

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY MARCH 2022

### 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>
Little Cherub Childcare	3	EXCELLENT
Helotes Elementary	0	EXCELLENT
Children's Lighthouse	0	EXCELLENT
Kuentz Elementary	0	EXCELLENT
O'Connor High School	0	EXCELLENT
Valley Mart	3	EXCELLENT
CVS	0	EXCELLENT
Kwik Chek	0	EXCELLENT
Helotes Country Store	3	EXCELLENT

**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: Little Cherokees Ch. House License # \_\_\_\_\_ RC: 3 Date: 3/29/2022  
 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:**

#14 & 15. Food items to be off of the floor.  
x provide for safety with a hand

**Critical Temperature Verification:**

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

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (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 = 3/97  
 (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: Helotes Elementy License # \_\_\_\_\_ RC: 3 Date: 3/29/2022  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38 Walk-in</u>	<u>0</u>
<u>Wanna 135° / 160°</u>	
<u>Milk Case 34°</u>	

- {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	1			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

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

**{E} Corrections / Improvements Made / Comments:**

Looks Great!

HACCP Compliance Score = 100  
 (Does not apply to consultations or follow-up visits)

T. Campbell  
 Person In Charge / Manager / Owner

[Signature]  
 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: Children's Lighthouse License # \_\_\_\_\_ RC: 3 Date: 3/29/2022  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Fridge 0°</u>	
<u>Fridge 42°</u>	

- {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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

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

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

**{E} Corrections / Improvements Made / Comments:**

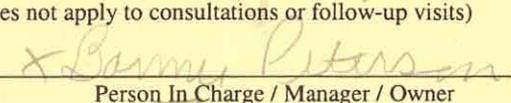
Looks Good!

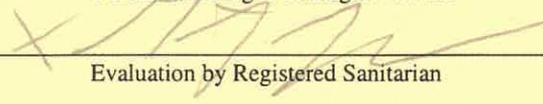
As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 100  
 (Does not apply to consultations or follow-up visits)

  
 \_\_\_\_\_  
 Person In Charge / Manager / Owner

  
 \_\_\_\_\_  
 Evaluation by Registered Sanitarian



# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Valley Post License # \_\_\_\_\_ RC: 2 Date: 3/29/2022  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 40</u>	
<u>Freezer 10</u>	

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

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

**Non-Critical Food Safety Rating** ✓

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

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

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

**{E} Corrections / Improvements Made / Comments:**

#29 Provide for Door

Gasket to be fixed.

HACCP Compliance Score = 3/97  
 (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: CVS License # \_\_\_\_\_ RC: 2 Date: 3/29/2022  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38</u>	
<u>Freezer 0°/10°</u>	
<u>Fridge 40°/46°</u>	

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

- {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:**

Leak food!

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 9/100  
 (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: Kwik Check License # \_\_\_\_\_ RC: 2 Date: 3/29/2022  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 36°</u>	
<u>Fridge 20°</u>	

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

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

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

**{E} Corrections / Improvements Made / Comments:**

Looks Good!

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 100  
 (Does not apply to consultations or follow-up visits)

Silvia Libe  
 Person In Charge / Manager / Owner

[Signature]  
 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: Helotes County Store License # \_\_\_\_\_ RC: 2 Date: 3/29/2022  
 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 Provide the Soap  
and Paper Towels at  
each hand sink

**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 = 3/9  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian