

## **Food Establishment Inspection Report**



| Houston Department of Health and Human Services<br>Environmental Health Division / Consumer Health Services |  |                           |                       |                        | tablishment DON<br>STABLISHMENT)                       |              | Acct # 984810                      | Acct # 984810           |                   |  |  |  |
|---|--|---------------------------|-----------------------|------------------------|--|--------------|------------------------------------|-------------------------|-------------------|--|--|--|
| Phone: 832.393.5100 Fax:832.393.5208 www.houstontx.gov  |  |                           |                       | Ad                     | dress 7606 IRVIN                                       | GTON         | Zip <b>77022</b>                   |                         |                   |  |  |  |
|   |  |                           |                       | Ow                     | vner JOSE LUIS E                                       | ESPARZA      | Type Insp Routine Inspection (001) |                         |                   |  |  |  |
|   |  | rrival<br>2:20 PM         | Departure<br>03:20 PM | Telepho<br>(713) 69    |  |              |                                    | District 305            | Score <b>3.00</b> |  |  |  |
| Permit Expiration 02/15/2019  |  | Permit Type<br><b>F,G</b> |                       |                        | certified Manager<br>ose Esparza - 207800 - 09/15/2020 |              |                                    |                         |                   |  |  |  |
| Food Temperatures / Unit Temperatures   |  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
| Item/Lo   | cation   |                           |                       |                        | · · · · · · · · · · · · · · · · · · ·                  |              |                                    | Location                | Temp              |  |  |  |
| Rice / Cold   |  | 41.00 °                   |                       | beans / Cold-Hold Unit |  | 43.00 ° F    |                                    | old-Hold Unit           | 41.00 ° F         |  |  |  |
|   |  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   |  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   |  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   |  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   |  |                           | OBSERVA               | TIONS                  | AND CORRE  | CTIVE ACTI   | ONS                                |                         |                   |  |  |  |
| Code  | Items in violation to be corrected by the dates indicated or immediately.  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | Materials; gene  | eral. All equi            | pment and ute         | ensils no              | ot maintained in                                       | good repair. |                                    |                         |                   |  |  |  |
| 20-21.10(a)   | Keep multi-use (equipment) maintained in good repair.  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | Repair leak to hand wash sink in women's rest room. New Violation.   |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
| 20-21.12(e)(08)   | Manual sanitizing. Food-contact surfaces of all equipment and utensils not sanitized by rinsing, spraying, or swabbing with a chemical sanitizing solution at the strength required for that particular sanitizing solution under items 20-21.12(e)(02) through 20-21.12(e)(06) above, in the case of equipment too large to sanitize by immersion.                                    |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | Rinse/spray/swab with chemical sanitizing solution of the strength required for sanitizing solution any equipment too large for immersion.   |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | During time of inspection observed chlorine sanitizing solution for hand towels at 0PPM. Ensure that sanitizing solution for hand towel is between 50 -100PPM. New Violation.  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | Hand-washing sink supplies. When disposable towels are used, easily cleanable waste receptacles not conveniently located near the hand-washing facilities.   |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
| 20-21.19(c)   | Provide waste receptacle located near hand washing facilities for disposable towels.   |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | During time of inspection observed no trash can near kitchen hand wash sink. New Violation.  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
| 20-21.19(c)   | Hand-washing sink supplies. Hand-washing sink or group of adjacent hand-washing sinks not provided with individual, disposable towels / a continuous towel system that supplies the user with a clean towel / a hand-drying device providing heated air or a hand-drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | Provide a supply of disposable towels or alternate approved hand drying device at all hand washing sinks at all times.   |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   | During time of inspection observed no paper towels at front hand wash sink. New Violation.   |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
|   |  |                           |                       |                        | COMMENTS   |              |                                    |                         |                   |  |  |  |
| Person in Charge (Signature) Jose Esparza  Date: 06/21/2018   |  |                           |                       |                        |  |              |                                    |                         |                   |  |  |  |
| Sanitarian (Signa   | ture) Kingley Th   | nomas (KPT                | 1) K:                 | Th                     | s mos  | <del></del>  |                                    | <b>Date:</b> 06/21/2018 |                   |  |  |  |

PG1 A-1



Received By Jose Esparza

## **Food Establishment Inspection Report**



| Houston Department of Health and Human Services<br>Environmental Health Division / Consumer Health Services |   |                         |                       | Establishment DON LUIS N<br>(ESTABLISHMENT)  | MEXICAN RESTAURANT    | Acct # 984810           |            |  |  |  |  |
|---|---|-------------------------|-----------------------|--|-----------------------|-------------------------|------------|--|--|--|--|
|   | 93.5100 Fax: 832.39<br>oustontx.gov/health  |                         |                       | Address 7606 IRVINGTON                       | 1                     | Zip <b>77022</b>        |            |  |  |  |  |
| map.//www.noustonix.gov/noutri/1000   |   |                         | Owner JOSE LUIS ESPAR | Owner JOSE LUIS ESPARZA Type Insp Rout (001) |                       |                         |            |  |  |  |  |
| Date <b>06/21/2018</b>  |   | Arrival <b>02:20 PM</b> | Departure<br>03:20 PM | Telephone<br>(713) 695-6340                  | District 305          |                         |            |  |  |  |  |
| Permit Expiration 02/15/2019  |   | Permit Type <b>F,G</b>  |                       | Certified Manager                            | Certified Manager     |                         |            |  |  |  |  |
|   | OBSERVATIONS AND CORRECTIVE ACTIONS   |                         |                       |  |                       |                         |            |  |  |  |  |
| Code  |   | Items in                | violation to be       | corrected by the dates indic                 | cated or immediately. |                         | Correct By |  |  |  |  |
| 20-21.21(a)   | Controlling pests, generally. Effective measures intended to eliminate the presence of rodents, flies, cockroaches, and other insects on the premises not utilized.  Control to eliminate the pesence of (insects/ rodents/ other pests) within the (physical facility/ contents of facility/ on contiguous land/ property) under control of permit holder.  During time of inspection observed 4 roaches underneath shelf in cracks in wall. Manager (Jose Esparza) stated that he has never got a professional extermination before and had no receipts/invoices. a professional extermination needs to be done. New Violation. |                         |                       |  |                       |                         |            |  |  |  |  |
| 20-21.21(b)   | Openings. Outside openings not protected against the entrance of insects by filling or closing holes and other gaps along floors / walls / ceilings / tight-fitting, self-closing doors, kept closed / closed windows / screening / properly designed and installed air curtains to control flying insects / other means.  Protect openings to the outside against the entrance of insects by filling/ closing holes/ gaps along (floors / walls / ceilings).  During time of inspection observed holes in wall along floor with roaches in it. New Violation.  |                         |                       |  |                       |                         |            |  |  |  |  |
| Person in Char  | Person in Charge (Signature) Jose Esparza  Date: 06/21/2018   |                         |                       |  |                       |                         |            |  |  |  |  |
| Sanitarian (Si  | <b>gnature)</b> Kingley Th  | homas (KPT1)            | KIT                   | homas  | HI.                   | <b>Date:</b> 06/21/2018 |            |  |  |  |  |

PG2 A-2