

Food Establishment Inspection Report



Sanitarian (Signature) Karen Yokooji (KMY1)

Houston Department of Health and Human Services Environmental Health Division / Consumer Health Services						Address 4000 KELLEY				ACCT #	915024	
					rvices					Zip 77026		
Phone: 832.393.5100 Fax:832.393.5208 www.houstontx.gov						l R				Routi	Type Insp Routine Inspection (001)	
Date		Arrival	Dor	parture	Telephone				District	inspe	Score	
		09:05 AM			(713) 635-24	462			405		Score	
Permit Expiration Pe 01/01/2016 F,I		Permit Ty F,D,G	rmit Type D,G		Certified Manager							
		•		Food 1	emperatu	ıres / Unit Te	mperatures					
Item/Location Temp Item/Loc							Temp	Item/L	ocation		Temp	
Milk / Refrigerator			3.00 ° F				40.00 ° F		Hot-Hold Unit		145.00 ° F	
Rice / Walk-In Cooler			40.00 ° F r		each in cooler / Refrigerator		39.00 ° F	walk in / W	/alk-In Cooler		39.00 ° F	
walk in / freezer		30	30.00 F				+					
			0	BSERV <i>A</i>	ATIONS A	ND CORREC	TIVE ACTIONS	3				
Code			Items	in violation	n to be corre	cted by the date	s indicated or imm	ediately.		(Correct By	
										+		
	1									\top		
	•				C	OMMENTS						
Person in Charge (Signature)									Date:			
										_		

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Date: 10/28/2015