



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: 10/16/2021	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page 1 of 2
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Purpose of Inspection:		<input type="checkbox"/> 1-Compliance	<input checked="" type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	TOTAL/SCORE
Establishment Name: The Juice Box				Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 1	
Physical Address: 1111 FIPS			City/County: FIP	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
 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
OUT	IN	NO	NA	COS	
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
	/				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 _____ ppm/temperature
	/				11. Proper disposition of returned, previously served or reconditioned
Employee Health					
	/				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					
Compliance Status					R
OUT	IN	NO	NA	COS	
Demonstration of Knowledge/ Personnel					
	/				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/Buffer Plate)/ Allergen Label
Food Temperature Control/ Identification					
	/				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					
	2				30. Food Establishment Permit (Current & Valid) <i>Need to update ASAP</i>
	/				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					
Compliance Status					R
OUT	IN	NO	NA	COS	
Prevention of Food Contamination					
	/				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
Food Identification					
	/				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: <i>Susana Medina</i>	Print: <i>Susana Medina</i>	Title: Person In Charge/ Owner
Inspected by: <i>Julissa Smith</i>	Print: _____	Business Email: _____



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Establishment Name: <i>The Juice Bar</i>	Physical Address: <i>Ull + IPSV</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:

tom kennings 214) 244-3270

40 Do not store boxes of lids + cups opened
or on floor in bathroom
to need to be enclosed & off the
floor

Received by: (signature) <i>Susana Medina</i>	Print: <i>Susana Medina</i>	Title: Person In Charge/Owner
Inspected by: (signature) <i>Maria Gint...</i>	Print:	Samples: Y N # Collected _____