



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: 10/15/2021 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: Pochini Contact/Owner Name: * Number of Repeat Violations: 0 Number of Violations COS: 7 Physical Address: 35 Highland Park Village City/County: HP Zip Code: 75205 Phone: 5 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

Table with 2 columns: Compliance Status (OUT, IN, NO, NA, COS) and Description. Section: Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days. Items include: 1. Proper cooling time and temperature, 2. Proper Cold Holding temperature, 3. Proper Hot Holding temperature, 4. Proper cooking time and temperature, 5. Proper reheating procedure, 6. Time as a Public Health Control, 7. Food and ice obtained from approved source, 8. Food Received at proper temperature, 9. Food Separated & protected, 10. Food contact surfaces and Returnables, 11. Proper disposition of returned food, 12. Management, food employees and conditional employees, 13. Proper use of restriction and exclusion, 14. Hands cleaned and properly washed, 15. No bare hand contact, 16. Pasteurized foods used, 17. Food additives, 18. Toxic substances, 19. Water from approved source, 20. Approved Sewage/Wastewater Disposal System.

Table with 2 columns: Compliance Status (OUT, IN, NO, NA, COS) and Description. Section: Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days. Items include: 21. Person in charge present, 22. Food Handler/ no unauthorized persons, 23. Hot and Cold Water available, 24. Required records available, 25. Compliance with Variance, 26. Posting of Consumer Advisories, 27. Proper cooling method used, 28. Proper Date Marking and disposition, 29. Thermometers provided, accurate, and calibrated, 30. Food Establishment/Permit (Current & Valid), 31. Adequate handwashing facilities, 32. Food and Non-food Contact surfaces cleanable, 33. Warewashing Facilities.

Table with 2 columns: Compliance Status (OUT, IN, NO, NA, COS) and Description. Section: Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First. Items include: 34. No Evidence of Insect contamination, 35. Personal Cleanliness/eating, drinking or tobacco use, 36. Wiping Cloths, 37. Environmental contamination, 38. Approved thawing method, 39. Utensils, equipment, & linens, 40. Single-service & single-use articles, 41. Original container labeling (Bulk Food), 42. Non-Food Contact surfaces clean, 43. Adequate ventilation and lighting, 44. Garbage and Refuse properly disposed, 45. Physical facilities installed, maintained, and clean, 46. Toilet Facilities, 47. Other Violations.

Received by: [Signature] Print: Lupe Andrade Title: Person In Charge/ Owner Inspected by: [Signature] Print: Business Email:



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Establishment Name: Kachini Physical Address: 33 Highland Park Village #111 City/State: Dallas TX License/Permit #: _____ Page 2 of 2

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:
9	Do not store any food product on floor in walk in refrigerator ↳ Must be 6 inches off the floor
29	Need chlorine testing strips
30	Permit expired 12/2020 ↳ Update ASAP

Received by: [Signature] Print: Lupe Andrade Title: Person In Charge/Owner
 Inspected by: [Signature] Print: _____ Samples: Y N # Collected _____