PROMOTE • PREVENT • PROTECT
WACO MCLENNAN COUNTY PUBLIC HEALTH DISTRICT

**Waco-McLennan County Public Health District**
**225 West Waco Drive • Waco, Texas 76707**
**(254) 750-5464**

Inspection #: Est. 1.D 35273.20
Case # _____

# Food Establishment Inspection Report

Page 1 of 2

| | | | |
|---|---|---|---|
| Date: 9/9/22 | Establishment Name: Burrito Express | Permit #: 2019.03633 | TOTAL/SCORE: 11 |
| **Purpose of Inspection:** ☒ 1-Permit/Renewal ☐ 2-Routine ☐ 3-Reinspection ☐ 4-Complaint ☐ 5-Other | | | |
| Contact/Owner Name: Ray Gonzales | | ✱ Number of Repeat Violations: 0<br>✓ Number of Violations COS: 3 | |
| Physical Address: 309 E. Texas Ave | City: Mart | Zip Code: 76664 | Phone: Follow-up: Yes X No ___ Date 9/16/22 |

**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*

| 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 (41F/ 45F) | |
| | ✓ | | | | 3. Proper Hot Holding temperature (135F) | |
| | | ✓ | | | 4. Proper cooking time and temperature | |
| | | ✓ | | | 5. Proper reheating procedure for hot holding (165F in 2 Hours) | |
| | ✓ | | | | 6. Time as a Public Health Control; procedures & records | |
| | | | | | **Approved Source** | |
| | ✓ | | | | 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** | |
| 3 | | | | ✓ | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | |
| | ✓ | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at 100 C12 ppm/temperature | |
| | ✓ | | | | 11. Proper disposition of returned, previously served, reconditioned | |

| 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** | |
| 3 | ✓ | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| 3 | | | | ✓ | 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, Record Keeping and Package Labeling** | |
| | ✓ | | | | 23. Hot and Cold Water available; adequate pressure, safe | |
| | ✓ | | | | 24. Required records available (shellstock tags; parasite destruction); Package food labeling | |
| | | | | | **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 | |

| 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) | |
| | | | | | **Utensils, Equipment, and Vending** | |
| | ✓ | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| 2 | | | | | 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 | |
| 1 | | | | ✓ | 35. Personal Cleanliness/eating, drinking or tobacco use | |
| | ✓ | | | | 36. Wiping Cloths; properly used and stored | |
| 1 | ✓ | | | | 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 | |
| 1 | ✓ | | | | 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) Ray Gonzales | **Print:** Ray Gonzales | **Title:** Owner |
| **Inspected by:** (signature) Teresa Wells | **Print:** TERESA WELLS | **Permit Expires:** Mo / Yr 8/23 |

Notes:

A copy of this inspection report furnished to the owner/permit holder/person in charge serves as written notice.

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PUBLIC HEALTH DISTRICT

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**225 West Waco Drive**
**Waco, Texas 76707**
**(254) 750-5464**



| Establishment: | Permit #: | Date: |
|---|---|---|
| Burrito Express | 2019-03633 | 9/9/22 |
| **Address:** | **City:** | **Zip Code:** |
| 309 E. Texas Ave | Mart | 76664 |

**TEMPERATURE OBSERVATIONS**

Item/Location/Food Temperature °F

ground beef - 178°F
scrambled eggs - 136°F
cooked bacon - 40°F
PICO - 40°F
refried beans 172°F

**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. |
|---|---|
| 9) | Raw shell eggs stored above cooked beans in reach-in cooler. COS - eggs relocated to bottom shelf. |
| 15) | At time of arrival employees using bare hands to handle tortillas. COS - Gloves provided & tongs used for tortillas. |
| 32) | Remove unapproved molcajete. Must be smooth, durable, non-absorbent, & easily cleanable. |
| 35) | Employee open beverage cups lacking lid & straw in prep. COS - Removed. |
| 37) | Clean pans stored on flooring under 3-comp sink. |
| 43) | Clean & maintain wall/ceiling at vent/water heater. Excessive dust. |

| Received by: (signature) | Print: Ray Gonzales | Title: Owner |
|---|---|---|
| Inspected by: | Print: Teresa Wills | |

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