



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

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Date: <u>7/14/20</u>	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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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
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Establishment Name: <u>Cafe Pacific</u>	Contact/Owner Name:	* Number of Repeat Violations: <u>0</u>	2
		✓ Number of Violations COS: <u>0</u>	

Physical Address: <u>29 Highland Park Village HP</u>	City/County: <u>HP</u>	Zip Code: <u>75208</u>	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)
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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
O	I	N	N	C	C	
U	N	O	A	O	S	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						
Approved Source						
Protection from Contamination						

Compliance Status						R
O	I	N	N	C	C	
U	N	O	A	O	S	
Employee Health						
Preventing Contamination by Hands						
Highly Susceptible Populations						
Chemicals						
Water/ Plumbing						

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

Compliance Status						R
O	I	N	N	C	C	
U	N	O	A	O	S	
Demonstration of Knowledge/ Personnel						
Safe Water, Recordkeeping and Food Package Labeling						
Conformance with Approved Procedures						
Consumer Advisory						

Compliance Status						R
O	I	N	N	C	C	
U	N	O	A	O	S	
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

Compliance Status						R
O	I	N	N	C	C	
U	N	O	A	O	S	
Prevention of Food Contamination						
Proper Use of Utensils						

Compliance Status						R
O	I	N	N	C	C	
U	N	O	A	O	S	
Food Identification						
Physical Facilities						

Received by: <u>[Signature]</u>	Print: <u>TERRY COOK</u>	Title: Person In Charge/ Owner
Inspected by: <u>[Signature]</u>	Print:	Business Email:



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Establishment Name: <i>Cafe Pacific</i>	Physical Address: <i>24 Highland Park Village #111</i>	City/State: <i>TX</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:

	Get chlorine testing strips for laundry cloths solutions at 5ppm
30	Need to update permit with Highland Park ASAP

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