD LABELING (E) + Some foods have no date/food labels.
44	3-304.12 IN USE UTENSILS, BETWEEN-USE (E) + Utensils not used in dry storage bins + NMED EDUCATION / STAFF replaces with utensil (COS)
50	6-501.12 CLEANING FREQUENCY, AND RESTRICTIONS (E) + Facility has grease accumulation on ceiling, floors and walls

Person in Charge: (Printed)

Richter

Person in Charge: (Signature)

[Signature]

Inspector: (Printed)

James Rivan

Inspector: (Signature)

[Signature]

Date: 4/3/19

4-2-19