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: 9/29/2021	Time in:	Time out:	License/Permit # HEALTH 4871535	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: Honor Bar	Contact/Owner Name:	✱ Number of Repeat Violations: ____ ✓ Number of Violations COS: ____				2
Physical Address: 2404 PSV	City/County: DP	Zip Code: 75208	Phone:	Follow-up: Yes No (circle one)		

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*

OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
	✓				1. Proper cooling time and temperature	
	✓				2. Proper Cold Holding temperature(41°F/ 45°F)	
	✓				3. Proper Hot Holding temperature(135°F)	
		✓			4. Proper cooking time and temperature	
		✓			5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
	✓				6. Time as a Public Health Control; procedures & records	
					Approved Source	
	✓				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
	✓				8. Food Received at proper temperature	
					Protection from Contamination	
	✓				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
	✓				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 3 Step ppm/temperature	
		✓			11. Proper disposition of returned, previously served or reconditioned	

OUT	IN	NO	NA	COS	Employee Health	R
	✓				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	✓				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
					Preventing Contamination by Hands	
	✓				14. Hands cleaned and properly washed/ Gloves used properly	
	✓				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
					Highly Susceptible Populations	
				✓	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					Chemicals	
			✓		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	✓				18. Toxic substances properly identified, stored and used	
					Water/ Plumbing	
	✓				19. Water from approved source; Plumbing installed; proper backflow device	
	✓				20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R
	✓				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
	✓				22. Food Handler/ no unauthorized persons/ personnel	
					Safe Water, Recordkeeping and Food Package Labeling	
	✓				23. Hot and Cold Water available; adequate pressure, safe	
			✓		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
					Conformance with Approved Procedures	
				✓	25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
					Consumer Advisory	
			✓		26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label	

OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	✓				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	✓				28. Proper Date Marking and disposition	
	✓				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
					Permit Requirement, Prerequisite for Operation	
	✓				30. **Food Establishment Permit** (Current & Valid)	
					Utensils, Equipment, and Vending	
2					31. Adequate handwashing facilities: Accessible and properly supplied, used	
	✓				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	✓				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	

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

OUT	IN	NO	NA	COS	Prevention of Food Contamination	R
	✓				34. No Evidence of Insect contamination, rodent/other animals	
	✓				35. Personal Cleanliness/eating, drinking or tobacco use	
	✓				36. Wiping Cloths; properly used and stored	
	✓				37. Environmental contamination	
		✓			38. Approved thawing method	
					Proper Use of Utensils	
	✓				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
	✓				40. Single-service & single-use articles; properly stored and used	

OUT	IN	NO	NA	COS	Food Identification	R
		✓			41.Original container labeling (Bulk Food)	
					Physical Facilities	
	✓				42. Non-Food Contact surfaces clean	
	✓				43. Adequate ventilation and lighting; designated areas used	
	✓				44. Garbage and Refuse properly disposed; facilities maintained	
	✓				45. Physical facilities installed, maintained, and clean	
	✓				46. Toilet Facilities; properly constructed, supplied, and clean	
					47. Other Violations	

Received by: (signature) Claudia	Print: Claudia	Title: Person In Charge/ Owner
Inspected by: (signature) Malia Smith	Print:	Business Email:

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Establishment Name:	Physical Address:	City/State:	License/Permit #	Page 2 of 2
Honor Bar	26A HPSV	HP		

TEMPERATURE OBSERVATIONS

Item/Location	Temp.	Item/Location	Temp.	Item/Location	Temp.

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:
31	Need all handsinks get 100°F for proper handwashing

Received by: (signature)	Print:	Title: Person In Charge/Owner
Inspected by: (signature) Analisa Gintanti, RS	Print:	Samples: Y N # Collected_____

Form EH-06 (Revised 09-2015)