

Food Establishment Inspection Report

Establishment Name: Joes Diner And Pizza		Physical Address: 2801 Rodeo Road		City: Santa Fe	State: NM	Zip Code: 87505
Permit #: 002517	Permit Expiration Date: 11 30 2023	Phone: 5054713800 5055010972	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:

<input type="checkbox"/> Pre-Opening	<input checked="" 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: N/A

Time In: 7:30
Time Out: 9 :30

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				
Supervision													
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties											
2	<input checked="" type="checkbox"/> OUT N/A	Certified Food Protection Manager											
Employee Health													
3	<input checked="" type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting											
4	<input checked="" type="checkbox"/> OUT	Proper use of restriction & exclusion											
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events											
Employees													
6	<input checked="" type="checkbox"/> OUT N/A	Food Handler Cards											
Good Hygienic Practices													
7	<input checked="" type="checkbox"/> OUT	N/O	Proper eating, tasting, drinking, or tobacco use										
8	<input checked="" type="checkbox"/> OUT	N/O	No discharge from eyes, nose, and mouth										
Preventing Contamination by Hands													
9	IN	<input checked="" type="checkbox"/> OUT	N/O	Hands clean & properly washed								X	
10	<input checked="" type="checkbox"/> OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed									
11	IN	<input checked="" type="checkbox"/> OUT		Adequate handwashing sinks; supplied & accessible								X	
Approved Source													
12	<input checked="" type="checkbox"/> OUT	Food obtained from approved source											
13	<input checked="" type="checkbox"/> OUT	N/A	N/O	Food received at proper temperature									
14	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, & unadulterated											
15	<input checked="" type="checkbox"/> OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction									
Protection from Contamination													
16	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food											
17	<input checked="" type="checkbox"/> OUT	N/A		Food-contact surfaces; cleaned & sanitized									
18	<input checked="" type="checkbox"/> OUT	N/A	N/O	Food separated & protected									
Time/Temperature Control for Safety													
19	<input checked="" type="checkbox"/> OUT	N/A	N/O	Proper cooking time & temperatures									
20	<input checked="" type="checkbox"/> OUT	N/A	N/O	Proper reheating procedures for hot holding									
21	<input checked="" type="checkbox"/> OUT	N/A	N/O	Proper cooling time & temperature									
22	<input checked="" type="checkbox"/> OUT	N/A	N/O	Proper hot holding temperatures									
23	IN	<input checked="" type="checkbox"/> OUT	N/A	N/O	Proper cold holding temperatures								
24	<input checked="" type="checkbox"/> OUT	N/A	N/O	Proper date marking & disposition									
25	IN	<input checked="" type="checkbox"/> OUT	N/A	N/O	Time as a Public Health Control; procedures & records								X
Consumer Advisory													
26	<input checked="" type="checkbox"/> OUT	N/A		Consumer advisory provided for raw/undercooked foods									
Highly Susceptible Populations													
27	<input checked="" type="checkbox"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered									
Food/Color Additives and Toxic Substances													
28	<input checked="" type="checkbox"/> OUT	N/A		Food additives: approved & properly used									
29	IN	<input checked="" type="checkbox"/> OUT	N/A	Toxic substances properly identified, stored, & used								X	
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	5
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		
31		Pasteurized eggs used where required									
32		Water & ice from approved source									
33		Variance obtained for specialized processing methods									
Food Temperature Control											
34		Proper cooling methods used; adequate equipment for temperature control									
35		Plant food properly cooked for hot holding									
36		Approved thawing methods used									
37	X	Thermometers provided & accurate								X	
Food Identification											
38		Food properly labeled; original container									
Prevention of Food Contamination											
39		Insects, rodents, & animals not present								X	
40		Contamination prevented during food preparation, storage & display									
41		Personal cleanliness									
42	X	Wiping cloths: properly used & stored								X	
43		Washing fruits & vegetables									
Proper Use of Utensils											
44	X	In-use utensils: properly stored								X	
45		Utensils, equipment & linens: properly stored, dried, & handled									
46		Single-use/single-service articles: properly stored & used									
47		Gloves used properly									
Utensils, Equipment and Vending											
48		Food & non-food contact surfaces cleanable, properly designed, constructed, & used									
49		Warewashing facilities: installed, maintained, & used; test strips									
50		Non-food contact surfaces clean									
Physical Facilities											
51		Hot & cold water available; adequate pressure									
52		Plumbing installed; proper backflow devices									
53		Sewage & waste water properly disposed									
54		Toilet facilities: properly constructed, supplied, & cleaned									
55		Garbage & refuse properly disposed; facilities maintained									
56		Physical facilities installed, maintained, & clean									
57	X	Adequate ventilation & lighting; designated areas used								X	

Reinspection:	Yes <input type="checkbox"/>	No <input 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	4
No. of Repeat Good Retail Practices Violations	0

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

Person in Charge: (Signature) *Roland Richter*
Inspector: (Signature) *Jerome Romero* NEW MEXICO STATE DEPARTMENT OF HEALTH SERVICES
 Date: 4/21/23

