



Dallas County Health and Human Services - Environmental Health Division

Retail Food Establishment Inspection Report

2377 N. STEMMONS FRWY., RM 607, DALLAS, TX 75207 214-819-2115 FAX: 214-819-2868

Date: 9/19/2019 Time in: _____ Time out: _____ License/Permit #: 11659 Est. Type: _____ Risk Category: _____ Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other **TOTAL SCORE**

Establishment Name: Tulum Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 4716 Oak Lawn Ave City/County: HP (Dallas) Zip Code: 75203 Phone: _____ Follow-up: Yes No (circle one) 1

Compliance Status: **OUT** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site **R** = repeat violation
 Mark the appropriate points in the **OUT** box for each numbered item Mark ✓ a checkmark in appropriate box for **IN, NO, NA, COS** Mark an asterisk * in appropriate box for **R**

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS	OUT		IN	NO	NA	COS			
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
	/						/						
	/						/						
	/	/					/						
	/	/					/						
	/	/					/						
Approved Source							Preventing Contamination by Hands						
	/						/						
	/						/						
	/						/						
Protection from Contamination							Highly Susceptible Populations						
	/						/						
	/						/						
Chemicals							Water/ Plumbing						
	/						/						
	/						/						

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS	OUT		IN	NO	NA	COS			
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
	/						/						
	/						/						
Safe Water, Recordkeeping and Food Package Labeling							Permit Requirement, Prerequisite for Operation						
	/						/						
	/						/						
Conformance with Approved Procedures							Utensils, Equipment, and Vending						
	/						/						
Consumer Advisory							Food Identification						
	/						/						
	/						/						

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS	OUT		IN	NO	NA	COS			
Prevention of Food Contamination							Food Identification						
	/						/						
	/						/						
	/						/						
	/						/						
Proper Use of Utensils							Physical Facilities						
	/						/						
	/						/						
	/						/						

Received by: [Signature] Print: Diego Montoya Title: Person In Charge/ Owner
 Inspected by: [Signature] Print: _____ Business Email: _____



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Establishment Name: <u>Tulum</u>	Physical Address: <u>4216 Co. Rd. 214, Ft. Worth, TX</u>	City/State: <u>TX</u>	License/Permit # <u>HIP (Retail)</u>	Page <u>2</u> of <u>2</u>
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Refrigerators</u>		<u>41°F, 38°F, 40°F</u>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
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<u>34</u>	<u>Increase pest control for fruit flies</u>

Received by: <small>(signature)</small>	Print: <u>DIEGO Montoya</u>	Title: <u>Person In Charge/ Owner</u>
Inspected by: <small>(signature)</small>	Print: <u>ANALISA GUTIERREZ</u>	Samples: <u>Y</u> N # collected