HEALTH INSPECTION SUMMARY NOVEMBER 2019

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PART ONE--FOOD SAFETY REPORT

CITY OF HELOTES



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 Establishment	Compliance Score*	Rating
Slim Chicken	-	FOLLOW UP
Rio's Barbacoa	3	EXCELLENT
Babe's Old Fashioned	0	EXCELLENT
Oolong	0	EXCELLENT
Rome's Pizza	0	EXCELLENT
Bobby J's	3	EXCELLENT
Starbucks	0	EXCELLENT
Whimsical Annies	0	EXCELLENT

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

➤ Market Days 11/2/2019

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

DEC 0 6 2019

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

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

Retail Food Establishment Inspection Report TY OF HELOTES

Establishment:	5,	im C	Thie !	Kin Li	icense # RC: Date: ///2///
		pliance Insp	ection 🔠		n Complaint Illness Investigation Other:
(1)	700				
		Controls (5		m.a.t)	(C) Management and Personnel (4 pts)
(Critical control v			scied on the	spot)	23. Manager on duty currently certified?
 Cold holding Hot holding 					24. Manager demonstrates proper use of thermometer
,					25. Personnel with infections restricted / excluded
					26. Proper hand washing demonstrated
		ods (tempera	turns and tim	ma)	27. Good hygienic practices observed
6. Food contro				116)	28. Written HACCP Plans / SOPs as needed
		} meat slice		orindon	{D} Non-Critical (3 pts)
		ntamination		grinder	29. Food equipment construction / repair
		hand contac			30. Facility construction (floors / walls) / repair
		sources / lal			31. Housekeeping contributes to infestation
10. Foods prote					32. Non-food contact surfaces clean
11. Other:	ected Itolii	Contaminati	OII		33. Garbage / solid waste storage
11. Oulei.					- 34. Consumer advisories posted
					- 35. Inspection report displayed for public
					- 36. Other
		30			- {E} Corrections / Improvements Made / Comments:
C. I.I. I.M.		4.00			Follow-ex on Glo Bregain ITemi
Critical Tempe		rification:			
Food Item an	d Process		1	Гетр (F°)	* Demend Well Behind Warme
10					
60					* Kitchen + Back from Flow Piting
					Millian & Bark Plan Floor Pilling
(D) Englisher	Eminor	4 and Daad	C4	2 -4->	
{B} Facilities, 12. Hand washi				pts)	- Both ITEMS have Not Soen
13. Dishwashin				emp)	- Corrected.
14. Food storag			1	emp.)	- 30 Acre La This action
15. Storage and					T To the state of
16. Evidence of			festation		To Stake Needed Repairs,
17. Sewage dis			iosuiion		11/2/19 11/19
18. Thermomet					
19. Plumbing /					tullew-v, 12/2/19
20. Water supp					
21. Sewage dis					
22. Other					The state of the s
			500		
As the person in	charge of t	his facility	Lunderstan	d I am reene	onsible for food safety practices described in sections 229.163 (b) and
229.163 (c) of the 7	Texas State	Food Code.	I understan	nd that failure	e of employees to conduct a 20 second hand wash prior to starting work,
after handling raw	v products	or visiting th	e restroom	and that failu	ure to manage required temperature and time controls have a high risk
of causing food-box	rne illness.	I agree to in	plement co	rrective action	ns described in Part E to reduce the risk of food-borne illness.
Non-Critica					
Area S	Superior	Above	Average	Minimal	aan/a
	11	Average			HACCP Compliance Score =
Training	100	- Disease	San Indian	((Does not apply to consultations or follow-up visits)
Restrooms		2000	7/		1 Day non
Housekeeping					Person In Charge / Manager / Owner
Equipment					771/7
Construction					Evaluation by Registered Sanitarian
Overall Rating		1.4			

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

Establishment: Solding Solding Lice	ense #RC:Date:Other:
Turpose of Visit. 2.] Computance Inspection [] Committees of	Companie Inness investigation I Other.
 {A} Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time 	{C} Management and Personnel (4 pts) 23. Manager on duty currently certified?
 Hot holding temperatures / time Gooking temperatures / time Proper cooling of foods / time 	24. Manager demonstrates proper use of thermometer 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 { } cutting boards { } meat slicer { } food grinder 	28. Written HACCP Plans / SOPs as needed {D} Non-Critical (3 pts) 29. Food equipment construction / repair
 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact 9. Foods from approved sources / labeling 	30. Facility construction (floors / walls) / repair 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 posted35. Inspection report displayed for public
	36. Other
	#15 Pord for Prese
Critical Temperature Verification:	Storge of Toxic items
Food Item and Process Temp (F°)	
Fridge 38°	
Brobelow 146° Temby 135°	
Denodo 140. Beens 135	
{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	Production of the second secon
17. Sewage disposal / Grease trap	
18. Thermometers provided / used	
19. Plumbing / no cross-connections	
20. Water supply / hot water /20	
21. Sewage disposal meets code	Maria — La Caraca Maria Maria Maria
22. Other	
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	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, 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-borne illness.
Non-Critical Food Safety Rating √	
Area Superior Above Average Minimal Average	HACCP Compliance Score = (Does not apply to consultations or follow-up visits)
Training	(2 303 not uppi) to consultations of follow-up visits)
Restrooms	
Housekeeping	Person In Charge / Manager / Owner
Equipment	
Construction	Evaluation by Registered Sanitarian

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

Establishment: Base's Old fas	h:/ License # RC: Date:
Purpose of Visit: Compliance Inspection Compliance	nsultation Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	(C) Management and Dayrownal (4 pts)
(Critical control violations must be corrected on the sp	(C) Management and Personnel (4 pts) 23. Manager on duty currently certified?
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3. Cooking temperatures / time - Bacce	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	
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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
	36. Other
\ <u></u>	{E} Corrections/ Improvements Made / Comments:
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Bu Cooler 10140140	
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(B) Facilities, Equipment and Food Storage (3 pt.	
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13. Dishwashing / sanitizing (/ ppm/Tem	NOTE OF THE OWN OF THE PARTY OF
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 / 20	
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
after handling raw products or visiting the restroom and	hat failure of employees to conduct a 20 second hand wash prior to starting work, that failure to manage required temperature and time controls have a high risk
of causing food-borne illness. I agree to implement correc	tive actions described in Part E to reduce the risk of food-borne illness.
Non-Critical Food Safety Rating √	
	linimal IVA COP C 11 C
Average	HACCP Compliance Score = (Does not apply to consultations or follow-up visits)
Training	(Does not apply to consultations of follow-up visits)
Restrooms	1 / / / / /
Housekeeping	Person In Charge / Manager / Owner
Equipment	11/11/11
Construction	Evaluation by Registered Sanitarian

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

Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other:	Establishment: Oolog Lic	ense # RC: Date:
Critical Food Safety Controls (5 pts)	Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
Critical control violations must be corrected on the spot		
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Area Superior Above Average Minimal Average Restrooms Housekeeping About A to a superior Above Average Average Minimal Average Restrooms Person In Charge / Manager / Owner	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.
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Area Superior Above Average Minimal Training Restrooms Housekeeping Person In Charge / Manager / Owner		described in Part E to reduce the risk of food-borne illness.
Training Restrooms Housekeeping Average HACCP Compliance Score = (Does not apply to consultations or follow up visits) Person In Charge / Manager / Owner		
Training Restrooms Housekeeping (Does not apply to consultations or follow-up visits) Person In Charge / Manager / Owner		HACCP Compliance Score
Restrooms Housekeeping Person In Charge / Manager / Owner		(Does not apply to to builtains as fall and as fall an
Housekeeping Person In Charge / Manager / Owner	Training	(Loces for apply to constitutions of following visits)
	Restrooms	I WWWWW
	Housekeeping	Person In Charge / Manager / Owner
Equipment	Equipment	1171111
		11/1/1/1
Construction Evaluation by Registered Santarian		Evaluation by Registered Santarian

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

Establishment: Nome's 1.22 Lice	ense #RC:3 Date:
Purpose of Visit: Compliance Inspection Consultation	☐ Complaint ☐ Illness Investigation ☐ Other:
{A} Critical Food Safety Controls (5 pts)	(C) Management and Research (4 sts)
(Critical control violations must be corrected on the spot)	(C) Management and Personnel (4 pts)
1. Cold holding temperatures / time	23. Manager on duty currently certified? 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	{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:
C-141-3 T	
Critical Temperature Verification: Food Item and Process Temp (F°)	
	Louis Good.
Welle: 45 Welk: 10	
1147 00 10 Mes 15.11 Usen 190	CL William Common Internation
Por Cook 16./32. 140./36.	
(B) Facilities, Equipment and Food Storage (3 pts)	
12. Hand washing stations supplied and clean	
13. Dishwashing / sanitizing / ppm/Temp.)	THE TILE SHIP SHOWS THE SECTION OF T
14. Food storage area meets code	
15. Storage and use of toxic items	WE THE RESIDENCE OF THE PROPERTY OF THE PROPER
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 / 20 /	
21. Sewage disposal meets code	
22. Other	
	The part of the Market State of the State of
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	t 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.
Non-Critical Food Safety Rating √	IS THE REPORT OF THE PARTY OF T
Area Superior Above Average Minimal Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	1 har flogs
Housekeeping	Person In Charge / Manager / Owner
Equipment	111111
Construction	Evaluation by Registered Sanitarian
Overall Profine	

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

Establishme	nt: Bos	55.1	5	L	icense # RC: Date:
			ection 🗌	Consultation	n Complaint Illness Investigation Other:
{A} Critical	Food Safety	Controls (5	pts)		{C} Management and Personnel (4 pts)
(Critical contro				spot)	23. Manager on duty currently certified?
	ding temperati		-		24. Manager demonstrates proper use of thermometer
	ling temperatur				25. Personnel with infections restricted / excluded
	temperatures.				26. Proper hand washing demonstrated
	ooling of food				27. Good hygienic practices observed
	heating of food			ne)	28. Written HACCP Plans / SOPs as needed
	ntrol surfaces of				{D} Non-Critical (3 pts)
	ng boards {			grinder	29. Food equipment construction / repair
	for cross-con				30. Facility construction (floors / walls) / repair
	ds / no direct l				31. Housekeeping contributes to infestation
	om approved s				32.) Non-food contact surfaces clean
	otected from c				33. Garbage / solid waste storage
11. Other: _			20.00		- 34. Consumer advisories posted
	<u> </u>	11 23	25 11		Inspection report displayed for public
					_ 36. Other
					- {E} Corrections / Improvements Made / Comments:
T**			<u> </u>		
					#32 Blowid to Non-food
Critical Tem	perature Ver	ification:			Cont. T Sorber T. Se clean
	and Process		1	Temp (F°)	
Pro Cook	15° / Fr	120- 10		1/00	Manual Company of the
-	16. F.	1. 110.	1300/	12.	
	10021- 70	-		0.000000	
{B} Facilitie	s, Equipment	and Food	Storage (3	pts)	THE COLUMN TWO IS NOT THE PARTY OF THE PARTY
	shing stations			Pas,	
	hing / sanitizin			emp.)	
	rage area meet				
	and use of toxi		_		
	of insects or		festation		
	disposal / Grea				
	neters provide		/		
	g / no cross-co				The second of th
	pply / hot wate				
21. Sewage of	lisposal meets	code	/		
22. Other			Annual Section of the Party of	المحلسودا	A J. Market Mark
				A	
As the nerson i	n shares of th	ic facility	Lundouston	d I am rooms	onsible for food safety practices described in sections 229.163 (b) and
229.163 (c) of th	e Texas State I	Sood Code.	I understan	d that failure	e of employees to conduct a 20 second hand wash prior to starting work,
after handling r	aw products of	visiting th	e restroom	and that failu	ure to manage required temperature and time controls have a high risk
of causing food-	borne illness. I	agree to im	plement cor	rective action	ns described in Part E to reduce the risk of food-borne illness.
	ical Food Safet		7	and the same of th	
Area	Superior	Above	Average	Minimal	1 2 3
		Average		Wyy II I	HACCP Compliance Score =
Training				1/2	(Does not apply to consultations of follow-up visits)
Restrooms		+			XIMO
The Hill of the	[6]	1			Descon In Charge / Manages / Owner
Housekeeping			19.35	W Up.	Person In Charge / Manager / Owner
Equipment					11/11/11
Construction			- 4		Evaluation by Registered Sanitarian
Overall Rating		100	Stat		

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

Establishment: 51015uck5 Lice	ense # RC 5 Date: ///24//9
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
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
6. 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:	Looks Juco .
Food Item and Process Temp (F°)	
Fi. J. 38°/37°/ From 0°/0°	
1:2: Frid, 38/36/10/38	
{B} Facilities, Equipment and Food Storage (3 pts)	
12. Hand washing stations supplied and clean	Charles and the Control of the Contr
13. Dishwashing / sanitizing (25 ppp Temp.)	
14. Food storage area meets code	
15. Storage and use of toxic items16. 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 /d/	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility, I understand I am respons	ible for food sefety propries described in sections 220 162 (1)
229.163 (c) of the Texas State Food Code. I understand that failure o	f 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 Minimal Average	HACCP Compliance Score =
	(Does not apply to consultations or follow-up visits)
Training Restrooms	X BUTTON
Housekeeping	Person In Charge / Manager / Owner
Equipment	A-11 A
Construction	Pyaluation by Registered Sanitarian
Overall Posting	L'aduation by Registered Samtarian

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

Establishme	nt:	Thin	sical.	Anni Li	icense # RC: Date: 11/24/19
Purpose of Vis	sit: 🖾 Con	pliance Ins	pection	Consultation	on Complaint Illness Investigation Other:
{A} Critical	Food Safet	Controls (5 nte)		{C} Management and Personnel (4 pts)
(Critical control				e spot)	23. Manager on duty currently certified?
		atures / time		· opot)	24. Manager demonstrates proper use of thermometer
	ling tempera				25. Personnel with infections restricted / excluded
3. Cooking	temperature	s / time			26. Proper hand washing demonstrated
4. Proper c	ooling of foo	ods / time			27. Good hygienic practices observed
		ods (tempera		ne)	28. Written HACCP Plans / SOPs as needed
		s clean and s			{D} Non-Critical (3 pts)
) meat slice		grinder	29. Food equipment construction / repair
		ontamination			30. Facility construction (floors / walls) / repair
		t hand conta			31. Housekeeping contributes to infestation
		i sources / la			32. Non-food contact surfaces clean
10. Foods pr					33. Garbage / solid waste storage
11. Other: _					- 34. Consumer advisories posted
	1.0				35. Inspection report displayed for public
	11 +291			- V 1/ 1/	- 36. Other
NH EE S	811/1 B	4 11	1 11 3300	0.00	- {E} Corrections / Improvements Made / Comments:
	_4 =	==,, =,,,			
Critical Tem	moroturo V	orifications		108 20 2	
	and Process		-	Гетр (F°)	
rood item	and Trocess		- 1/	remp (r)	No Issues Found
					
{B} Facilitie	s. Equipme	nt and Food	Storage (3	nts)	
12. Hand wa				Puly	
13. Dishwasl				emp.)	A DATE THE STATE HE DE WEST AND SE
14. Food sto			1		
15. Storage a					AN ARCHOOM IN THE PROPERTY OF THE PARTY OF T
16. Evidence			festation		Mark Mark Service Service (Service Control Control
17. Sewage of					The second local and second se
18. Thermon					
19. Plumbing					
20. Water su					
21. Sewage c		ts code			
22. Other		4		The state of	
		"silson if			
As the person in	n charge of	this facility,	I understan	d I am respo	onsible for food safety practices described in sections 229.163 (b) and
after handling r	e 1 exas State	or visiting th	1 understan	d that failure	e of employees to conduct a 20 second hand wash prior to starting work, ure to manage required temperature and time controls have a high risk
of causing food-	borne illness.	I agree to in	nplement con	rective action	ns described in Part E to reduce the risk of food-borne illness.
	ical Food Saf				
Area	Superior	Above	Average	Minimal	
	1	Average		(20)	HACCP Compliance Score =
Training				10	(Does not apply to consultations or follow-up visits)
Restrooms					Kind Allen
Housekeeping					Person In Charge / Manager / Owner
					1 1 1 1 1 White
Equipment				(b)	1/1/1//
Construction					Evaluation by Registered Sanitarian
Overall Rating	5 8	= 15		1 2 2	

Temporary Food Vendor Checklist CITY OF HELOTES

Name of Booth: Pe-Ty Tyme Ketty Kor	n	Event: Market Day Date: 11/2/19					
Person in charge of booth: Phone #: 3/0-304-7/55							
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	1/25	*//					
Foods from approved sources / No products made in the home	1/25	Au Mus/Coste					
Containers for wash/ rinse/ sanitize	1/25						
Cold Foods maintained at 41 F or discarded in 4 hours.		Na					
Hot foods maintained at 135 F or discarded in 4 hours.	,	NA					
Sneeze protection provided (Sneeze guards or foods wrapped)	NIA						
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Yed	ig.					
Booth provided with overhead cover	1105						
Booth provided with floor as needed to control blowing dust / debris	1/15						
Waste disposal container provided	1/65						
Food service personnel using head covers	V13						
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N						
Other:							
	1111						
As the person in charge of booth operations / understand that I am responsible for food safety practices of employees and volunteers. (Signature)							

Name of Booth: Else's Kitche	Event: Market Day Date: ///2/19						
Person in charge of booth: Elsa Delecus Phone #: 210-560-5235							
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk							
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (ilmited item	s / hot dogs) ,	/ R3 Higher Risk (polutry / meats / PHFs)					
Temporary Food Vendor Requirements	Yes/No	Comments					
Hand washing station set up & supplied	1/25						
Foods from approved sources / No products made in the home	1/15	HEB/Cost Co					
Containers for wash/ rinse/ sanitize	114						
Cold Foods maintained at 41 F or discarded in 4 hours.	1108						
Hot foods maintained at 135 F or discarded in 4 hours.							
Sneeze protection provided (Sneeze guards or foods wrapped)	NO SER						
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Yey						
Booth provided with overhead cover	1/24						
Booth provided with floor as needed to control blowing dust / debris	NU						
Waste disposal container provided	yy						
Food service personnel using head covers	14						
Electrical, gas, propane, charcoal devices approved by Fire Dept.	W						
Other:							
	\$2 " YKL3						
As the person in charge of booth operations understand the person in charge of booth operations un	and that I a	am responsible for food safety practices					
(Signature)							

"Old Gul A. 272 Temporary Food Vendor Checklist Name of Booth: Nancli Event: Market Day Date: ///2 Person in charge of booth: 6 1/05 Phone #: 211 - 473 - 58 2 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** Comments Hand washing station set up & supplied 1/15 Foods from approved sources / No products SA115 / HEB 1105 made in the home Containers for wash/ rinse/ sanitize 1/2/ Cold Foods maintained at 41 F or discarded in 4 1/05 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to est-foods avoided throught use of plastic glovesk and the 1165 use of utensils. Booth provided with overhead cover 1/6 Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided 1125 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)

Name of Booth: The Fix		Event: Market Day Date: 11/2/19					
Person in charge of booth: Denis Fue-To Phone #: 310- 758-4600							
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi						
** 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	yc3						
Foods from approved sources / No products made in the home	1/25 0	Rolle. M					
Containers for wash/ rinse/ sanitize	1/72						
Cold Foods maintained at 41 F or discarded in 4 hours.	Y75	Oh-ju					
Hot foods maintained at 135 F or discarded in 4 hours.	y15	Coch .					
Sneeze protection provided (Sneeze guards or foods wrapped)	va						
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	yes	÷to					
Booth provided with overhead cover	125						
Booth provided with floor as needed to control blowing dust / debris	NO						
Waste disposal container provided	ye5						
Food service personnel using head covers	14						
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA						
Other:							
As the person in charge of booth operations I understand that I am responsible for food safety practices							
or employees and volunteers.							
(Signature)							

Name of Booth: A5'S BB		Event: Market Day Date: ///2//9		
Person in charge of booth: 1/15, 50/1./		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	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)		
Temporary Food Vendor Requirements	Yes/No	wishly Hinding		
		Comments		
Hand washing station set up & supplied	y 13			
Foods from approved sources / No products made in the home	1/15	RO/HEB		
Containers for wash/ rinse/ sanitize	1/03			
Cold Foods maintained at 41 F or discarded in 4 hours.	1/15			
Hot foods maintained at 135 F or discarded in 4 hours.		Coulis		
Sneeze protection provided (Sneeze guards or foods wrapped)	1/15	Tru: L		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Veb			
Booth provided with overhead cover	ye5	Tr:Y		
Booth provided with floor as needed to control blowing dust / debris	1/15	712		
Waste disposal container provided	1/4/			
Food service personnel using head covers	1/6)			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/S			
Other:				
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)				

Name of Booth: Korea Jaces		Event: Market Day Date: 11/2/19	
Person in charge of booth: Phone #: 808 - 485 - 908			
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	· · · · · · · · · · · · · · · · · · ·	
** R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (limited items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Honday Bourse	Good.		
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	175		
Foods from approved sources / No products	. ,	1. 11/11/	
made in the home	1/25	SAM'S/Welm	
Containers for wash/ rinse/ sanitize	16/		
Cold Foods maintained at 41 F or discarded in 4 hours.	¥15	on-ill	
Hot foods maintained at 135 F or discarded in 4 hours.	1/15		
Sneeze protection provided (Sneeze guards or foods wrapped)	y 25		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Yes	5.5	
Booth provided with overhead cover	ye5		
Booth provided with floor as needed to control blowing dust / debris	NU		
Waste disposal container provided	1165		
Food service personnel using head covers	yer		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	V		
Other:			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			

Name of Booth: Filipinolicious 1+		Event: Market Day Date: ///3/19	
Person in charge of booth: Pen les Vi		Phone #: 50 - 212 - 98 79	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	ak .	
** R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (limited Items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	T Comments	
Hand washing station set up & supplied)/ 7 S	Comments	
Foods from approved sources / No products made in the home	1105	BD/HEB/Welme	
Containers for wash/ rinse/ sanitize	1105		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/15	on jec	
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	Contige Contige	
Sneeze protection provided (Sneeze guards or foods wrapped)	NO		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	1/15	119	
Booth provided with overhead cover	115		
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	1/15	a a	
Food service personnel using head covers	1/15		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	ve		
Other:	24		
As the person in charge of booth operations funderstand that I am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: De Kate Sode		Event: Market Day Date: ///2/15	
Person in charge of booth: Dice Semela		Phone #: 210- 492 - 1598	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Rick / R3	Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dags) / l	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	NIS		
Foods from approved sources / No products made in the home	1/25	Costlo	
Containers for wash/ rinse/ sanitize	NA		
Cold Foods maintained at 41 F or discarded in 4 hours.		on in	
Hot foods maintained at 135 F or discarded in 4 hours.	NH	.≆	
Sneeze protection provided (Sneeze guards or foods wrapped)	NIT		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	NIS	/	
Booth provided with overhead cover	1/25		
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	1105		
Food service personnel using head covers	Yes		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N		
Other:			
As the person in charge of booth operations Lunderstand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			

Name of Booth: Elicits Rossed Kon		Event: Market Day Date: 11/3/15
Person in charge of booth:		910 Phone #: 882 -8094
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi	k
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements		
	Yes/No	Comments
Hand washing station set up & supplied	1/25	
Foods from approved sources / No products made in the home	1/15	Catalinis
Containers for wash/ rinse/ sanitize	1/25	
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.	NIA	
Sneeze protection provided (Sneeze guards or foods wrapped)	NIA	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	405	
Booth provided with overhead cover	1/05	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	1/15	
Food service personnel using head covers	1/15	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA	
Other:		
	8000/HT 3800000	
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.		
(Signature)		

Person in charge of booth:		Phone #:
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	3 Higher Ris	*
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited item	ms / hot dogs) /	/ R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vondor Poquirements	3+4/1	
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/15	
Foods from approved sources / No products made in the home	1/25	HEB/Welmin
Containers for wash/ rinse/ sanitize	405	
Cold Foods maintained at 41 F or discarded in 4 hours.	4 1/65	Green
Hot foods maintained at 135 F or discarded in 4 hours.	405	Cooky Trick
Sneeze protection provided (Sneeze guards or foods wrapped)	NIA	Trick
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.		
Booth provided with overhead cover	1175	Tro:W
Booth provided with floor as needed to control blowing dust / debris	1/15	110:W
Waste disposal container provided	115	
Food service personnel using head covers	1/15	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NN	
Other:		
		Marious Mariou
As the person in charge of booth operations I undersof employees and volunteers.	stand that I a	am responsible for food safety practices

Name of Booth: Phily Chuse Sindach		Event: Market Day Date: 11/2/19	
Person in charge of booth: The Coopers Phone #: 210 - 695 3466			
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi	K	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items		R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	y05		
Foods from approved sources / No products made in the home	ye5	BAD Sons HEB	
Containers for wash/ rinse/ sanitize	1/05		
Cold Foods maintained at 41 F or discarded in 4 hours.	ye5	04-100	
Hot foods maintained at 135 F or discarded in 4 hours.	y 05	Node in older	
Sneeze protection provided (Sneeze guards or foods wrapped)	NA		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	y25		
Booth provided with overhead cover	465		
Booth provided with floor as needed to control blowing dust / debris	NU		
Waste disposal container provided	V15		
Food service personnel using head covers	14/		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	W		
Other:			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: /in: /acol		Event: Market Day Date: 1/1/2/19	
Person in charge of booth: Vovs v 5		Phone #: 210-300-452/	
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	115		
Foods from approved sources / No products made in the home	105	HEB	
Containers for wash/ rinse/ sanitize	115		
Cold Foods maintained at 41 F or discarded in 4 hours.	y 15		
Hot foods maintained at 135 F or discarded in 4 hours.	1/15	Couly	
Sneeze protection provided (Sneeze guards or foods wrapped)	11-15		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	115	9	
Booth provided with overhead cover	y 15		
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	y 05		
Food service personnel using head covers	YLY		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NN		
Other:			
As the person in charge of booth operations I understand that ham responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: Will fiel Happ his		Event: Market Day Date: ///2//3
Person in charge of booth:		Phone #: 214 - 347 - 7785
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) / I	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/15	
Foods from approved sources / No products made in the home	1125	HEB + Cosi Co
Containers for wash/ rinse/ sanitize	105	
Cold Foods maintained at 41 F or discarded in 4 hours.	1115	
Hot foods maintained at 135 F or discarded in 4 hours.		, if
Sneeze protection provided (Sneeze guards or foods wrapped)	NO	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	V'75	
Booth provided with overhead cover	Y 65	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	y 65	
Food service personnel using head covers	A yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NB	
Other:		
As the person in charge of booth operations/I understand that I am responsible for food safety practices of employees and volunteers.		
(Signature)		

Name of Booth: L. uns Cly		Event: Market Day Date: 11/2/19	
Person in charge of booth: Deryel Hesse.	5	Phone #: 210 - 45) - 8868	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 "R1 Low Risk (packaged items / dripks) / R2 Medium Risk / Illustration	Higher Risi	k	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (Ilmited items	i / hot dogs) / !	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	V25		
Foods from approved sources / No products made in the home	1/25	SANS/HEB/RD	
Containers for wash/ rinse/ sanitize	1/25		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/15	Ch-:10	
Hot foods maintained at 135 F or discarded in 4 hours.		The To ordy	
Sneeze protection provided (Sneeze guards or foods wrapped)	va		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	1/15	20	
Booth provided with overhead cover	105		
Booth provided with floor as needed to control blowing dust / debris	WO		
Waste disposal container provided	1/25		
Food service personnel using head covers	y 15		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	M		
Other:			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: Home Team Het No	7	Event: Market Day Date: /// 2/19	
Person in charge of booth:		Phone #:	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dogs) / !	R3 Higher Blsk (polutry / meats / PHFs)	
Hi Wood Nachan	1/ Fer:	To Pic	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1/25		
Foods from approved sources / No products made in the home	1/13	7:1.5~ /HEB/5.45/fill	
Containers for wash/ rinse/ sanitize	1/65		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/15	On-ill	
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	Cocking	
Sneeze protection provided (Sneeze guards or foods wrapped)	425		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	yes		
Booth provided with overhead cover	425	N.	
Booth provided with floor as needed to control blowing dust / debris	JES NO	}	
Waste disposal container provided	1105		
Food service personnel using head covers	405	/	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NN		
Other:			
As the person in charge of booth operations funderstand that I am responsible for food safety practices of employees and volunteers.			

Name of Booth: //www. Wok		Event: Market Day Date: 11/2/19
Person in charge of booth: OIVALC DE.		Phone #: 211 - 480-5006
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	k
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	1	
	Yes/No	Comments
Hand washing station set up & supplied	105	
Foods from approved sources / No products made in the home	y 65	Costa /HEB / Asex
Containers for wash/ rinse/ sanitize	405	
Cold Foods maintained at 41 F or discarded in 4 hours.	y 05	Unice
Hot foods maintained at 135 F or discarded in 4 hours.	405	Cocky
Sneeze protection provided (Sneeze guards or foods wrapped)	V75	. *
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	y c5	e?
Booth provided with overhead cover	yes	N.
Booth provided with floor as needed to control blowing dust / debris	y 65	
Waste disposal container provided	425	
Food service personnel using head covers	yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NS	
Other:		
	5 TER . III	
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)		

Name of Booth: CeTal The Work		Event: Market Day Date: ////
Person in charge of booth: Lea Ocita		Phone #: 210-602-3062
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Rist	Κ
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	i / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/c5	
Foods from approved sources / No products made in the home	Yes	hest Dy
Containers for wash/ rinse/ sanitize	1/05	
Cold Foods maintained at 41 F or discarded in 4 hours.	, , , , , , , , , , , , , , , , , , ,	nh-ich
Hot foods maintained at 135 F or discarded in 4 hours.	y 15	Warny Up
Sneeze protection provided (Sneeze guards or foods wrapped)	116	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	y15	
Booth provided with overhead cover	y 25	
Booth provided with floor as needed to control blowing dust / debris	Y15	
Waste disposal container provided	Y 25	
Food service personnel using head covers	125	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NI	2
Other:		
As the person in charge of booth operations jundersta of employees and volunteers. (Signature)	nd that I ar	m responsible for food safety practices

HEALTH INSPECTION SUMMARY November 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.)

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 demerit

GOOD

0-10 demerits 11-20 demerits

ACCEPTABLE POOR 21-29 demerits 29 or more demerits

Name of Establishment	<u>Compliance</u> <u>Score</u>	Rating
Great Harvest	5	excellent
Whimsical annie	0	excellent

Other Activities- foster home inspection, consultation with new market vendor

Lori Calzoncit, RS City Health Inspector

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

Establishment: Unimsidal Annie Lice	ense # RC: Date:
Establishment: Purpose of Visit: Compliance Inspection Consultation	Complaint Ullness Investigation Other:
Purpose of Visit: Compliance Inspection Consultation	
(1) G. W. Level Cofety Controls (5 nts)	{C} Management and Personnel (4 pts)
(Critical Food Safety Controls (5 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
	25. Personnel with infections restricted / excluded
	26. Proper hand washing demonstrated
3. Cooking temperatures / time	27. Good hygienic practices observed
4. Proper cooling of foods / time	28. Written HACCP Plans / SOPs as needed
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 grinder	29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair
7. Potential for cross-contamination to occur	30. Facility construction (noois / wans) / 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°)	
	AID C
{B} Facilities, Equipment and Food Storage (3 pts)	MO, AID
12. Hand washing stations supplied and clean	
13. Dishwashing / sanitizing (ppm/Temp.)	
14. Food storage area meets code	1/100
15. Storage and use of toxic items	
16. Evidence of insects or rodents / infestation	
17. Sewage disposal / Grease trap	
17. Sewage disposar/ Crease trap 18. Thermometers provided / used	
19. Plumbing / no cross-connections	
20. Water supply / hot water	
21. Sewage disposal meets code	
22. Other	
	U. S. S. J. S. t. and tiese described in sections 220 162 (b) and
As the person in charge of this facility, I understand I am respon	nsible for food safety practices described in sections 229.163 (b) and
and to () Cal - Towns Chate Food Code understand that failure	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
after handling raw products or visiting the restroom and that failured of causing food-borne illness. I agree to implement corrective action	s described in Part E to reduce the risk of food-borne illness.

Area	Superior	Above Average	Average	Minimal
Training	100			1
Restrooms				
Housekeeping				
Equipment	7 3 1 4 9			
Construction	THE PERSON NAMED IN			
Overall Rating				The state of

HACCP Co (Does not apply	mpliance Score = 700 to consultations or follow-up visits)
Pe	erson In Charge / Manager / Owner
Ev	valuation 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

pose of visit: A Compliance inspection C Consultation	Complaint Illness Investigation Other:
Critical Food Safety Controls (5 pts) ical control violations must be corrected on the spot) Cold holding temperatures / time Hot holding temperatures / time Cooking temperatures / time Proper cooling of foods / time Rapid reheating of foods (temperature and time) Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder Potential for cross-contamination to occur RTE foods / no direct hand contact Foods from approved sources / labeling Foods protected from contamination Other:	C Management and Personnel (4 pts)
ritical Temperature Verification: Food Item and Process Temp (F°) B} Facilities, Equipment and Food Storage (3 pts) 2. Hand washing stations supplied and clean 3. Dishwashing / sanitizing (ppm/Temp.) 4. Food storage area meets code 5. Storage and use of toxic items 6. Evidence of insects or rodents / infestation 7. Sewage disposal / Grease trap 8. Thermometers provided / used 9. Plumbing / no cross-connections 0. Water supply / hot water 1. Sewage disposal meets code	Le Clan Langement Morriso

of causing food-borne illness. I agree to implement corrective actions

Area	Superior	Above Average	Average	Minimal
Training			THE WALL	13
Restrooms			VALUE OF THE PROPERTY OF THE P	
Housekeeping		1 9		
Equipment				
Construction				
Overall Rating		The second		

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