

CITY OF HELOTES

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CITY OF HELOTES

HEALTH INSPECTION SUMMARY JUNE 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>
Taco Bell	3	EXCELLENT
B-Daddy's	0	EXCELLENT
Subway	6	EXCELLENT
Pho An	10	EXCELLENT
Pizza Hut	0	EXCELLENT
Slim Chickens	0	EXCELLENT

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

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

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CITY OF HELOTES

JUL 08 2019

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

CITY OF HELOTES

Establishment: Taco Bell License # RC: 3 Date: 6/28/19
Purpose of Visit: [X] 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:

#32 Provided for Non-Food Contact Surfaces to be Clean

Critical Temperature Verification:

Table with 2 columns: Food Item and Process, Temp (F°)
Walk-in 38° Freezer 0° Walk-in
Freezer 0° Prep Cook 36°
Hot 180° Beans 180°
Worms 160°

{B} Facilities, Equipment and Food Storage (3 pts)

- 12. Hand washing stations supplied and clean
13. Dishwashing / sanitizing (250 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 130
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

Table with 5 columns: Area, Superior, Above Average, Average, Minimal
Rows: Training, Restrooms, Housekeeping, Equipment, Construction, Overall Rating

HACCP Compliance Score = 3
(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: B. Daddy's License # _____ RC: 3 Date: 6/28/19
 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: _____

- {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!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 38° Walk-in 0°	
Churn 150° / 150° Fry 40°	
Potato Salad 43°	
Pulled Pork 140°	

- {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 _____

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: Subway License # _____ RC: 3 Date: 6/28/19
 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: _____

- {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:

#12 Provided for Handwash Stations to be supplied

#32 Provided for Non-food Contact Surfs to be cleaned

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Walk-in 45° Walk-in 10°</u>	
<u>Hot Ball 180° Display Temp 45°</u>	
<u>Fridge 45° Fridge 45°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (300 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 _____

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 = 6
 (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: Pho An License # _____ RC: 3 Date: 6/28/19
 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: _____

- {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:

#12 Provid. for handwash station to be supplied and accessible

#27 Provid. for proper hand sanitizers.

#14 Provid. for proper food storage

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 40° Prep table 40°	
Fridge 40 Freezer 10°	
Freezer 0°/0°/0°	

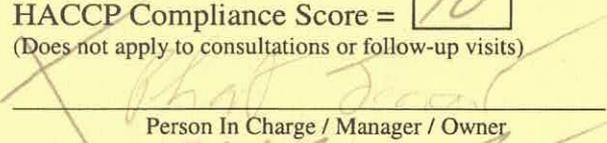
- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
 13. Dishwashing / sanitizing (100 ppm/ _____ Temp.) ✓
 14. Food storage area meets code ✓
 15. Storage and use of toxic items ✓
 16. Evidence of insects or rodents / infestation ✓
 17. Sewage disposal / Grease trap ✓
 18. Thermometers provided / used ✓
 19. Plumbing / no cross-connections ✓
 20. Water supply / hot water 120 ✓
 21. Sewage disposal meets code ✓
 22. Other _____

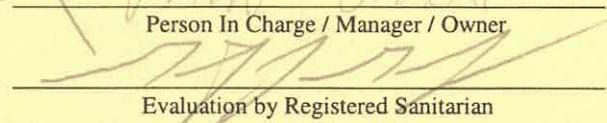
As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products 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 = 10
 (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: Spin Chickens License # _____ RC: 3 Date: 6/28/19
 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: _____

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 0°	
Display Fridge 40° Chicken 170°/190°	
Freezer 10° Fridge 42°/40°/88°	
Pop Cooler 40°/40° Warm 160°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
 13. Dishwashing / sanitizing (250 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 Great!

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

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CITY OF HELOTES

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HEALTH INSPECTION SUMMARY June 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>
Schotts Meat Market	ns	approved

Other Activities – phone consultations with Schotts Meat Market contractor

Phone consultations with Market vendors

Inspected 20 booths at Market days

**Lori Calzonci, RS
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: Schott's Meat Mkt. License # _____ RC: _____ Date: 6/13/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: COFO

- {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:

Seal floors throughout the kitchen & meat counter
Install self closers on bathroom door & back door.
Seal along bottom of back door
Go 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 = N/A

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

[Signature]
 Person In Charge / Manager / Owner
[Signature]
 Evaluation by Registered Sanitarian
 210-323-3475

Temporary Food Vendor Checklist

Name of Booth: <u>FruitCups / Turkey Legs</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Jessica Garcia</u>	Phone #: <u>2105448019.</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>	

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	HEB, Sams.
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 throught use of plastic glovesk 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:	Y	

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

Jessica Garcia
(Signature)

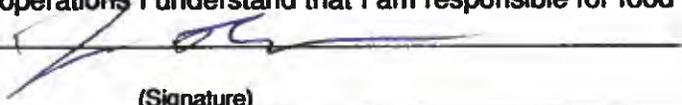
Temporary Food Vendor Checklist

4912

Name of Booth: <u>SASnowie</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>José Vasquez</u>	Phone #: <u>21021210826</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>donuts / waffles</u>	

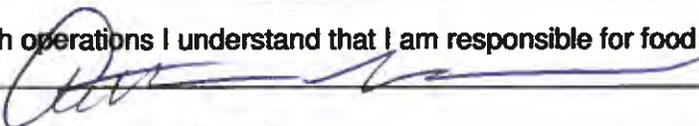
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>State Fair, Segora.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 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.	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:		

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

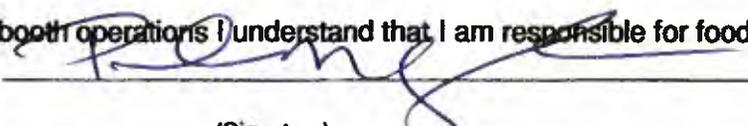


(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Jolies.</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Jolie Jodon.</u>		Phone #: <u>830489966.</u>
Menu Risk: (circle one) <u>R2</u> 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>chicken, burgers, ribbon fries.</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</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></u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Frozen Slushies, Icecream</u>		Event: <u>Market Day</u> Date: <u>6-1-19</u>
Person in charge of booth: <u>Pam Gonzales (DeLaRosa)</u>		Phone #: <u>210-872-2815</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>ice cream / slushies.</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>LeBatt</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.	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:		
<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></u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Vincent's Fine Foods</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Mrs. Rangel</u>		Phone #: <u>210 414 2002.</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>Chorditas, nachos, tacos.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>HEB Sams</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:	<u>Y</u>	
<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>Isabella Rangel</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

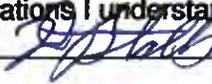
Name of Booth: <u>Lisa's Snow Cones</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Lisa Rangel</u>		Phone #: <u>210 414 2002</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Candies, Chips, Snow Cones, Aides</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>Sam's HEB Costco</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.	N/A	
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.	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>Lisa M Rangel</u> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Sodas.</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Mr. Stahls.</u>	Phone #: <u>210-380-2588.</u>
Menu Risk: (circle one) <u>R1</u> 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>Sodas.</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>Sodas</u>
Containers for wash/ rinse/ sanitize	N/A	
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)	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)

Temporary Food Vendor Checklist

Name of Booth: <u>Filipinolicious.</u>		Event: Market Day Date: <u>12-1-19</u>
Person in charge of booth: <u>Mania Botista</u>		Phone #: <u>210 907 1654</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Lumpia, pancit, ham cheese</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>X</u>	
Foods from approved sources / No products made in the home	<u>X</u>	<u>Costco, Rest Dept</u>
Containers for wash/ rinse/ sanitize	<u>X</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>X</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>X</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>X</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>X</u>	
Booth provided with overhead cover	<u>X</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>X</u>	
Waste disposal container provided	<u>X</u>	
Food service personnel using head covers	<u>X</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>X</u>	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u>Mania Botista</u> <div style="text-align: center;">(Signature)</div>		

Temporary Food Vendor Checklist

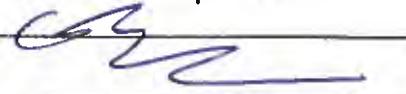
Name of Booth: <u>Roasted Corn.</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Eliot Kugel</u>	Phone #: <u>882-8098</u>
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

roasted corn

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Catalini
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:		

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

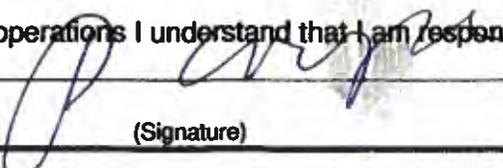
Name of Booth: <u>Josh's Texas Empanadas</u>	Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Ms. Maier</u>	Phone #: <u>210 478 2410</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<u>empanadas</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>Walmart's HFB</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 glovesk and the use of utensils.	x	
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:		

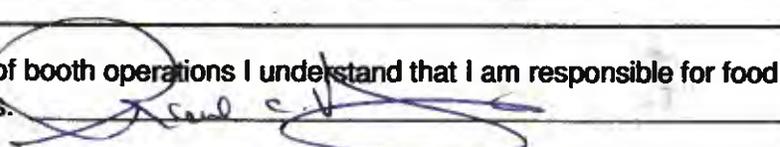
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. *Patricia Maier*

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Coopers</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Priscilla Cooper</u>		Phone #: <u>210 195 0466</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>shilly cheese</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>y</u>	
Foods from approved sources / No products made in the home	<u>y</u>	<u>Rest Depot PHF Sims</u>
Containers for wash/ rinse/ sanitize	<u>y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>y</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	<u>y</u>	
Booth provided with overhead cover	<u>y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>y</u>	
Waste disposal container provided	<u>y</u>	
Food service personnel using head covers	<u>y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>y</u>	
Other:	<u>y</u>	
<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; margin-top: 10px;">  <p>(Signature)</p> </div>		

Temporary Food Vendor Checklist

Name of Booth: <u>Velmas Tacos</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Velma Kogasz</u>		Phone #: <u>210-730-8074</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>street tacos</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 Dept.</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.	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> <p style="text-align: center;"><u></u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Will's Hawaiian Fried Rice **Event:** Market Day **Date:** 6-19
Person in charge of booth: Will Tamaleo **Phone #:** 210.3477785
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)
Rice

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>COSTCO HEB</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.	X	
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. Will Tamaleo

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Lemonade.</u>	Event: Market Day Date: <u>6-1-19.</u>	
Person in charge of booth: <u>[Signature]</u>	Phone #: <u>(410) 725-8296.</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>Lemonade.</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>Walmart.</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:	Y	
<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: right;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Reynas Kitchen</u>		Event: <u>Market Day</u> Date: <u>6-14</u>
Person in charge of booth: <u>Puerto Rican Food Reynas</u>		Phone #: <u>210 589 8687</u>
Menu Risk: (circle one) <u>R1</u> 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>Roast fruit etc.</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	HEB
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>Reynas</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Hot Dogs</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Dominique Saucedo</u>		Phone #: <u>210 365 8898</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 / PTFs)		
<u>nachos 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>SAMS HERB</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)	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	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>Dominique Saucedo</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Island Flavor Event: Market Day Date: 6-1-19

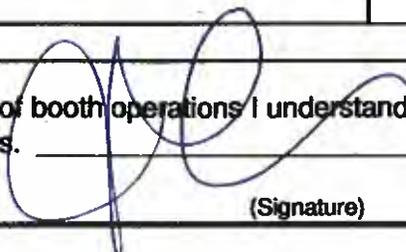
Person in charge of booth: Joe Rosano Phone #: 808 342 7299

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 / PIFs)

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	Rest Depot HEB
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 glovesk 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.

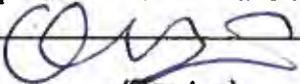


 (Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Catch the Wave</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Leo Davila.</u>		Phone #: <u>210602 3062</u>
Menu Risk: (circle one) <u>R2 Medium Risk</u> / R1 Low Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>#317 street tacos.</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</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 throught use of plastic glovesk 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:	y	
<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>		

Temporary Food Vendor Checklist

Name of Booth: <u>Potstickers</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Quixia D. Del.</u>		Phone #: <u>210-4805106.</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>Potstickers, rangoons, fed</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>HSB Costco</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> <div style="text-align: center;">  <p>(Signature)</p> </div>		