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:	Time in:	Time out:	License/Permit #	Est. Type	Risk Category
10/30/2017			2015955		

Purpose of Inspection: [ ] 1-Compliance [✓] 2-Routine [ ] 3-Field Investigation [ ] 4-Visit [ ] 5-Other

TOTAL/SCORE: 3

Establishment Name: Whole Foods

Contact/Owner Name:

* Number of Repeat Violations: ____
✓ Number of Violations COS: ____

Physical Address: 9001 Homer Adam

City/County: DP

Zip Code: 75247

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						
OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
	✓				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	
3				✓	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	
2					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ____ ppm/temperature	
		✓			11. Proper disposition of returned, previously served or reconditioned	

Compliance Status						
OUT	IN	NO	NA	COS	Employee Health	R
	✓				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*

OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R
	✓				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/Buffet Plate)/ Allergen Label	

Compliance Status						
OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	✓				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	
	✓				30. Food Establishment Permit (Current & Valid) 12/31/2017	
					Utensils, Equipment, and Vending	
	✓				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*

OUT	IN	NO	NA	COS	Prevention of Food Contamination	R
	✓				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	

OUT	IN	NO	NA	COS	Food Identification	R
	✓				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: (signature)	Print: Patricia Ribeiro	Title: Person In Charge/ Owner
Inspected by: (signature) Marisa Griffith RS	Print:	Business Email:

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Establishment Name:	Physical Address:	City/State:	License/Permit #	Page 2 of 2
Whole Foods	4100 Jumo Alto	FIP		

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 dishmachine not sanitizing 0 ppm
	→ Need to repair asap to sanitize at 50ppm
	↳ Check daily
	↳ Use 3comp sink until repaired
7	Don't store any food on floor COS
	↳ Must be 6 inches off floor

Received by: (signature)	Print: Patricia Ribeiro	Title: Person In Charge/ Owner
Inspected by: (signature) Melisa Gutiérrez	Print:	Samples: Y N # collected

Form EH-06 (Revised 09-2015)