



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

Recommend Closure

Complaint

Date: 6/8/2021 Time in: Time out: License/Permit # 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: S2cnet Contact/Owner Name: * Number of Repeat Violations: Number of Violations COS:

Physical Address: 4270 Couchman Ave City/County: HP Zip Code: 75205 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

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

Table with columns O U T, I N O, N A, C O S and rows for Time and Temperature for Food Safety, Approved Source, Protection from Contamination.

Table with columns O U T, I N O, N A, C O S and rows for Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, Water/ Plumbing.

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

Table with columns O U T, I N O, N A, C O S and rows for Demonstration of Knowledge/ Personnel, Safe Water, Recordkeeping and Food Package Labeling, Conformance with Approved Procedures, Consumer Advisory.

Table with columns O U T, I N O, N A, C O S and rows for Food Temperature Control/ Identification, Permit Requirement, Prerequisite for Operation, Utensils, Equipment, and Vending.

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

Table with columns O U T, I N O, N A, C O S and rows for Prevention of Food Contamination, Proper Use of Utensils.

Table with columns O U T, I N O, N A, C O S and rows for Food Identification, Physical Facilities.

Received by: (signature) Inspected by: (signature) Print: Stephen Rojas Title: Person In Charge/ Owner Business Email:



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2377 N. Stemmons Frwy., RM 607, Dallas, TX 75207 • (214) 819-2115 FAX (214) 819-2868

Establishment Name: <i>Sachet</i>	Physical Address: <i>4270 Oak Grove Ave</i>	City/State: <i>HP</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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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:
	<p><i>Per complaint.</i></p> <ul style="list-style-type: none"><i>- All refrigerators & dish machines working and sanitizing</i><i>- Owner says no employees have been sick</i> <p><i>However, major roach issue. Pest control on site. Recommend closure & will return tomorrow clean and sanitize surfaces. Spoke with Hygin at Highland Park and he has been notified.</i></p>

Received by: <i>[Signature]</i> (signature)	Print: <i>Stephen Rogers</i>	Title: Person In Charge/Owner
Inspected by: <i>Analisa Gutierrez, KJ</i> (signature)	Print:	Samples: Y N # Collected



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Auto Re-open

Reinspection

Date: 10/9/2021 Time in: Time out: License/Permit #: Est. Type Risk Category Page 2 of 2

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

Establishment Name: Sweet Contact/Owner Name: * Number of Repeat Violations: Number of Violations COS: 0

Physical Address: 4270 Oakdown Ave HP City/County: B29 Zip Code: 214 Phone: 613-2023 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

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

Table with 2 columns: Compliance Status (O, I, N, A, C, S) and Time and Temperature for Food Safety, Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, Water/Plumbing.

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

Table with 2 columns: Compliance Status (O, I, N, A, C, S) and Demonstration of Knowledge/Personnel, Food Temperature Control/Identification, Permit Requirement, Prerequisite for Operation, Utensils, Equipment, and Vending, Consumer Advisory.

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

Table with 2 columns: Compliance Status (O, I, N, A, C, S) and Prevention of Food Contamination, Food Identification, Physical Facilities, Proper Use of Utensils.

Received by: (signature) Print: Stephen Rogers Title: Person In Charge/ Owner Inspected by: (signature) Print: Business Email:



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Establishment Name: <i>Sorlet</i>	Physical Address: <i>4270 Cowden Ave HP</i>	City/State:	License/Permit #	Page <i>2</i> of <i>2</i>
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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:
	<p><i>Icon 6/9/2021 5:08 AM</i></p> <p><i>Found a couple of dead weeches + all floor walls + surface have been clean + sanitized.</i></p> <p><i>↳ Did not see any live weech</i></p> <p><i>↳ Recommend pest control to continue</i></p> <p><i>↳ Clean light fixtures</i></p> <p style="text-align:center"><i>Ok to Re-open</i></p>

Received by: (signature) <i>[Signature]</i>	Print: <i>Stephen Rogers</i>	Title: Person In Charge/Owner
Inspected by: (signature) <i>[Signature]</i>	Print: <i>[Signature]</i>	Samples: Y N # Collected