HEALTH INSPECTION SUMMARY DECEMBER 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

Name of	Compliance Score*	Rating
Slim Chicken	- V	FOLLOW UP
Bill Miller	7	EXCELLENT
El Rodeo Mexican Grill	11	GOOD
Pho An	10	EXCELLENT
Dairy Queen	3	EXCELLENT
B-Daddy's	3	EXCELLENT
El Chaparral	11	GOOD

PART TWO--OTHER ACTIVITIES/SERVICES REPORT PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

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

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment:	5/im 1	1. K.	÷ 1:	cense # RC: Date:/19
	Compliance Ins	nection	Consultation	Complaint Illness Investigation Other:
Turpose of Visiti	, compliance mis	pection	Constitution	Complaint Inness investigation Other.
{A} Critical Food	Safety Controls ((5 pts)		{C} Management and Personnel (4 pts)
(Critical control viola			e spot)	23. Manager on duty currently certified?
1. Cold holding to	emperatures / time			24. Manager demonstrates proper use of thermometer
2. Hot holding ter	mperatures / time			25. Personnel with infections restricted / excluded
3. Cooking tempe				26. Proper hand washing demonstrated
4. Proper cooling	of foods / time			27. Good hygienic practices observed
	g of foods (temper	rature and ti	me)	28. Written HACCP Plans / SOPs as needed
	urfaces clean and s			{D} Non-Critical (3 pts)
	ards { } meat slic		grinder	29. Food equipment construction / repair
	oss-contamination		0	30. Facility construction (floors / walls) / repair
	direct hand conta			31. Housekeeping contributes to infestation
	proved sources / la			32. Non-food contact surfaces clean
10. Foods protecte				
11. Other:				33. Garbage / solid waste storage
				34. Consumer advisories posted
				35. Inspection report displayed for public
				36. Other
*				{E} Corrections / Improvements Made / Comments:
				C/o Correction items
Cuitical Tamponot	van Varifications			
Critical Temperate Food Item and P		Ι,	E (E0)	- Flour issue Correctal
rood item and P	ocess		Гетр (F°)	
				* Owner Noeds To ST:11
				sencil Well we disused
{B} Facilities, Equ	ipment and Food	Storage (3	nts)	7: 11 - 1
12. Hand washing			Pasy	options on How to Fix
13. Dishwashing /			emp.)	
14. Food storage at		F	F-7	ITem To be fixed within
15. Storage and use				22 1.14
16. Evidence of ins		nfestation		30 001
17. Sewage disposa		ii o o i i i i i i i i i i i i i i i i		7 1
18. Thermometers				10-11/11
19. Plumbing / no o				
20. Water supply /				
21. Sewage disposa				
22. Other				
1 1	0.41 . 0	Y Y		
				asible for food safety practices described in sections 229.163 (b) and
				of employees to conduct a 20 second hand wash prior to starting work, re to manage required temperature and time controls have a high risk
				s described in Part E to reduce the risk of food-borne illness.
	od Safety Rating √			
Area Supe		Average	Minimal	- 1/1
	Average			HACCP Compliance Score =

Area Superior Above Average Minimal HACCP (Does not applications)

Training Restrooms
Housekeeping Equipment
Construction
Overall Rating

HACCP Compliance Score = Does not apply to consultations or follow-up visits) Person In Charge / Manager / Owner	
Person In Charge / Manager / Owner	
Person In Charge / Manager / Owner	
100	
Evaluation by Registered Sanitarian	

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Establishment: Bill Stiller Lice	ense #RC: 3 Date: 12/28/19
Purpose of Visit: Compliance Inspection Consultation	
{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
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 (# 32 Privide for Non-ford
As the person in charge of this facility, I understand I am respons 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions	f employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk

Area	Superior	Above Average	Average	Minima
Training				V
Restrooms		7		
Housekeeping				17-11
Equipment				
Construction		1		
Overall Rating		-		

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Establishment: EL Modeo AnGalice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	☐ Complaint ☐ Illness Investigation ☐ Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
} cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
7. Potential for cross-contamination to occur 65	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
HT forid Secon With	35. Inspection report displayed for public
Lundle to Esis	36. Other
211412 40 255	{E} Corrections / Improvements Made / Comments:
	#12 Plovid for Popular
Critical Temperature Verification:	at board Sink
Food Item and Process Temp (F°)	
Frida 450/40.	#23 Merid for Non-food
Welkin 45/42°	1 = 1 1 = 1 1
proces 00/00/00	Chaloci Joseph 1 30 Clean
(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 respons 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions of the control of the cont	employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk

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

HACCP Compliance Score = (Does not apply to consultations or follow-up visits)
+ God h
Person In Charge / Manager / Owner
Evaluation by Registered Sanitarian

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Establishment: The Lic	ense # RC: Date:
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] Convertions / Improvements Medic / Convergents
	{E} Corrections / Improvements Made / Comments:
	1 1 2
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 (# 12 Provid for foodsing the Secretary of the Secretary of the Analist the Handwest of the Handwest of the Handwest of the Handwest of the Secretary of the Sec
229.163 (c) of the Texas State Food Code. I understand that failure of	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work, e to manage required temperature and time controls have a high risk
of causing food-borne illness. I agree to implement corrective actions	

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

HACCP Compliance Score = (Does not apply to consultations or follow-up visits)	
X / M	
Person In Charge / Manager / Owner	
Eyaluation by Registered Sanitarian	

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Dairy Oveca Lie	cense # RC:3 Date:/28//9
Purpose of Visit: Compliance Inspection Consultation	☐ Complaint ☐ Illness Investigation ☐ Other:
Purpose of Visit: Compliance Inspection Consultation [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:	Complaint Illness Investigation 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:	#32 Browid for Now
Food Item and Process Temp (F°)	feel Capter Suche 1050
Test Box 16° Min. Coplar 10'	Clema.
Chill: 160 / Grand Act. 180	
{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 / infestation17. Sewage disposal / Grease trap	
18. Thermometers provided / used	
19. Plumbing / no cross-connections	
20. Water supply / hot water /20	
21. Sewage disposal meets code	
22. Other	
	sible for food safety practices described in sections 229.163 (b) and
	of employees to conduct a 20 second hand wash prior to starting work,
of causing food-borne illness. I agree to implement corrective action	re to manage required temperature and time controls have a high risk s described in Part E to reduce the risk of food-borne illness.
Non-Critical Food Safety Rating √	
Area Superior Above Average Minimal	W. cop 6 6 3
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	_ AMM KAMINER
Housekeeping	Person In Charge / Manager / Owner
Equipment	
Construction	Evaluation by Registered Sanitarian

Overall Rating

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: B-Ocdel, '5 License # RC: 3 Date: 12/28/19					
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:	Complaint Illness Investigation 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				
Critical Temperature Verification:	Contra Juster Je Sa Clema				
Food Item and Process Temp (F°)	Course It or Clean				
{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 respons 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure	f employees to conduct a 20 second hand wash prior to starting work,				

of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Area	Superior	Above Average	Average	Minima
Training				
Restrooms				
Housekeeping				
Equipment			H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-	
Construction				
Overall Rating				

HACCP Compliance Score = (Does not apply to consultations or follow-up visits)	
Person In Charge / Manager / Owner	
Evaluation by Registered Sanitarian	

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: El Chaparral Lice	ense # RC:3 Date: /2/28/19
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
6. Food control surfaces clean and sanitized	
{ } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
7. Potential for cross-contamination to occur	29. Food equipment construction / repair
	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
BHG Proid- for Juilizy Sully	35. Inspection report displayed for public
Ju 50-11-26	36. Other
	{E} Corrections / Improvements Made / Comments:
Cher Bery 160"	
	#13 Previd. for Dishmuch
Critical Temperature Verification:	7 / 2 : 6 7 14/2
Food Item and Process Temp (F°)	10 30 Dieto Jen. 117.) 100
rood item and riocess	
1 A 1 140:1A 110: 101. 41.	. 412 Previd. f Sout
Line: Barsaca 140 / Bear 160 / Chick 160	and Depar Tourity at
a 1 1 day la 1 -tel 1 distant	11111
{B} Facilities, Equipment and Food Storage (3 pts)	But But Dit
12. Hand washing stations supplied and clean	
(6) No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. Dishwashing / sanitizing (ppm/_50_Temp.)	
14. Food storage area meets code 15. Storage and use of toxic items	
3	
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 /30	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility, I understand I am respons	ible 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	
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 Minimal	HACCID Compliance Co. /
Average	HACCP Compliance Score =
Training	(Does not apply to consultations of follow-up visits)
Restrooms	CS CS

Housekeeping
Equipment
Construction

Overall Rating

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

HEALTH INSPECTION SUMMARY December 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 retaLil il 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

GOOD 11-20 demerits
ACCEPTABLE 21-29 demerits
POOR 29 or more demerits

Name of Establishment	Compliance Score	Rating
Honey House 1	0	excellent
Honey House 2	0	excellent
Childrens lighthouse daycare	0	excellent
Panther Cafe	21	acceptable
Keuntz ES	0	excellent
Oconnor HS	0	excellent
Helotes ES	0	excellent
Lone Star BBQ Pro Shop	Approved	
Old Helotes Inn	3	excellent

Other Activities- inspected 13 Market day booths and 3 parade booths phone consultations with Mayor over parade booths, and 2 market vendors

Lori Calzoncit, RS City Health Inspector

CITY OF HELOTES

JAN 17 2020

CITY OF HELOTES

2951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

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

Retail Food Establishment Inspection Report

Establishmer Purpose of Vi	nt:	Comp	CIFICI	OteSI	hn_ Li	cens	e # 489 RC: Date: 12-7-19. 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:			ne) grinder	{1 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3	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 29. 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. 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 As the person in charge of this facility, I understand I am response 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of after handling raw products or visiting the restroom and that failure of a			pts) emp.) I am respond that failure and that failure	of en re to	iployees to conduct a 20 second hand wash prior to starting work.		
Non-Crit Area	Superio	Г	ty Rating √ Above Average	Average	Minimal		HACCP Compliance Score =

Training Restrooms Housekeeping Equipment Construction Overall Rating

(Does not apply to consultations or follow-up visits)

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

	ense # RC: Date:					
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other:						
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)					
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?					
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer					
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded					
3. Cooking temperatures / time	26. Proper hand washing demonstrated					
4. Proper cooling of foods / time	27. Good hygienic practices observed					
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed					
Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)					
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair					
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair					
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation					
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean					
10. Foods protected from contamination	33. Garbage / solid waste storage					
11. Other:	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°)						
7 9						
- C 1 1/2						
	10 0(15)					
	4					
(B) Facilities, Equipment and Food Storage (3 pts)						
12. Hand washing stations supplied and clean	appropriate the proportion					
13. Dishwashing / sanitizing (ppm/Temp.)	- CHALLAND CT PALLANDED					
14. Food storage area meets code						
15. Storage and use of toxic items	100150105.					
16. Evidence of insects or rodents / infestation	101100					
17. Sewage disposal / Grease trap	1 1					
18. Thermometers provided / used	Will to account to poor					
19. Plumbing / no cross-connections20. Water supply / hot water	to the training					
21. Sewage disposal meets code	TAM MINITO					
22. Other	1000					
22. Other						
As the person in charge of this facility, I understand I am response	sible for food safety practices described in sections 229.163 (b) and f employees to conduct a 20 second hand wash prior to starting work,					
after handling raw products or visiting the restroom and that failure	e 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-horne illness.					
Non-Critical Food Safety Rating √						
Area Superior Above Average Minimal	11/0					
Average	HACCP Compliance Score =					
Training	(Does not apply to consultations or follow-up visits)					
Restrooms	1/4 ·					
Housekeeping	Person In Charge / Manager / Owner					
	William Charge / Fridge / Owner					
Equipment	- MANAGA (
Construction	Evaluation by Registered Sanitarian					
Overall Rating						

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishme		lotest	S		nse # RC: Date:	1319
Purpose of Vis	it: Com	pliance Insp	ection	Consultation	Complaint Illness Investigation Other:	
{A} Critical	Food Safety	Controls (5	pts)		(C) Management and Personnel (4 pts)	-
(Critical contro				e spot)	23. Manager on duty currently certified?	
	ding tempera			*	24. Manager demonstrates proper use of thermom	eter
	ing temperat				25. Personnel with infections restricted / excluded	
	temperature				26. Proper hand washing demonstrated	
_	ooling of foo				27. Good hygienic practices observed	
		ods (tempera	ture and ti	mal		
				ile)	28. Written HACCP Plans / SOPs as needed	7/1
		clean and sa			{D} Non-Critical (3 pts)	
) meat slice		grinder	29. Food equipment construction / repair	
		ntamination		-	30. Facility construction (floors / walls) / repair	
8. RTE foo					31. Housekeeping contributes to infestation	
9. Foods fro					32. Non-food contact surfaces clean	
10. Foods pr					33. Garbage / solid waste storage	
11. Other: _			U I		34. Consumer advisories posted	
					35. Inspection report displayed for public	200
					36. Other	25.0
5.98		Section 1			{E} Corrections / Improvements Made / Comme	enter
3 ²² 1 1 V S					(E) Corrections / Improvements wade / Comme	<u></u>
- B						
Critical Tem	nerature V	rification:				
Food Item	and Duncass	ei incation.	1,	T (E30)		and the same of th
rood Item	and Process			Гетр (F°)		
d					0 - 000	1,125
100					ANGOLI	
3						
11						
{B} Facilitie	s, Equipme	nt and Food	Storage (3	pts)		
12. Hand wa						
13. Dishwasl				emp.)		
14. Food stor					9	
15. Storage a						
16. Evidence			festation			
17. Sewage of			iostation			
18. Thermon					11 1 200	
19. Plumbing			VEV		TO MARCHAS	
20. Water su			-			
21. Sewage o						
22. Other						
As the person i	n charge of	this facility,	understan	d I am respoi	ble for food safety practices described in sections 22	9.163 (b) and
229.163 (c) of th	e Texas State	Food Code.	I understar	nd that failure	employees to conduct a 20 second hand wash prior to s	starting work,
after handling r	aw products	or visiting th	e restroom	and that failu	to manage required temperature and time controls ha	ve a high risk
			plement co	rrective action	escribed in Part E to reduce the risk of food-borne illn	ess.
	ical Food Saf					
Area	Superior	Above	Average	Minimal	100	
1022	4	Average			HACCP Compliance Score =	
Training	4.47			4-	(Does not apply to consultations or follow-up visits)	
	0.440				(Va a VIDAA	1
Restrooms	137			114	I I I I I I I I I I I I I I I I I I I	

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

Housekeeping

Overall Rating

Equipment Construction

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Lic Purpose of Visit: Compliance Inspection Consultation	ense # RC: Date: Date:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
6. Food control surfaces clean and sanitized	
{ } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
7. Potential for cross-contamination to occur	29. Food equipment construction / repair
8. RTE foods / no direct hand contact	30. Facility construction (floors / walls) / repair
9. Foods from approved sources / labeling	31. Housekeeping contributes to infestation
10. Foods protected from contamination	32. Non-food contact surfaces clean
	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
	19 34.
144 144	
Critical Temperature Verification:	
Food Item and Process Temp (F°)	
	no unlations
	- 10 VIVIATION
(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	VIII
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 respon	sible for food safety practices described in sections 229.163 (b) and
	of employees to conduct a 20 second hand wash prior to starting work,
	e to manage required temperature and time controls have a high risk
of causing food-borne illness. I agree to implement corrective actions	
Non-Critical Food Safety Rating √	10 Table 1 Seafgains
Area Superior Above Average Minimal	IND
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
	during the during
Restrooms	
Housekeeping	Person In Charge / Manager / Owner
Equipment	Mu Callana ()
	Full state by Paris 15 and 15
Construction	Evaluation by Registered Sanitarian

Overall Rating

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Establishment: Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation [Complaint Illness Investigation Other:
	(0) V
(A) Critical Food Safety Controls (5 pts)	(C) Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
1. Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
Hot holding temperatures / time Cooking temperatures / time	25. Personnel with infections restricted / excluded
	26. Proper hand washing demonstrated
	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)6. Food control surfaces clean and sanitized	28. Written HACCP Plans / SOPs as needed
{ } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
7. Potential for cross-contamination to occur	29. Food equipment construction / repair
8. RTE foods / no direct hand contact	30. Facility construction (floors / walls) / repair
9. Foods from approved sources / labeling	31. Housekeeping contributes to infestation
10. Foods protected from contamination	32. Non-food contact surfaces clean
11. Other:	33. Garbage / solid waste storage
	34. Consumer advisories posted
	35. Inspection report displayed for public 36. Other
	{E} Corrections / Improvements Made / Comments:
371	(E) Corrections / Improvements Made / Comments:
C-141-17	
Critical Temperature Verification:	
Food Item and Process Temp (F°)	AND STATE OF THE S
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
(B) Facilities, Equipment and Food Storage (3 pts)	
12. Hand washing stations supplied and clean	5
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	
ZZ. Oliki	
As the person in charge of this facility, I understand I am respons	
229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure	t employees to conduct a 20 second hand wash prior to starting work,
of causing food-borne illness. I agree to implement corrective actions	
Non-Critical Food Safety Rating √	
Area Superior Above Average Minimal	100
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	
	Person In Charge / Manager / Owner
Housekeeping	retson in Charge / Manager / Owner
Equipment	- Gluvauvet
Construction	Evaluation by Registered Sanitarian

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
(A) G-Mark Food College Controls (5 mts)	(C) Management and Barramed (4 - 4a)
(Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot)	{C} Management and Personnel (4 pts)
L. Cold holding temperatures / time	23. Manager on duty currently certified?
2. Hot holding temperatures / time	24. Manager demonstrates proper use of thermometer
3. Cooking temperatures / time	25. Personnel with infections restricted / excluded
4. Proper cooling of foods / time	26. Proper hand washing demonstrated
5. Rapid reheating of foods (temperature and time)	27 Good hygienic practices observed
6. Food control surfaces clean and sanitized	28. Written HACCP Plans / SOPs as needed
{ } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
7. Potential for cross-contamination to occur	29. Food equipment construction / repair
8. RTE foods / no direct hand contact	30. Facility construction (floors / walls) / repair
9. Foods from approved sources / labeling	31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean
10. Foods protected from contamination	
11. Other:	33. Garbage / solid waste storage34. Consumer advisories posted
	35. Inspection report displayed for public
DOUR MINES	36. Other
	(E) Corrections / Improvements Made / Comments:
Ar .	(b) Corrections / improvements is adde / Comments.
Critical Temperature Verification:	
Food Item and Process Temp (F°)	7. FOOD DNOS SITTING DIET AT
	A man tono development
	7 VOORTI FOITI OVERTINGITI
· · · · · · · · · · · · · · · · · · ·	- range ausacy tanaes
	0010
(B) Facilities, Equipment and Food Storage (3 pts)	Must be rooted working
12. Hand washing stations supplied and clean	MM Vent below 4101
13. Dishwashing / sanitizing (ppm/Temp.)	The Date Tolland in application
14. Food storage area meets code	11 Date label toodin (CONS
15. Storage and use of toxic items	with alsowa auts.
16. Evidence of insects or rodents / infestation	
17. Sewage disposal / Grease trap	17 I'MAY MUST MOOK MOUR ROCKRUST
18. Thermometers provided / used	AT TOOL THAT I VOLUME TOOL TOOL TOOL TOOL TOOL TOOL TOOL TOO
19. Plumbing / no cross-connections	36 COOK MUST TOUR FIRST
20. Water supply / hot water21. Sewage disposal meets code	handler cornecute.
22. Other	
Replace damaged outhingboar	t. Follow up in 7 days -
As the person in charge of this facility, I understand I am respons	sible 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	of employees to conduct a 20 second hand wash prior to starting work,
after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions	e to manage required temperature and time controls have a high risk
Non-Critical Food Safety Rating √	described in Fart & to reduce the risk of 1000-borne liness.
Area Superior Above Average Minimal	nı
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	MA IN Service
Housekeeping	Person In Charge / Manager / Owner
Equipment	an almohat
Construction	Fusionis by Paris and St.
Overall Rating	Evaluation by Registered Sanitarian

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Childrens Retail Food Establishment Inspection Report

	Otti	July of				0 10 10 0
Establishmen	nt:	LIQI	Mhou	Se	Lic	cense # RC: Date: 7
Purpose of Vis	it: 🔽	Compli	ance Insp	ection 🗌	Consultation	Complaint Illness Investigation Other:
	7		•			
(A) Critical	Food S	afety C	ontrols (5	pts)		{C} Management and Personnel (4 pts)
(Critical contro					spot)	23. Manager on duty currently certified?
1. Cold hold	ding ten	nperatur	res / time			24. Manager demonstrates proper use of thermometer
2. Hot hold	ing tem	perature	es / time			25. Personnel with infections restricted / excluded
3. Cooking	tempera	atures /	time			26. Proper hand washing demonstrated
4. Proper co	ooling o	of foods	/ time			27. Good hygienic practices observed
5. Rapid ref	neating	of foods	s (tempera	ture and tir	ne)	28. Written HACCP Plans / SOPs as needed
6. Food con	trol sur	faces cl	lean and sa	nitized		{D} Non-Critical (3 pts)
{ } cuttin	ng boar	ds { } :	meat slice	r { } food	grinder	29. Food equipment construction / repair
7. Potential	for cros	ss-conta	amination (o occur		30. Facility construction (floors / walls) / repair
8. RTE food	ds / no d	direct ha	and contac	t		31. Housekeeping contributes to infestation
9. Foods fro	m appr	oved so	ources / lab	eling		32. Non-food contact surfaces clean
10. Foods pro						33. Garbage / solid waste storage
11. Other: _						34. Consumer advisories posted
						35. Inspection report displayed for public
						- 36. Other
						{E} Corrections / Improvements Made / Comments:
14						(=) Control of the co
类		HE J				
Critical Tem	neretu	ra Varif	fication			
Food Item a			ilcation.	-	Гетр (F°)	
Food Item 2	ina i i	JC 635		-	remp (F')	
		···	Di			
(D) Fa -1144	- Post		and Pand	C4 (2	l mass	
(B) Facilities					pts)	0.000
12. Hand was					'amam)	11100
13. Dishwash				1 1	emp.)	
14. Food stor 15. Storage a						
15. Storage a				Contation		
				estation		I AN AD MC
17. Sewage d						
19. Plumbing						
20. Water sup					The state of the s	
21. Sewage d				and it is not the second second second second		
22. Other	-		ouc			
22. Onici						
		1				
As the person in	n charge	e of this	s facility, l	understan	d I am respon	nsible for food safety practices described in sections 229.163 (b) and
						of employees to conduct a 20 second hand wash prior to starting work,
						are to manage required temperature and time controls have a high risk as described in Part E to reduce the risk of food-borne illness.
Non-Criti				Picnicht (U)	recure action	accepting in 1 are 72 to remote the 1124 of 1000-boltic infiff22.
Area	Superi		bove	Average	Minimal	100
	- A		verage	B-		HACCP Compliance Score =
rgi : ·	1000		3-			(Does not apply to consultations or follow-up visits)
Training						0.3
Restrooms	74					Samu Litraen

Housekeeping
Equipment
Construction

Overall Rating

Person In Charge / Manager / Owner

Byaluation by Registered Sanitarian

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023 Retail Food Establishment Inspection Report

Establishment: A ONLY HOUSE Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation [Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	(C) Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
1. Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
Rapid reheating of foods (temperature and time) Food control surfaces clean and sanitized	28. Written HACCP Plans / SOPs as needed
6. Food control surfaces clean and samuzed { } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
7. Potential for cross-contamination to occur	29. Food equipment construction / repair
8. RTE foods / no direct hand contact	30. Facility construction (floors / walls) / repair
	31. Housekeeping contributes to infestation
Foods from approved sources / labeling Foods protected from contamination	32. Non-food contact surfaces clean
11. Other:	33. Garbage / solid waste storage
	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
0	
Cuitical Tamparatura Varifications	
Critical Temperature Verification: Food Item and Process Temp (F°)	
Food Item and Process Temp (F°)	
	(10)
	. 1610
(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	1
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	- District
20. Water supply / hot water	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility, I understand I am respons	sible for food safety practices described in sections 229.163 (b) and
229.163 (c) of the Texas State Food Code. I understand that failure o	
after handling raw products or visiting the restroom and that failure	
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 Minimal	
Area Superior Above Average Minimal Average	HACCP Compliance Score =
	(Does not apply/g/consultations or follow-up visits)
Training	Total and the state of the stat
Restrooms	
Housekeeping	Person In Charge / Manager / Owner
Equipment	(9)011 (11)10/1(e)
Construction	Evaluation by Registered Sanitarian
Overall Rating	

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: HoncuHouse I	License # RC: Date: [7-7-19]
	nsultation Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spo	
1. Cold holding temperatures / time	
2. Hot holding temperatures / time	24. Manager demonstrates proper use of thermometer
	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	
6. Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grir	25. Took oquipment constituenon's repair
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
9	
Critical Temperature Verification:	
	np (F°)
Total residence of the second	
(D) Escilition Equipment and Escil Stances (2 - 4-	
{B} Facilities, Equipment and Food Storage (3 pts	
12. Hand washing stations supplied and clean	
13. Dishwashing / sanitizing (ppm/Temp	p.)
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 th	hat failure of employees to conduct a 20 second hand wash prior to starting work,
after handling raw products or visiting the restroom and	I that failure to manage required temperature and time controls have a high risk
	tive actions described in Part E to reduce the risk of food-borne illness.
Non-Critical Food Safety Rating √	
	finimal Live con co. A v. A co.
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	
Housekeeping	Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

Housekeeping
Equipment
Construction

Overall Rating

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

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

(Signature)

Temporary Food Vendor Checklist Name of Booth: (Event: Market Day Date: Person in charge of booth: 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 degs) 7 R3 Higher Risk (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 hours. Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers 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)

Temporary Food Vendor Checklist Name of Booth: **Event: Market Day** Person in charge of booth: (Phone #: Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk
"R1 Low Risk (packaged Items / drinke) / R2 Medium Risk (limited Items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 hours. Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations I understand that am responsible for food safety practices employees and volunteers. of employees and volunteers. (Signature)

Temporary Food Vendor Checklist

Name of Booth: ESOS KITCHEN.		Event: Market Day Date: 12-4-9
Person in charge of booth: 250 Delain	17_	Phone #: 210560575
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 F ** R1 Low Risk (peckaged items /drinks) / R2 Medium Risk (limited items	ligher Risk	27.13
** R1 Low Risk (packaged items /drinks) / R2 Medium Risk (limited items	hot dogs) /	R3./Ilgher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	V	Ovidinatio
Foods from approved sources / No products made in the home	y V	HEB COSTOO
Containers for wash/ rinse/ sanitize	V	3.70 (
Cold Foods maintained at 41 F or discarded in 4 hours.	//	
Hot foods maintained at 135 F or discarded in 4 hours.	1/	the same that the
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>*</i>	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	<i>y</i>	
Booth provided with overhead cover	V	
Booth provided with floor as needed to control blowing dust / debris		2.2 m
Waste disposal container provided	V	1 . 1
Food service personnel using head covers	$\langle \rangle$	
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:	_ / '	
		AND MINE OF GALLIE STATE
As the person in charge of booth operations i understart of employees and volunteers. (Signature)	nd that ha	m responsible for food safety practices

Temporary Food Vendor Checklist 5148

Name of Booth: LIDYS CIUD	Event: Market Day Date: 2-7-19	
Person in charge of booth: HCR 11016 Club	Phone #: 20 4528008	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3)	Higher Ris	* Groves
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	U_	
Foods from approved sources / No products made in the home	4	Soms HEB Contb
Containers for wash/ rinse/ sanitize	V	73.1
Cold Foods maintained at 41 F or discarded in 4 hours.		7. 2
Hot foods maintained at 135 F or discarded in 4 hours.	Q.	and the second of
Sneeze protection provided (Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	TI.	
Booth provided with overhead cover	U	
Booth provided with floor as needed to control blowing dust / debris	2	-211
Waste disposal container provided	V	
Food service personnel using head covers	U	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	W	a later days
Other:		
	5g 2t,	offic Miles of Garage West
As the person in charge of booth operations I understand the person in charge of booth operations I un	nd that I a	m responsible for food safety practices

Temporary Food Vendor Checklist Name of Booth: HONETELLY Event: Market Day _Date: Person in charge of booth: 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 / het degs) / R3 Higher Risk (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations | understand that | am responsible for food safety practices of employees and volunteers.

(Signature)

Hernarder Temporary Food Vendor Checklist

Name of Booth: Pargas Mini Taguitos	Event: Market Day Date:							
Person in charge of booth: Were Hemandle	Phone #: 210 300 13421.							
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (filmited items / hot dogs) / B3 fligher Risk (poluty / medits / PHFs)								
The risk (packaged items / drinks) / H2 Medium Hisk (limited items	(hot dogs) /	B3 fligher Risk (polutry / meats / PHFs)						
Temporary Food Vendor Requirements	Yes/No	Comments						
Hand washing station set up & supplied	V.	. V						
Foods from approved sources / No products made in the home	\ \ \	HEB.						
Containers for wash/ rinse/ sanitize	\ <u></u>	9 5 4						
Cold Foods maintained at 41 F or discarded in 4 hours.	(/	8.5 8.						
Hot foods maintained at 135 F or discarded in 4 hours.	V	o merculii						
Sneeze protection provided (Sneeze guards or foods wrapped)	\ \f_ =							
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	\ \							
Booth provided with overhead cover	//							
Booth provided with floor as needed to control blowing dust / debris		and the second second						
Waste disposal container provided								
Food service personnel using head covers	(,							
Electrical, gas, propane, charcoal devices approved by Fire Dept.	V	· Transfer						
Other:	/							
As the person in charge of booth operations I understar of employees and volunteers. (Signature)								

Temporary Food Vendor Checklist Name of Booth: $\frac{1}{2}$ Event: Market Day Date: Person in charge of booth: 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 (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 hours. Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other:

	E 5	1433	E 11 34	14 6 50T	g Ť	- 4	THE NEW PARTY OF	p Til
As the of emplo	e person yees and	in charge of d volunteers.		tions I understa	pd that I a	m respons	sible for food safe	ety practices
12	. "			(Signatura)			,	

Temporary Food Vendor Checklist Name of Booth: 800 CONS NANUTS | Event: Market Day Person in charge of booth: Phone #: 2000 400 Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / B3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers 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)

Temporary Food Vendor Checklist Name of Booth: **Event: Market Day Date:** Person in charge of booth: 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 (polutry / meats / PHFs) Tunch tacks Temporary Food Vendor Requirements Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers 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.

Temporary Food Vendor Checklist Name of Booth: Event: Market Day Date: Person in charge of booth: Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3-Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (jimited items / hot.dogs) / R3 Higher Bisk (politity / mests / PHFs) Temporary Food Vender Requirements Yes/No Commente Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers 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)

Temporary Food Vendor Checklist Ruasted Name of Booth: Event: Market Day Date: Person in charge of booth: Phone #: Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk
** R1 Low Risk (packaged Items / drinke) / R2 Medium Risk (limited Items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 hours. Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other:

As the person in of employees and	n charge of volunteers.	booth op	erations I understand	that I am	responsible	for food safet	y practices
	58. JA	93	(Signature)	11		2	

Temporary Food Vendor Checklist Name of Booth: Event: Market Day Date: Person in charge of booth: Phone #: Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R8 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / incl. degs) / R3 Higher Risk (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover-Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations I understand that tam responsible for food safety practices of employees and volunteers. (Signature)