



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: 5/14/2021 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: Huston & Hallow Catering Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 3200 Mockingbird City/Country: DFW Zip Code: 75245 Phone: _____ Follow-up: Yes No (circle one) (C)

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	Compliance Status						R
OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)		OUT	IN	NO	NA	COS	Employee Health	
					1. Proper cooling time and temperature							12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
					2. Proper Cold Holding temperature(41°F/ 45°F)							13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
					3. Proper Hot Holding temperature(135°F)							Preventing Contamination by Hands	
					4. Proper cooking time and temperature							14. Hands cleaned and properly washed/ Gloves used properly	
					5. Proper reheating procedure for hot holding (165°F in 2 Hours)							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
					6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations	
					Approved Source							16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction							Chemicals	
					8. Food Received at proper temperature							17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					Protection from Contamination							18. Toxic substances properly identified, stored and used	
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting							Water/ Plumbing	
					10. Food contact surfaces and Returnables: Cleaned and Sanitized at <u>140°F/ 1 minute</u>							19. Water from approved source; Plumbing installed; proper backflow device	
3					11. Proper disposition of returned, previously served or reconditioned							20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel		OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	
					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)							27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
					22. Food Handler/ no unauthorized persons/ personnel							28. Proper Date Marking and disposition	
					Safe Water, Recordkeeping and Food Package Labeling							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
					23. Hot and Cold Water available; adequate pressure, safe							Permit Requirement, Prerequisite for Operation	
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled							30. Food Establishment Permit (Current & Valid)	
					Conformance with Approved Procedures							Utensils, Equipment, and Vending	
					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions							31. Adequate handwashing facilities: Accessible and properly supplied, used	
					Consumer Advisory							32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
					26. Posting of Consumer Advisories: raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label							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	Compliance Status						R
OUT	IN	NO	NA	COS	Prevention of Food Contamination		OUT	IN	NO	NA	COS	Food Identification	
					34. No Evidence of Insect contamination, rodent/other animals							41. Original container labeling (Bulk Food)	
					35. Personal Cleanliness/eating, drinking or tobacco use							Physical Facilities	
					36. Wiping Cloths: properly used and stored							42. Non-Food Contact surfaces clean	
					37. Environmental contamination							43. Adequate ventilation and lighting; designated areas used	
					38. Approved thawing method							44. Garbage and Refuse properly disposed; facilities maintained	
					Proper Use of Utensils							45. Physical facilities installed, maintained, and clean	
					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used							46. Toilet Facilities: properly constructed, supplied, and clean	
					40. Single-service & single-use articles; properly stored and used							47. Other Violations	

Received by: Sarah Leffer Print: _____ Title: Person In Charge/ Owner
 Inspected by: Amaliso Guthrie Print: Sarah Leffer Business Email: _____



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Establishment Name: <i>Fresh Start Dallas Catering</i>	Physical Address: <i>3300 Mockingbird Blvd</i>	City/State: <i>DFW</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:

- 10 Mechanical dish machine needs to 180°F*
 - 31 Need hot water at hand sinks 100°F*
 - 40 Don't use single use pans.*
 - Print New food handlers by next time*
- } Email
by
Monday

Received by: (signature) <i>Sarah Leffer</i>	Print: <i>Sarah Leffer</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Patricia Griffith</i>	Print:	Samples: Y N # collected