

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

April 2019

PART ONE--FOOD SAFETY REPORT



This report provides current information on the food safety program in Helotes. The Texas Food Code is based on the principles of hazard analysis and critical control points (HACCP). In the implementation of HACCP the focus includes food manager education and professional consultation toward improvement in addition to periodic inspections. To ensure uniformity in the application of the Texas Food Establishment Rules the inspection report form is utilized. Inspections are random to ensure handling of peak times on a variety of days. The inspection report form summarizes inspectional reviewed with and signed by the food establishment management and is posted in each retail establishment. Critical items inspected are temperatures, food control surfaces, cross-contamination, etc.; other items inspected are less critical. The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)

Pet

Copies of these reports are filed with the City of Helotes as well as posted in the individual establishments.

The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)

For ease a rating system would be

EXCELLENT	0-10 demerits
GOOD	11-20 demerits
ACCEPTABLE	21-29 demerits
POOR	29 or more demerits

<u>Name of Establishment</u>	<u>Compliance Score</u>	<u>Rating</u>
Bandera Rd. Café	na	approved C of O
Barbell Sweets	0	excellennt

Other Activities – phone consultations with Bandera Rd. Café and 2 market vendors . plan review of Schotts Meat Market, and phone consultation with Mr. Schott. Inspected 3 vendors at food truck night.

**Lori Calzoncit, RS
City Health Inspector**

RECEIVED
MAY 16 2019

CITY OF HELOTES

CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Barbell Sweet License # _____ RC: _____ Date: 4-15-19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
 30. Facility construction (floors / walls) / repair
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean
 33. Garbage / solid waste storage
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Critical Temperature Verification:

Food Item and Process	Temp (F°)

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (____ ppm/____ Temp.)
 14. Food storage area meets code
 15. Storage and use of toxic items
 16. Evidence of insects or rodents / infestation
 17. Sewage disposal / Grease trap
 18. Thermometers provided / used
 19. Plumbing / no cross-connections
 20. Water supply / hot water
 21. Sewage disposal meets code
 22. Other _____

Great job

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating

Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Bandera Rd Cafe License # _____ RC: _____ Date: 4-1-19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
 30. Facility construction (floors / walls) / repair
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean
 33. Garbage / solid waste storage
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

approved

Critical Temperature Verification:

Food Item and Process	Temp (F°)

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (____ ppm/ ____ Temp.)
 14. Food storage area meets code
 15. Storage and use of toxic items
 16. Evidence of insects or rodents / infestation
 17. Sewage disposal / Grease trap
 18. Thermometers provided / used
 19. Plumbing / no cross-connections
 20. Water supply / hot water
 21. Sewage disposal meets code
 22. Other _____

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating ✓

Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = W/A
 (Does not apply to consultations or follow-up visits)

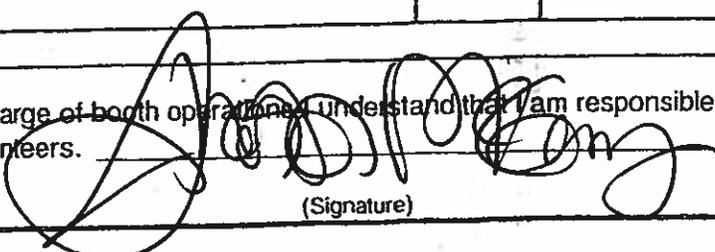
 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

Temporary Food Vendor Checklist

Name of Booth: <u>Bacon Me Crazy.</u>	Event: Market Day Date: <u>4-19-19</u>	
Person in charge of booth: <u>Shayna Bende</u>	Phone #: <u>210 475 7423</u>	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>burgers, hot dogs</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Rest Depot Sams</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided (Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Shayna Bende</u> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Lauers</u>	Event: Market Day Date: <u>4/19/19</u>	
Person in charge of booth: <u>Sharon McKay</u>	Phone #: <u>201-2427</u>	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>noodles, meatballs, sandwiches</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	X	
Foods from approved sources / No products made in the home	X	<u>Rest Depot</u>
Containers for wash/ rinse/ sanitize	X	
Cold Foods maintained at 41 F or discarded in 4 hours.	X	
Hot foods maintained at 135 F or discarded in 4 hours.	X	
Sneeze protection provided (Sneeze guards or foods wrapped)	X	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center;">  (Signature) </div>		

#4912

Food Truck Night

Temporary Food Vendor Checklist

Name of Booth: Snowie Shaved Ice. Event: Market Day Date: 9-19-19

Person in charge of booth: De Vasquez Phone #: 218 680 6000

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Ace Mart
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided (Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

(Signature)

CITY OF HELOTES

HEALTH INSPECTION SUMMARY APRIL 2019

PART ONE--FOOD SAFETY REPORT



This report provides current information on the food safety program in Helotes. The Texas Food Code is based on the principles of hazard analysis and critical control points (HACCP). In the implementation of HACCP the focus includes food manager education and professional consultation toward improvement in addition to periodic inspections. To ensure uniformity in the application of the Texas Food Establishment Rules the inspection report form is utilized. Inspections are random to ensure handling of peak times on a variety of days. The inspection report form summarizes inspectional findings with a weighted point value for each classification of inspection items. The report form which is reviewed with and signed by the food establishment management and is posted in each retail establishment. Critical items inspected are temperatures, food control surfaces, cross-contamination, etc.; other items inspected are less critical. The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)

Copies of these reports are filed with the City of Helotes as well as posted in the individual establishments.

The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)

For ease a rating system would be

EXCELLENT	0-10 demerits
GOOD	11-20 demerits
ACCEPTABLE	21-29 demerits
POOR	30 or more demerits

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
Dairy Queen	0	EXCELLENT
Finck Cigars	0	EXCELLENT
Dollar Tree	0	EXCELLENT
Valley Mart	9	EXCELLENT
Kwik Chek	0	EXCELLENT

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Market Days-9 booths 4/6/2019

**This report submitted by:
Monty McGuffin, R. S.
City Health Inspector**

CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Food Cigars License # _____ RC: 2 Date: 4/30/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Fridge 40°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (____ppm/____Temp.)
 14. Food storage area meets code
 15. Storage and use of toxic items
 16. Evidence of insects or rodents / infestation
 17. Sewage disposal / Grease trap
 18. Thermometers provided / used
 19. Plumbing / no cross-connections
 20. Water supply / hot water
 21. Sewage disposal meets code
 22. Other _____

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating ✓

Area	Superior	Above Average	Average	Minimal
Training	1			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
 30. Facility construction (floors / walls) / repair
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean
 33. Garbage / solid waste storage
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Looks Great!

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Dallas Tree License # _____ RC: 2 Date: 4/30/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Walkie 34° / Walkie 0°</u>	
<u>Fridge 38° / Freezer 0°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (____ppm/____Temp.)
 14. Food storage area meets code ✓
 15. Storage and use of toxic items ✓
 16. Evidence of insects or rodents / infestation
 17. Sewage disposal / Grease trap
 18. Thermometers provided / used ✓
 19. Plumbing / no cross-connections
 20. Water supply / hot water 120
 21. Sewage disposal meets code ✓
 22. Other _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Looks Good

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating ✓

Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Valley Point License # _____ RC: 3 Date: 4/30/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time ✓
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 40°	
Walk-in 0°	
Warmer 145°	
Pre-cool 40°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (____ ppm / ____ Temp.)
 14. Food storage area meets code
 15. Storage and use of toxic items
 16. Evidence of insects or rodents / infestation
 17. Sewage disposal / Grease trap
 18. Thermometers provided / used
 19. Plumbing / no cross-connections
 20. Water supply / hot water 120
 21. Sewage disposal meets code
 22. Other _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
 30. Facility construction (floors / walls) / repair
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean
 33. Garbage / solid waste storage
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

#15 Provided for Toxic items to be properly stored

#12 Provided for Soap at Hand sink

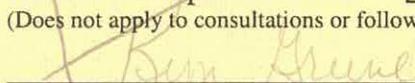
#29 Provided that door gaskets are fixed

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

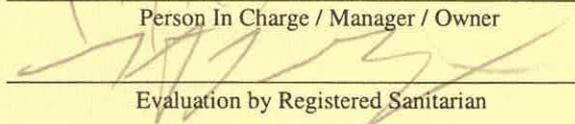
Non-Critical Food Safety Rating ✓

Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 9
 (Does not apply to consultations or follow-up visits)



 Person In Charge / Manager / Owner



 Evaluation by Registered Sanitarian

Temporary Food Vendor Checklist

Name of Booth: Emparedo's Event: Market Day Date: 4/6/15

Person in charge of booth: _____ Phone #: 210-478-2416

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Emparedo's

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>HEB / Wegmans</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	<u>Trailer</u>
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. [Signature]

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Lisa's Snow Cones</u>		Event: Market Day Date: <u>4/6/19</u>
Person in charge of booth:		Phone #: <u>210 414-2007</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Snow Cones / Bev Pastry / Coffee / Tea</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Walmart HEB SAN 105</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>N/A</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>N/A</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>N/A</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Vincent Fine Foods Event: Market Day Date: 4/6/19

Person in charge of booth: _____ Phone #: 710-414-2002

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Juices & Foods - Tu

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home		
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>160° Beans</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>No</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____

(Signature)

Temporary Food Vendor Checklist

Name of Booth: A3¹⁵ BBQ Event: Market Day Date: 4/6/19

Person in charge of booth: _____ Phone #: 830-480-9554

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
Burger / Brisket / chicken on stick / ribs w/ STG

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Best Day / Hu</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Hot to eat</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Trailer</u>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	<u>Trailer</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]
(Signature)

Temporary Food Vendor Checklist

Name of Booth: DeKoter Soda Event: Market Day Date: 4/6/19

Person in charge of booth: _____ Phone #: 210-380-2588

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Soda / Water

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	N/A	
Foods from approved sources / No products made in the home	YES	SATIS
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	YES	Soda / Water / Ice chg
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	N/A	
Booth provided with overhead cover	YES	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	YES	
Food service personnel using head covers	YES	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

J. Smith

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Filipinoy Licious</i>		Event: Market Day Date: <i>4/6/19</i>
Person in charge of booth:		Phone #: <i>714-900-5842</i>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Lumpia / Rice Noodle</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>SANT'S / COST CO</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>Yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="border-top: 1px solid black; width: 100%;"></div> </div> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Elliot's Roasted Corn Event: Market Day Date: 4/6/19

Person in charge of booth: _____ Phone #: 882-8098

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Roasted Corn

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Catolinos</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>N/A</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u> Yes	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____

(Signature) 

Temporary Food Vendor Checklist

Name of Booth: <i>Coopers</i>		Event: Market Day Date: <i>4/6/19</i>
Person in charge of booth:		Phone #: <i>695-3466</i>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Philly Cheese Steak / Fries / Salad</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Acct by / SKSP / HB</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Cook to order</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>NO</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>NO</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>NA</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Home Team Hot Dog Event: Market Day Date: 4/6/19

Person in charge of booth: _____ Phone #: 210-365-8558

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Hot Dog / Sausage / Nachos

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>SAA's</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Cooking</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	<u>Truck</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	<u>Truck</u>
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____
(Signature)

Temporary Food Vendor Checklist

Name of Booth: OH NY PIZZA PIZ Event: Market Day Date: 4/6/19

Person in charge of booth: Jacob Wright Phone #:

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
Wood Fired Pizza

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Best Day</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>Freezer</u>
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Spoke To DM</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes NO	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____
(Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Giant Lemonade + Ice Cream</i>	<div style="text-align: center; margin-bottom: 5px;"><i>HC</i></div> Event: Market Day Date: 4/6/17
Person in charge of booth: <i>Mary Cooper</i>	Phone #: <i>512-626-3885</i>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs) <i>Ice Cream + Lemonade</i>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>yes</i>	
Foods from approved sources / No products made in the home	<i>yes</i>	<i>Sysco / SARD'S / R & W</i>
Containers for wash/ rinse/ sanitize	<i>yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>N/A</i>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>yes</i>	
Booth provided with overhead cover	<i>yes</i>	<i>Trailz</i>
Booth provided with floor as needed to control blowing dust / debris	<i>yes</i>	
Waste disposal container provided	<i>yes</i>	
Food service personnel using head covers	<i>yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>no</i>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

Melissa Brinker

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Bexar Catering #6
Event: Market Day - Date: 4/6/19

Person in charge of booth: John Pender Phone #: 214-744-6328

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
Philly / Fries / Chicken on sticks / Lemonade

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Host by SMT/HZ</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>Frozen</u>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	<u>Note to my</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

John Pender (Signature)

Temporary Food Vendor Checklist

Name of Booth: Party Tyme Kettle Korn #6
Event: Market Day Date: 4/6/19

Person in charge of booth: M. Whelan Phone #:

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
Kettle Korn

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	yes	
Foods from approved sources / No products made in the home	yes	<u>Cost Co / All EG</u>
Containers for wash/ rinse/ sanitize	yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	yes	
Booth provided with overhead cover	yes	
Booth provided with floor as needed to control blowing dust / debris	yes	
Waste disposal container provided	yes	
Food service personnel using head covers	yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. M. Whelan
(Signature)

Temporary Food Vendor Checklist

Name of Booth: Lion + Rose Event: HG Market Day Date: 4/6/19

Person in charge of booth: Allen Thayer Phone #: _____

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Scotch Eggs / Fish & Chips / Turkey legs / Burgers

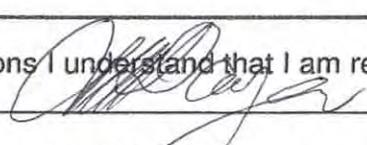
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	Restaurant
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	45° Fridge
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	Cooker To order / 140°
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Tessa's Pies + Things</i>	Event: ⁴⁶ Market Day Date: <i>4/6/19</i>	
Person in charge of booth:	Phone #: <i>710-608-5944</i>	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Pie's "Pie" / Cheese / Chick</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Pie's by PHFS</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>on Ice</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Hot Hold at 145-165</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>NA</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.		
 (Signature)		

Temporary Food Vendor Checklist

Name of Booth: Scottish Society of SA Event: Market Day Date: 4/6/15

Person in charge of booth: Scottish Society of SA Phone #: 210-421-2954

Menu Risk: (circle one) **R1 Low Risk** / R2 Medium Risk / R3 Higher Risk
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Fish / Fries / Haggis / Shortbread / Sausages / Ham Buns / Hot Dog

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	Acit Dip / HEB
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	Frozen 0/100
Hot foods maintained at 135 F or discarded in 4 hours.		Cooking
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	No	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Fun - Tastic Concessions</i>		Event: <i>HG Market Day</i> Date: <i>4/6/19</i>
Person in charge of booth: <i>Sonya Siffkes</i>		Phone #: <i>620-245-8450</i>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Turkey legs / Roasted Corn / Funnal Cake / Brisket / Pulled Pork / Burgers / Sausages</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>5450 / 5451^s / Walnut / HEB</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Freezers</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>180° Hamburg 140 Brisket</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>N/A</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>Sonya Siffkes</i> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Taste of Heaven on a Stick Event: Market Day Date: 4/6/19

Person in charge of booth: Tracie Benitez Phone #:

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Kebabs / Fries / Sausage / Corn Dog / Ice

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Colomb Beef Corp / Benitez</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	45°
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	160°
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

Tracie Benitez
(Signature)

Temporary Food Vendor Checklist

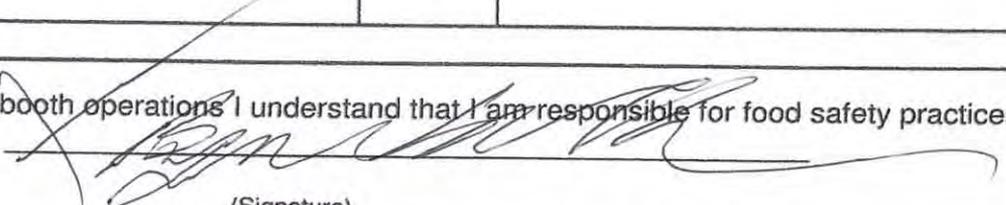
Name of Booth: Big Sky Concessions Event: HG Market Day Date: 4/6/19

Person in charge of booth: Bryan Williams Phone #: 406-850-9002

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
Bre's / Gyro / Quesadilla / Philly / Fennel Cakes / Fries / Lemonade

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Best Dept / SAN / CO</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>on Ice / Freeze</u>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	<u>150° / 160°</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Yes	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.


(Signature)

Temporary Food Vendor Checklist

Name of Booth: Pasta La Vista Event: Market Day Date: 4/6/19

Person in charge of booth: Clara DeTavernier Phone #: 214-763-4592

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Calzones / Grilled Sandwich / Subs / Street Food

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Wal-Mart / Home Depot</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>Fridge 40° / 45°</u> <u>Freezer</u>
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Not to order</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	<u>Truck</u>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	<u>Truck</u>
Booth provided with overhead cover	Yes	<u>Truck</u>
Booth provided with floor as needed to control blowing dust / debris	Yes	<u>Truck</u>
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]
(Signature)