

# Food Establishment Inspection Report Form C

#2) PR 31079



Business Name: **TAQUERIA Los CHILANGOS #1** Operator: **#1** Page **1** of **2**

Address: [Redacted] City: [Redacted] ZIP: [Redacted] Email: [Redacted] Phone: **(425) 221-7623**

General Health Record ID: **PR SR 83964** P/E: [ ] Date: **6783090215** Time In: **10:10 m** Office Time: [ ] Activity Time: **95 m** Travel Time: **50 m**

## TEMPERATURE OBSERVATIONS

Item Number	Violations cited in this area must be corrected with the time frame specified.	Points	Service
	Conditions and food safety requirements to reinstate Los Chilangos food service permits in King County.		128 <input type="checkbox"/> Scheduled 129 <input type="checkbox"/> Return 126 <input type="checkbox"/> Fld PI Rvw 130 <input type="checkbox"/> Complaint 133 <input type="checkbox"/> Illness / Inj. 134 <input checked="" type="checkbox"/> Permit Inv. 136 <input type="checkbox"/> Field Educ. 127 <input type="checkbox"/> Pre-Operat. 106 <input type="checkbox"/> HACCP
<b>OK</b>	1. The 2015-16 annual food service establishment permit for Chinola is "expired" the permit fee must be paid and active prior to commencing operations at: Chinola PR0008879 1225 Central Ave N Kent, WA 98032		<b>PAID - ON PHONE w/GAIL</b>
<b>OK</b>	2. All foods that were opened or prepared at Eastside Commercial Kitchen have been discarded.		<b>Results</b> 01 <input type="checkbox"/> Satisfact 02 <input type="checkbox"/> Unsatisfact. 03 <input checked="" type="checkbox"/> Complete 04 <input type="checkbox"/> Incomplete
<b>Done</b>	3. Thorough washing, rinsing and sanitizing of all equipment completed prior to them moving equipment out of the facility.  Reminder: Washing and Sanitizing is a multi-step process at the dishwashing sink or when cleaning in place for large equipment and/or using a commercial dishwasher. WASH - in hot, soapy water in the first sink RINSE - with clean, warm water in the second sink SANITIZE - by soaking in the third sink filled with warm water and an approved sanitizer AIR DRY - instead of using a towel		<b>Action</b> 04 <input type="checkbox"/> Suspend 07 <input checked="" type="checkbox"/> Approved 10 <input type="checkbox"/> Disapprv'd 26 <input type="checkbox"/> Fol/up Rq'd 00 <input type="checkbox"/> N/A
<b>OK</b>	4. Perform a joint site inspection and review of new commissary kitchen, including a signed Use of Commissary / Shared Kitchen Agreement and updated Permit Application to be submitted. <b>w/ Bethany - Signed Agreement</b>		
<b>Reviewed</b>	5. The Health Department must be notified if a food worker has a diagnosed illness that can be transmitted through food. Also notify the Health Department if a customer calls to report they got sick.  No sick or ill workers working - symptoms or diagnosed illness: Diarrhea, vomiting or jaundice Sore throat with fever Infected, uncovered wounds Diagnosed illness from: Salmonella Typhi, Shigella, Shiga toxin-producing E. coli, or hepatitis A.		

Comments

Based on an inspection this day, the above items are violations, which must be corrected in the time specified by the health officer. A food establishment permit may be suspended without warning, notice or hearing if the requirements of the food code and/or directives of the health officer are not met or if violations are not corrected in the time stated in this report. The permit will be suspended if an imminent hazard exists or there are 75 or more red critical points or if there are 101 or more total points. The health officer will provide an opportunity for an appeal on the validity of a suspension or the findings of an inspection report if a written request is filed with the health officer within ten (10) days of the suspension or inspection. The filing of an appeal does not stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any person who requests it under the provision of the Public Disclosure Act (42.17.260 RCW).

Person in Charge (Printed Name): **Manuela N. Mendez** (Signature):

Regulatory Authority (Printed Name): **(FORWARD) W. W. WESTER** (Signature):

Red Critical Points	<b>X</b>
Blue Points	<b>X</b>
Total Points	<b>X</b>

# Food Establishment Inspection Report Form C

# 2) PK 31017

Business Name: **TAQUERIA LOSCHILANGOS** Operator: \_\_\_\_\_ Page **2** of **2**

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

General Health Record ID: \_\_\_\_\_ P/E: \_\_\_\_\_ Date: \_\_\_\_\_ Time In: **4:32** Office Time: \_\_\_\_\_ Activity Time: \_\_\_\_\_ Travel Time: \_\_\_\_\_

PR SR **83964** **6783090215** : m : m : m : m

## TEMPERATURE OBSERVATIONS

Item Number	Violations cited in this area must be corrected with the time frame specified.	Points	Service
			128 <input type="checkbox"/> Scheduled 129 <input type="checkbox"/> Return 126 <input type="checkbox"/> Fid PI Rvw 130 <input type="checkbox"/> Complaint 133 <input type="checkbox"/> Illness / Inj. 134 <input type="checkbox"/> Permit Inv. 136 <input checked="" type="checkbox"/> Field Educ. 127 <input type="checkbox"/> Pre-Operat. 106 <input type="checkbox"/> HACCP
<i>Reviewed</i>	6. Food service workers must routinely wash their hands by applying soap and using warm water, scrubbing thoroughly, rinsing, and then drying using paper towels or a hand drying device.  Food service workers must wash hands: before starting to work before putting on gloves during work as necessary to prevent contamination of foods after handling unclean items after handling raw meat, poultry, or aquatic foods after using the restroom (must wash twice, once in restroom and again in department) after eating or smoking		01 <input type="checkbox"/> Satisfact 02 <input type="checkbox"/> Unsatisfact. 03 <input checked="" type="checkbox"/> Complete 04 <input type="checkbox"/> Incomplete
<i>Reviewed</i>	7. No bare hand contact of ready-to-eat foods is allowed at any time. Food service workers are required to use a barrier to handle ready-to-eat foods. (tongs, spoons, tissues, foil, gloves).		04 <input type="checkbox"/> Suspend 07 <input checked="" type="checkbox"/> Approved 10 <input type="checkbox"/> Disapprv'd 26 <input type="checkbox"/> Fol/up Rq'd 00 <input type="checkbox"/> N/A
<i>Reviewed</i>	8. Produce washing of cilantro and other vegetables to remove soil and other contaminants must be done at a food prep sink. Follow by fully cleaning, (wash - rinse - sanitize) the prep sink and equipment used to prep produce.		
<i>Reviewed</i>	9. Cooling of foods must be done in shallow pans with a food depth of 2 inches or less, uncovered, refrigerated at 41F or below. Use of cooling rack or shelving racks with adequate air flow is needed, no cross stacking pans of foods being cooled. Once food is cold, 41F or below, then it can be transferred to larger storage containers. Use a thermometer to monitor temperatures.		
<i>sk</i>	10. All Food workers must have a valid Washington Food Worker Card. Test online: <a href="http://www.foodworkercard.wa.gov">www.foodworkercard.wa.gov</a> NOTE: in-person class and testing location is subject to change. Please check King County's website for the most accurate information at: <a href="http://www.kingcounty.gov/healthservices/health/ehs/foodsafety/FoodWorker/schedule.as">http://www.kingcounty.gov/healthservices/health/ehs/foodsafety/FoodWorker/schedule.as</a> PX		
<i>new</i>	11. All Food workers will review and sign a Food Employee Reporting Agreement which identifies their responsibility on preventing transmission of diseases though food by infected food workers. This document will be kept on file with Los Chilangos and made available for review upon request by Public Health. (FDA Food Code Form 1-B provided)		
	<i>#12</i> 12. No lettuce food preserved - (no cooling) DISCARD HOT FOODS EACH DAY (IF NOT SERVED)		

Comments: \_\_\_\_\_

Based on an inspection this day, the above items are violations, which must be corrected in the time specified by the health officer. A food establishment permit may be suspended without warning, notice or hearing if the requirements of the food code and/or directives of the health officer are not met or if violations are not corrected in the time stated in this report. The permit will be suspended if an imminent hazard exists or there are 90 or more red critical points or if there are 120 or more total points. The health officer will provide an opportunity for an appeal on the validity of a suspension or the findings of an inspection report if a written request is filed with the health officer within ten (10) days of the suspension or inspection. The filing of an appeal does not stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any person who requests it under the provision of the Public Disclosure Act (42.17.260 RCW).

Person in Charge (Printed Name): **Manuela N. Mendez** (Signature): \_\_\_\_\_

Regulatory Authority (Printed Name): **LEONARD W. NICHOLSON** (Signature): \_\_\_\_\_

Red Critical Points

Blue Points

Total Points

**Use of Commissary / Shared Kitchen Agreement**

All Food Establishments must operate out of an approved facility located within King County. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors.

The commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used. (All of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 3-Compartment Sink  | <input checked="" type="checkbox"/> Hand Wash Sink                 |
| <input checked="" type="checkbox"/> Food Prep Sink  | <input checked="" type="checkbox"/> Commercial Refrigeration Space |
| <input checked="" type="checkbox"/> Dry Storage Space (Linear square feet) <u>60 in x 24 in</u> | <input checked="" type="checkbox"/> Freezer Space                  |
| <input checked="" type="checkbox"/> Restroom Access   | <input checked="" type="checkbox"/> Ice Machine                    |
| <input checked="" type="checkbox"/> Key Accessibility to Commissary (If necessary)              | <input checked="" type="checkbox"/> Cooking Equipment              |
| <input checked="" type="checkbox"/> Preparation Table/Equipment                                 | <input checked="" type="checkbox"/> Mop Sink                       |
| <input checked="" type="checkbox"/> Off Street Parking for trucks/trailers                      | <input type="checkbox"/> Other: _____                              |

**Commissary Information:** Name of Business: Chinaka Restaurant  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: Sandra Gonzales Title: owner  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Hours of Operation: ANY time as need it  
 Do other vendors use this commissary?  Yes  No If so, how many \_\_\_\_\_

**Mobile Unit/ Caterer/ Vendor Information:** Name of Business: Taqueria Los Chilangos  
 Owner/Operator: Manuela N. Mendez Title: owner  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Days/Time at Commissary: \_\_\_\_\_

Sandra Gonzales  
 (Commissary Owner/Agent - Printed Name & Title)  
Sandra Gonzales  
 (Commissary Owner/Agent - Signature & Date)

Manuela N. Mendez  
 (Mobile Unit/Caterer/Vendor - Printed Name & Title)  
Manuela N. Mendez  
 (Mobile Unit/Caterer/Vendor - Signature & Date)

This agreement between the owner of the commissary and the operator of the mobile unit, caterer or vendor signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile unit/caterer/vendor, or should there be any modification or cancelation of this agreement between parties, then the Public Health - Seattle & King Permanent Food Service Establishment Permit may be suspended.**

Available in alternative format upon request pursuant to ADA

**For Office Use Only:**  
 Health Officer approval for use of commissary by the mobile food unit owner/vendor identified above:  
 Health and Environmental Investigator/MPRAF Compliance Officer:  
9/2/2015 (Date) Berthum A. (Printed Name) [Signature] (Signature)

**DISTRICT HEALTH CENTERS**  
**DOWNTOWN** 401 5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
 Seattle, WA 98104  
 206-263-9566  
**EASTGATE** 14350 S.E. Eastgate Way  
 Bellevue, WA 98007  
 206-477-8050