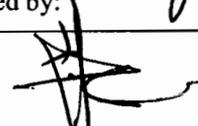


City of Coppell

Retail Food Establishment Inspection Report

| | | | | | | |
|---|---|---------|----------|-------------------------------|---|----------------|
| LR | 3-15-15 | | | FE-120039 | 17 | High |
| San Code | Date | Time In | Time Out | Establishment Number | Previous Score | Risk Category |
| Purpose of Inspection: 1-Follow-Up 2-Routine 3-Field Investigation 4-Pre-Opening 5-Other | | | | | | |
| Establishment: Italian Express | | | | Owner: Italian Express | | |
| Physical Address: 751 S MacArthur Blvd | | | | Zip: 75019 | Phone: () | |
| OUT 5 Pts | IN | NA | NO | COS | Food Temperature/Time Requirements Violations Require Immediate Corrective Action Remarks | |
| 5X | ✓ | | | | 1. Proper Cooling for Cooked/Prepared Food | |
| | ✓ | | | | 2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit) | |
| | ✓ | | | | 3. Hot Hold (135 degrees Fahrenheit) | |
| | ✓ | | | | 4. Proper Cooking Temperatures | |
| | ✓ | | | | 5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs) | |
| Item/Location/Temperature Sauce = 135F Xwalk-in: 95F Coolers 40F | | | | | | |
| OUT 4 Pts | IN | NA | NO | COS | Personnel/Handling/Source Requirements Violations Require Immediate Corrective Action Remarks | |
| | ✓ | | | | 6. Personnel with Infections Restricted/Excluded | |
| | ✓ | | | | 7. Proper/Adequate Handwashing | |
| | ✓ | | | | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other) | |
| | ✓ | | | | 9. Approved Source/Labeling | |
| | ✓ | | | | 10. Sound Condition | |
| | ✓ | | | | 11. Proper Handling of Ready-To-Eat Foods | |
| | ✓ | | | | 12. Cross-contamination of Raw/Cooked Foods/Other | |
| 4X | ✓ | | | | 13. Approved Systems (HACCP Plans/Time as Public Health Control) | |
| | ✓ | | | | 14. Water Supply – Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure | |
| OUT 3 Pts | IN | NA | NO | COS | Facility and Equipment Requirements Violations Require Immediate Correction, Not To Exceed 10 Days Remarks | |
| | ✓ | | | | 15. Equipment Adequate to Maintain Product Temperature | |
| | ✓ | | | | 16. Handwash Facilities Adequate and Accessible | |
| 3X | ✓ | | | | 17. Handwash Facilities with Soap and Towels | |
| | ✓ | | | | 18. No Evidence of Insect Contamination | |
| | ✓ | | | | 19. No Evidence of Rodents/Other Animals | |
| | ✓ | | | | 20. Toxic Items Properly Labeled/Stored/Used | |
| | ✓ | | | | 21. Manual/Mechanical Warewashing and Sanitizing at ()ppm/temperature | |
| | ✓ | | | | 22. Manager Demonstration of Knowledge/Certified Food Manager | |
| | ✓ | | | | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal | |
| | ✓ | | | | 24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit) | |
| 3X | ✓ | | | | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair | |
| | ✓ | | | | 26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/Buffer Plate) | |
| | ✓ | | | | 27. Food Establishment Permit | |
| Subtotal | Other Violations – Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First | | | | | |
| 5pt | -provide water tank cover in the restroom. | | | | | |
| 4pt | | | | | | |
| 3pt | | | | | | |
| Total | 15 | | | | | |
| F/U | Inspected by: Way Bahil IRS | | | Print: Way Bahil 972-462-5164 | | |
| Yes/No | Received by:  | | | Print: | | Title: manager |



CITY OF COPPELL
ENVIRONMENTAL HEALTH DEPARTMENT

WRITTEN NOTICE

Name of Establishment: Italian Express

Date: 3-15-15

Address: 751 S MacArthur

Purpose: Routine

Owner: _____

① Provide hand soap at both hand sinks immediately.

② Clean all coolers and freezers. (food build-up)
- replace torn gasket seals.
- replace broken freezer covers.

③ Date all cooked food in the coolers.

④ Walk-in cooler shall be held at 41°F or below. I will re-inspect the walk-in cooler within 24 hours. It was held at 45°F.

Received By:

Way Bahil, RS

Inspected By: