

Food Establishment Inspection Report

Establishment Name: Joese Diner And Pizza		Physical Address: 2801 Rodeo Road		City: Santa Fe	State: NM	Zip Code: 87505
Permit #: 002517	Permit Expiration Date: 11 30 2022	Phone: 5054713800	Email: joe@joesdining.com		Est. Type: FS=restaurant	



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

Purpose of Inspection:				Risk Category: N/A	
<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Annual	<input type="checkbox"/> Complaint	<input type="checkbox"/> Closing	Time In: 9:00 Time Out: 9:30	
<input type="checkbox"/> Opening	<input checked="" type="checkbox"/> Re-inspection	<input type="checkbox"/> Investigation	<input type="checkbox"/> CAR		
<input type="checkbox"/> Other	<input type="checkbox"/> Initial Operational				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item				Mark "X" in appropriate box for COS and/or R											
IN=in compliance		OUT=not in compliance		N/O=not observed		N/A=not applicable		COS=corrected on-site during inspection		R=repeat violation					
Compliance Status				COS		R		Compliance Status				COS		R	
Supervision				Protection from Contamination											
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties						16	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food					
2	<input checked="" type="checkbox"/> OUT N/A	Certified Food Protection Manager						17	<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces; cleaned & sanitized					
Employee Health				Time/Temperature Control for Safety											
3	<input checked="" type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting						19	<input checked="" type="checkbox"/> OUT N/A N/O	Proper cooking time & temperatures					
4	<input checked="" type="checkbox"/> OUT	Proper use of restriction & exclusion						20	<input checked="" type="checkbox"/> OUT N/A N/O	Proper reheating procedures for hot holding					
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events						21	IN	OUT N/A N/O		Proper cooling time & temperature			
Employees				Consumer Advisory											
6	<input checked="" type="checkbox"/> OUT N/A	Food Handler Cards						22	<input checked="" type="checkbox"/> OUT N/A N/O	Proper hot holding temperatures					
Good Hygienic Practices				Highly Susceptible Populations											
7	<input checked="" type="checkbox"/> OUT	N/O	Proper eating, tasting, drinking, or tobacco use					23	<input checked="" type="checkbox"/> OUT N/A N/O	Proper cold holding temperatures					
8	<input checked="" type="checkbox"/> OUT	N/O	No discharge from eyes, nose, and mouth					24	<input checked="" type="checkbox"/> OUT N/A N/O	Proper date marking & disposition					
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances											
9	<input checked="" type="checkbox"/> OUT	N/O	Hands clean & properly washed					25	<input checked="" type="checkbox"/> OUT N/A N/O	Time as a Public Health Control; procedures & records					
10	<input checked="" type="checkbox"/> OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed				26	<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw/undercooked foods					
11	<input checked="" type="checkbox"/> OUT	Adequate handwashing sinks; supplied & accessible						Conformance with Approved Procedures							
Approved Source				27	<input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used; prohibited foods not offered									
12	<input checked="" type="checkbox"/> OUT	Food obtained from approved source						Food/Color Additives and Toxic Substances							
13	<input checked="" type="checkbox"/> OUT	N/A	N/O	Food received at proper temperature				28	<input checked="" type="checkbox"/> OUT N/A	Food additives: approved & properly used					
14	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, & unadulterated						29	<input checked="" type="checkbox"/> OUT N/A	Toxic substances properly identified, stored, & used					
15	<input checked="" type="checkbox"/> OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction				Conformance with Approved Procedures							
				30	<input checked="" type="checkbox"/> OUT N/A	Compliance with variance / specialized process / HACCP									

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.

No. of Risk Factors / Intervention Violations	0
No. of Repeat Risk Factors / Intervention Violations	0

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R				COS=corrected on-site during inspection		R=repeat violation					
Safe Food and Water				COS		R		Proper Use of Utensils				COS		R	
31	<input type="checkbox"/>	Pasteurized eggs used where required						44	<input type="checkbox"/>	In-use utensils: properly stored					
32	<input type="checkbox"/>	Water & ice from approved source						45	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled					
33	<input type="checkbox"/>	Variance obtained for specialized processing methods						46	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used					
Food Temperature Control				Utensils, Equipment and Vending											
34	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control						47	<input type="checkbox"/>	Gloves used properly					
35	<input type="checkbox"/>	Plant food properly cooked for hot holding						Physical Facilities							
36	<input type="checkbox"/>	Approved thawing methods used						48	<input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
37	<input type="checkbox"/>	Thermometers provided & accurate						49	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips					
Food Identification				Prevention of Food Contamination											
38	<input type="checkbox"/>	Food properly labeled; original container						50	<input type="checkbox"/>	Non-food contact surfaces clean					
39	<input type="checkbox"/>	Insects, rodents, & animals not present						51	<input type="checkbox"/>	Hot & cold water available; adequate pressure					
40	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display						52	<input type="checkbox"/>	Plumbing installed; proper backflow devices					
41	<input type="checkbox"/>	Personal cleanliness						53	<input type="checkbox"/>	Sewage & waste water properly disposed					
42	<input type="checkbox"/>	Wiping cloths: properly used & stored						54	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned					
43	<input type="checkbox"/>	Washing fruits & vegetables						55	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained					
				56	<input type="checkbox"/>	Physical facilities installed, maintained, & clean									
				57	<input type="checkbox"/>	Adequate ventilation & lighting; designated areas used									

Reinspection:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Date: <input type="text"/>
Corrective Action Response:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Date: <input type="text"/>

No. of Good Retail Practices Violations	0
No. of Repeat Good Retail Practices Violations	0

Status: (check one)	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
----------------------------	--	---	--	--

Person in Charge: (Signature) <i>Roland Richter</i>	Date: 5/5/22
Inspector: (Signature) <i>Jerome Romero</i>	

Food Establishment Inspection Report



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

Establishment Name:

Joes Diner And Pizza

Permit #:

002517

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
			°F		ok
			°F		ok
	°F		ppm		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	MP=	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.	OP=
			5055010972
		All violations cited on last report are corrected	
		Note: very clean.	

Person in Charge: (Printed) Roland Richter	Person In Charge: (Signature) <i>Roland Richter</i>
Inspector: (Printed) JEROME ROMERO	Inspector: (Signature) <i>Jerome Romero</i> Digital Signature
	Date: 5/5/22