

Establishment Name

Inspection Date

Address

City

# FOOD

|   | TENNESSEE DEPARTMENT OF HEALTH          |  |
|---|-----------------------------------------|--|
| ) | SERVICE ESTABLISHMENT INSPECTION REPORT |  |

O Farmer's Market Food Unit Permanent O Mobile

Type of Establishment O Temporary O Seasonal

Time in 02:15 PM AM / PM Time out 02:30: PM AM / PM 09/09/2021 Establishment # 605249393 Embargoed 0

∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

Risk Category О3 Follow-up Required

Number of Seats 84

SCORE

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed |                       |     |    | 0  |                                                                                           |    |   |     |
|--------------------------------------------------------------------------|-----------------------|-----|----|----|-------------------------------------------------------------------------------------------|----|---|-----|
|                                                                          | Compliance Status COS |     |    |    | R                                                                                         | WT |   |     |
|                                                                          | IN                    | OUT | NA | NO | Supervision                                                                               |    |   |     |
| 1                                                                        | ×                     | 0   |    |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0  | 0 | 5   |
|                                                                          | IN                    | OUT | NA | NO | Employee Health                                                                           |    |   |     |
| 2                                                                        | 380                   | 0   |    |    | Management and food employee awareness; reporting                                         | 0  | 0 |     |
| 3                                                                        | ×                     | 0   |    |    | Proper use of restriction and exclusion                                                   | 0  | 0 | 5   |
|                                                                          | IN                    | OUT | NA | NO | Good Hygienic Practices                                                                   |    |   |     |
| 4                                                                        | X                     | 0   |    | 0  | Proper eating, tasting, drinking, or tobacco use                                          | 0  | 0 | 5   |
| 5                                                                        | *                     | 0   |    | 0  | No discharge from eyes, nose, and mouth                                                   | 0  | 0 | l ° |
|                                                                          | IN                    | OUT | NA | NO | Proventing Contamination by Hands                                                         |    |   |     |
| 6                                                                        | 1                     | 0   |    | 0  | Hands clean and properly washed                                                           | 0  | 0 |     |
| 7                                                                        | 鼷                     | 0   | 0  | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0  | 0 | 5   |
| 8                                                                        | ×                     | 0   |    |    | Handwashing sinks properly supplied and accessible                                        | 0  | 0 | 2   |
|                                                                          | IN                    | OUT | NA | NO | Approved Source                                                                           |    |   |     |
| 9                                                                        | 黨                     | 0   |    |    | Food obtained from approved source                                                        | 0  | 0 |     |
| 10                                                                       | 0                     | 0   | 0  | ×  | Food received at proper temperature                                                       | 0  | 0 | 1   |
| 11                                                                       | ×                     | 0   |    |    | Food in good condition, safe, and unadulterated                                           | 0  | 0 | 5   |
| 12                                                                       | 0                     | 0   | ×  | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0  | 0 |     |
|                                                                          | IN                    | OUT | NA | NO | Protection from Contamination                                                             |    |   |     |
| 13                                                                       | ×                     | 0   | 0  |    | Food separated and protected                                                              | 0  | 0 | 4   |
| 14                                                                       | ×                     | 0   | 0  |    | Food-contact surfaces: cleaned and sanitized                                              | ×  | 0 | 5   |
| 15                                                                       | Ħ                     | 0   |    |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0  | 0 | 2   |

Los Potros Mexican Restaurant

5611 Ringgold Rd. Suite-A

Chattanooga

| ᆫ  | Compliance Status |     |     |    |                                                                             |   | R | WT |
|----|-------------------|-----|-----|----|-----------------------------------------------------------------------------|---|---|----|
|    | IN                | OUT | NA  | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |   |   |    |
| 16 | 0                 | 0   | 0   | 黨  | Proper cooking time and temperatures                                        | 0 | 0 | 5  |
| 17 | 0                 | 0   | 0   | X  | Proper reheating procedures for hot holding                                 | 0 | 0 | Ů  |
|    | IN                | оит | NA  | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |   |   |    |
| 18 | 0                 | 0   | 0   | ×  | Proper cooling time and temperature                                         | 0 | 0 |    |
| 19 | ×                 | 0   | 0   | 0  | Proper hot holding temperatures                                             | 0 | 0 |    |
| 20 | 凝                 | 0   | 0   |    | Proper cold holding temperatures                                            | 0 | 0 | 5  |
| 21 | 0                 | 0   | 282 | 0  | Proper date marking and disposition                                         | 0 | 0 | *  |
| 22 | 0                 | 0   | ×   | 0  | Time as a public health control: procedures and records                     | 0 | 0 |    |
|    | IN                | OUT | NA  | NO | Consumer Advisory                                                           |   |   |    |
| 23 | 0                 | 0   | ×   |    | Consumer advisory provided for raw and undercooked<br>food                  | 0 | 0 | 4  |
|    | IN                | OUT | NA  | NO | Highly Susceptible Populations                                              |   |   |    |
| 24 | 0                 | 0   | 335 |    | Pasteurized foods used; prohibited foods not offered                        | 0 | 0 | 5  |
|    | IN                | оит | NA  | NO | Chemicals                                                                   |   |   |    |
| 25 | 0                 | 0   | X   |    | Food additives: approved and properly used                                  | 0 | 0 | 5  |
| 26 | 菜                 | 0   |     |    | Toxic substances properly identified, stored, used                          | 0 | 0 | Ů  |
|    | IN                | OUT | NA  | NO | Conformance with Approved Procedures                                        |   |   |    |
| 27 | 0                 | 0   | ×   |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0 | 0 | 5  |

### s, chemicals, and physical objects into foods.

L PRACTICES

|    |     |                                                                            | GOO |   |               |
|----|-----|----------------------------------------------------------------------------|-----|---|---------------|
|    |     | OUT=not in compliance COS=corr                                             |     |   |               |
|    |     | Compliance Status                                                          | cos | R | W             |
|    | OUT | Caro i con amo i i mon                                                     |     |   |               |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 |               |
| 29 | 0   | Water and ice from approved source                                         | 0   | 0 |               |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0   | 0 |               |
|    | OUT | Food Temperature Control                                                   |     |   |               |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 |               |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | г             |
| 33 | 0   | Approved thawing methods used                                              | 0   | 0 | г             |
| 34 | 0   | Thermometers provided and accurate                                         | 0   | 0 | Т             |
|    | OUT | Food Identification                                                        |     |   | ١             |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 | Г             |
|    | OUT | Prevention of Feed Contamination                                           |     |   |               |
| 36 | 涎   | Insects, rodents, and animals not present                                  | 0   | 0 |               |
| 37 | 338 | Contamination prevented during food preparation, storage & display         | 0   | 0 | Г             |
| 38 | 0   | Personal cleanliness                                                       | 0   | 0 | Г             |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 | Г             |
| 40 | 0   | Washing fruits and vegetables                                              | 0   | 0 | Г             |
|    | OUT | Proper Use of Utensils                                                     |     |   |               |
| 41 | 0   | In-use utensils; properly stored                                           | 0   | 0 | Г             |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | Г             |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0   | 0 | Г             |
| 44 | 10  | Gloves used properly                                                       | 0   | 0 | $\overline{}$ |

|    |     | Compliance Status                                                                        | COS | R  | W   |
|----|-----|------------------------------------------------------------------------------------------|-----|----|-----|
|    | OUT | Utensils and Equipment                                                                   |     |    |     |
| 45 | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0   | 0  | 1   |
| 46 | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0   | 0  | 1   |
| 47 | 凝   | Nonfood-contact surfaces clean                                                           | 0   | 0  | 1   |
|    | OUT | Physical Facilities                                                                      |     |    |     |
| 48 | 0   | Hot and cold water available; adequate pressure                                          | 0   | 0  | 7   |
| 49 | 0   | Plumbing installed; proper backflow devices                                              | 0   | 0  | - 2 |
| 50 | 0   | Sewage and waste water properly disposed                                                 | 0   | 0  | 2   |
| 51 | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0   | 0  | 1   |
| 52 | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  | 1   |
| 53 | 0   | Physical facilities installed, maintained, and clean                                     | 0   | 0  | 1   |
| 54 | 0   | Adequate ventilation and lighting; designated areas used                                 | 0   | 0  | 1   |
|    | OUT | Administrative Items                                                                     | Т   |    |     |
| 55 | 0   | Current permit posted                                                                    | 0   | 0  | Г   |
| 56 | 0   | Most recent inspection posted                                                            | 0   | 0  | ,   |
|    |     | Compliance Status                                                                        | YES | NO | W   |
|    |     | Non-Smokers Protection Act                                                               |     |    |     |
| 57 |     | Compliance with TN Non-Smoker Protection Act                                             | 100 | 0  |     |
| 58 |     | Tobacco products offered for sale                                                        | 0   | 0  | ١   |
| 59 |     | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  | _   |

d post the most recent inspection report in a conspicuous manner. You have the right to request a h C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. (10) days of the date of the

Signature of Person In Charge

09/09/2021

Date Signature of Environmental Health Specialist

09/09/2021

\*\*\*\* Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice \*\*\*\*

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) ) 4232098110 Please call ( to sign-up for a class.

RDA 629

Date

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information                                                   |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Establishment Information Establishment Name: Los Potros Mexican Restaurant |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Establishment Number # 1605249393                                           |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Establishment Number # 1003249393                                           |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| #57 is "No"                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                                             | facilities at all times to pe                                                                                                                                                           | rsons who are                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| rson attempting to gain entry                                               | to submit acceptable form                                                                                                                                                               | of identification.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| moking" symbol are not cons                                                 | picuously posted at every                                                                                                                                                               | entrance.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| not completely open.                                                        |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| s in non-enclosed areas are n                                               | ot completely removed or                                                                                                                                                                | ropen.                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| into areas where smoking is p                                               | rohibited.                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| d by the Act.                                                               |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Sanitizer Type                                                              | PPM                                                                                                                                                                                     | Temperature ( Fah                                                                                                                                                                                                                                                                                                           | renhelt)                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
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|                                                                             |                                                                                                                                                                                         | Temperature ( Fahi                                                                                                                                                                                                                                                                                                          | enhelt)                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
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|                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                                             | Nictor of Found                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                                             | State of Food                                                                                                                                                                           | Temperature ( Fah                                                                                                                                                                                                                                                                                                           | enheit)                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                             | #57 is "No"  trict access to its buildings or  rson attempting to gain entry  moking" symbol are not cons  not completely open.  In non-enclosed areas are not areas where smoking is p | #57 is "No"  trict access to its buildings or facilities at all times to person attempting to gain entry to submit acceptable form timoking' symbol are not conspicuously posted at every not completely open.  In non-enclosed areas are not completely removed or into areas where smoking is prohibited.  In by the Act. | #57 is "No"  trict access to its buildings or facilities at all times to persons who are reson attempting to gain entry to submit acceptable form of identification.  Dimoking' symbol are not conspicuously posted at every entrance.  Into completely open.  Is in non-enclosed areas are not completely removed or open.  Into areas where smoking is prohibited.  Into the Act. |  |  |  |

| Observed Violations                                                                                  |
|------------------------------------------------------------------------------------------------------|
| Total # 3<br>Repeated # 0                                                                            |
| Repeated # ()                                                                                        |
| 36:                                                                                                  |
| 36:<br>37:                                                                                           |
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| ***See page at the end of this document for any violations that could not be displayed in this space |

## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: Los Potros Mexican Restaurant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Establishment Number: 605249393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| Comments/Other Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
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| 1.<br>2·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| 3·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 4:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 6:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 7:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 8:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 9:<br>10:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
| 10.<br>11·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| 12 <sup>.</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| 13:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 14:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 16:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 17:<br>10:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| 10.<br>10·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| 20:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 21:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 22:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| 24:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 25:<br>26:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| 20.<br>27·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
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| ***See page at the end of this document for any violations that could not be displayed in this spa-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ce. |
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See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: Los Potros Mexican Restaurant |  |  |
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| Establishment Number: 605249393                   |  |  |
|                                                   |  |  |
| Comments/Other Observations (cont'd)              |  |  |
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Establishment Information

| Establishment Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |  |  |  |  |  |
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| Establishment Name: Los Potros Mexican Restaurant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |  |  |  |  |  |
| Establishment Number #: 605249393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |  |  |  |  |  |
| CONTRACTOR OF THE PROPERTY OF |                 |  |  |  |  |  |
| Sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1               |  |  |  |  |  |
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| ***Driggity item # 14 corrected See original report dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tad 0/0/21 ***  |  |  |  |  |  |
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