



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: 10/30/2011 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: Aengui W/ Whole Foods Contact/Owner Name: \* Number of Repeat Violations: 0 Number of Violations COS: 1

Physical Address: 4150 Lomo Hills City/County: 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

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

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

Table with 2 columns: Compliance Status (O, I, N, O, N, A, C, O, S) and Description of violations. Includes sections for Demonstration of Knowledge/Personnel, Safe Water, Recordkeeping and Food Package Labeling, Conformance with Approved Procedures, Consumer Advisory, Food Temperature Control/Identification, Permit Requirement, Prerequisite for Operation, and 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 2 columns: Compliance Status (O, I, N, O, N, A, C, O, S) and Description of violations. Includes sections for Prevention of Food Contamination, Food Identification, and Physical Facilities.

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

