



FI-4061

Date: 03/16/2024	Time in: 11:26	License/Permit # 0	Est. Type SD	Risk Category SD	Page 1 of 2																																																																																																																																																																																																				
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other		Establishment Name: Taco Bueno		Contact/Owner Name: Gladys Becerra																																																																																																																																																																																																					
Physical Address: 11301 US-380		Pest control : Massey 12-24-23	Grease trap : Not observed	Follow-up: No	77																																																																																																																																																																																																				
Compliance Status: O = not in compliance I = in compliance N = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch 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 X in appropriate box for R																																																																																																																																																																																																									
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Establishment Name: Taco Bueno	Physical Address: 11301 US-380	City/State: Cross Roads, TX	License/Permit # 0	Page ___ of ___ 2 of 2
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Condiment bar pico	46°F	Walk in	32.5°F		
Onions	40.8°F				
Onions	44.4°F				
Diced tomatoes	44.1°F				
Lettuce	41°F				
Taco meat	159°F				
Beans	141°F				
Rice	156°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:
7	Mildew like substance in ice machine. Clean and sanitize
10	Sanitizer not observed
20	Records not observed.
21	Certified Food manager not on site. CFM must be on site during all hours of operation.
22	Food handler cards not observed. Employees that have been employed 30 or longer must have a food handler card. One food handler on site.
23	Hot water 90 degrees in women's and men's restrooms, 100 degree minimum required.
29	Digital probe. Qac
31	Hand sink being used for purpose other than handwashing. Hand wash only. Paper towels not available at hand sink. Stock. No paper towels at back hand sink.
33	Sanitizer not observed in warewash sink.
39	Wet stacked dishes. Air dry.
45	Floor drains are soiled. Clean regularly,gap under back door. Replace door sweep to prevent rodent and insect entry.
46	Toilet paper not available in men's restroom
47	Hang mops when not in use.

Received by: (signature) <i>[Signature]</i>	Print: Gladys Becerra	Title: Person In Charge/ Owner General Manager
Inspected by: (signature) <i>[Signature]</i>	Print: Tammy McMahan, RS, CPO	Samples: Y <input type="radio"/> N <input checked="" type="radio"/> # collected N/A