

Retail Food Establishment Inspection Report

| | | | | | | | | | | | | | |
|---|--|----------|--|-----------|--|------------------|--|--|--|--|--|-------------|--|
| Date: 12/2/22 | | Time in: | | Time out: | | License/Permit # | | Est. Type | | Risk Category | | Page 2 of 2 | |
| Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other | | | | | | | | TOTAL SCORE | | 98 | | | |
| Establishment Name: B Daddys BBQ Physical Address: 14436 Old Bankers Rd Ste 3 City/County: Helotes Zip Code: 78023 Phone: | | | | | | | | * Number of Repeat Violations: _____ * Number of Violations COGs: _____ | | Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (circle one) | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation Mark the appropriate points in the OUT box for each numbered item Mark * in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R | | | | | | | | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | |
| Compliance Status OUT IN NO NA COS Time and Temperature for Food Safety (F = degrees Fahrenheit) 1. Proper cooling time and temperature 2. Proper Cold Holding (temperature 41°F/45°F) 3. Proper Hot Holding (temperature 135°F) 4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 Hours) 6. Time as a Public Health Control; procedures & records Approved Source 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction 8. Food Received at proper temperature | | | | | | | Compliance Status OUT IN NO NA COS Employee Health 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Glove used properly 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Chemicals 17. Food additives; approved and properly stored; Washing Fruits & Vegetables 18. Toxic substances properly identified, stored and used Water/ Plumbing 19. Water from approved source; Plumbing installed; proper backflow device 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | |
| Compliance Status OUT IN NO NA COS Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling 23. Hot and Cold Water available; adequate pressure, safe 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | Compliance Status OUT IN NO NA COS Food Temperature Control/ Identification - 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature 28. Proper Date Marking and disposition 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current & Valid) 5/31/23 Utensils, Equipment, and Vending 31. Adequate handwashing facilities; Accessible and properly supplied, used 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First | | | | | | | | | | | | | |
| Compliance Status OUT IN NO NA COS Prevention of Food Contamination 34. No Evidence of Insect contamination, rodent/other animals 35. Personal Cleanliness/eating, drinking or tobacco use 36. Wiping Cloth; properly used and stored 37. Environmental contamination 38. Approved thawing method Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properly stored and used | | | | | | | Compliance Status OUT IN NO NA COS Food Identification 41. Original container labeling (Bulk Food) Physical Facilities 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used 44. Garbage and Refuse properly disposed; facilities maintained 45. Physical facilities installed, maintained, and clean 46. Toilet Facilities; properly constructed, supplied, and clean 47. Other Violations | | | | | | |
| Received by: [Signature] Inspected by: Sean M. [Signature] | | | | | | | Print: BR Anderson Print: Sean Gilbert Title: Person In Charge/ Owner Business Email: | | | | | | |

Form EH-06 (Revised 09-2015)

- 45.) Repair lower wall (where insulation is showing) across from walk in cooler / freezer to allow area to be easily cleanable. Some general cleaning needed along baseboards & in between, behind, & underneath equipment. --
- 47.) Be sure to post @ least one food manager's Certificate in view to the public.

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| Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other | | | | | | Contact/Owner Name: | | * Number of Repeat Violations: | | TOTAL/SCORE | | | | | | | | | | | | | | |
| Establishment Name: Harbell Sweets | | | | | | City/County: Helotes | | Zip Code: 78023 | | Phone: | | Follow-up: Yes No (circle one) | | | | | | | | | | | | |
| Physical Address: 12682 FM 1560 W 206 | | | | | | Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation | | Mark the appropriate points in the OUT box for each numbered item | | Mark with a checkmark in appropriate box for IN, NO, NA, COS | | Mark an asterisk * in appropriate box for R | | | | | | | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | | | | | Compliance Status | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | | | | | OUT | IN | NO | NA | COS | | | | | |
| | | | | | 1. Proper cooling time and temperature | | | | | | | | | | Employee Health | | | | | | | | | |
| | | | | | 2. Proper Cold Holding temperature (41°F/ 45°F) | | | | | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | | | | | |
| | | | | | 3. Proper Hot Holding temperature (135°F) | | | | | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | | | | | |
| | | | | | 4. Proper cooking time and temperature | | | | | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | | | | |
| | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | | | | | | | | | |
| | | | | | 6. Time as a Public Health Control; procedures & records Approved Source | | | | | | | | | | 16. Pasteurized foods used; prohibited food not offered | | | | | | | | | |
| | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | | | | |
| | | | | | 8. Food Received at proper temperature | | | | | | | | | | 18. Toxic substances properly identified, stored and used | | | | | | | | | |
| | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | |
| | | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | | | | |
| | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | | | | | | | | | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | Demonstration of Knowledge/ Personnel | | | | | | | | | | Compliance Status | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | | | | | OUT | IN | NO | NA | COS | | | | | |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | | | | Food Temperature Control/ Identification | | | | | | | | | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | | | | |
| | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | 28. Proper Date Marking and disposition | | | | | | | | | |
| | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | | | | |
| | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory | | | | | | | | | | Permit Requirement, Prerequisite for Operation | | | | | | | | | |
| | | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | | | | 30. Food Establishment Permit (Current & Valid) | | | | | | | | | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | Prevention of Food Contamination | | | | | | | | | | Compliance Status | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | | | | | OUT | IN | NO | NA | COS | | | | | |
| | | | | | 34. No Evidence of insect contamination, rodent/other animals | | | | | | | | | | Food Identification | | | | | | | | | |
| | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | | | | 41. Original container labeling (Bulk Food) | | | | | | | | | |
| | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | | | | Physical Facilities | | | | | | | | | |
| | | | | | 37. Environmental contamination | | | | | | | | | | 42. Non-Food Contact surfaces clean | | | | | | | | | |
| | | | | | 38. Approved thawing method | | | | | | | | | | 43. Adequate ventilation and lighting; designated areas used | | | | | | | | | |
| | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | | | | |
| | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | 45. Physical facilities installed, maintained, and clean | | | | | | | | | |
| | | | | | | | | | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | | | | | |
| | | | | | | | | | | | | | | | 47. Other Violations | | | | | | | | | |
| Received by: (signature) | | [Signature] | | | | | | | | | | Print: Sean Gilbert | | Title: Person In Charge/ Owner | | | | | | | | | | |
| Inspected by: (signature) | | [Signature] | | | | | | | | | | Print: Sean Gilbert | | Business Email: | | | | | | | | | | |

* Make sure to locate Food Manager's Certificate; Management believes the Certificate is current, but needs to locate it; once located, establishment should send proof via email.

Retail Food Establishment Inspection Report

[illegible]

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| Date: 12/1/2022 | | Time in: | | Time out: | | License/Permit # | | Est. Type | | Risk Category | | Page 1 of 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----------|----|-----------|--|---|----|-----------------|----|--------------------------------|---|--------------------------------|--|-------------------|--|--|--|--|--|-------------------|--|--|--|--|--|-----|----|----|----|-----|--|-----|----|----|----|-----|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
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| Establishment Name: Bobby J's | | | | | | Contact/Owner Name: | | | | * Number of Repeat Violations: | | TOTAL/SCORE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address: 13247 Bandera Rd. | | | | | | City/County: Helotes | | Zip Code: 78023 | | Phone: | | Follow-up: Yes No (circle one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Proper cooking time and temperature | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | | | | | | 6. Time as a Public Health Control; procedures & records Approved Source | | | | | | Highly Susceptible Populations | | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | 16. Pasteurized foods used; prohibited food not offered | | | | | | 8. Food Received at proper temperature | | | | | | Pasteurized eggs used when required | | | | | | Protection from Contamination | | | | | | Chemicals | | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature | | | | | | 18. Toxic substances properly identified, stored and used | | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | Water/ Plumbing | | | | | | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal |
| Compliance Status | | | | | | Compliance Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1. Proper cooling time and temperature | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 2. Proper Cold Holding temperature (41°F/ 45°F) | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3. Proper Hot Holding temperature (135°F) | | | | | | Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. Proper cooking time and temperature | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 6. Time as a Public Health Control; procedures & records Approved Source | | | | | | Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | 16. Pasteurized foods used; prohibited food not offered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 8. Food Received at proper temperature | | | | | | Pasteurized eggs used when required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Protection from Contamination | | | | | | Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature | | | | | | 18. Toxic substances properly identified, stored and used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | Water/ Plumbing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Compliance Status</th> <th></th> <th colspan="5">Compliance Status</th> <th></th> </tr> <tr> <th>OUT</th> <th>IN</th> <th>NO</th> <th>NA</th> <th>COS</th> <th></th> <th>OUT</th> <th>IN</th> <th>NO</th> <th>NA</th> <th>COS</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center;">Demonstration of Knowledge/ Personnel</td> <td colspan="6" style="text-align: center;">Food Temperature Control/ Identification</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>22. Food Handler/ no unauthorized persons/ personnel</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>28. Proper Date Marking and disposition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Safe Water, Recordkeeping and Food Package Labeling</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>23. Hot and Cold Water available; adequate pressure, safe</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Permit Requirement, Prerequisite for Operation</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30. Food Establishment Permit (Current & Valid)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Conformance with Approved Procedures</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Utensils, Equipment, and Vending</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>31. Adequate handwashing facilities; Accessible and properly supplied, used</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Consumer Advisory</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided</td> </tr> </tbody> </table> | | | | | | | | | | | | | | Compliance Status | | | | | | Compliance Status | | | | | | OUT | IN | NO | NA | COS | | OUT | IN | NO | NA | COS | | Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | | | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | 22. Food Handler/ no unauthorized persons/ personnel | | | | | | 28. Proper Date Marking and disposition | | | | | | Safe Water, Recordkeeping and Food Package Labeling | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | Permit Requirement, Prerequisite for Operation | | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | 30. Food Establishment Permit (Current & Valid) | | | | | | Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | 31. Adequate handwashing facilities; Accessible and properly supplied, used | | | | | | Consumer Advisory | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | | | | | Compliance Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel | | | | | | 28. Proper Date Marking and disposition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Safe Water, Recordkeeping and Food Package Labeling | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | Permit Requirement, Prerequisite for Operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | 30. Food Establishment Permit (Current & Valid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | Consumer Advisory | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | Physical Facilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 36. Wiping Cloths; properly used and stored | | | | | | 42. Non-Food Contact surfaces clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 37. Environmental contamination | | | | | | 43. Adequate ventilation and lighting; designated areas used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 38. Approved thawing method | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper Use of Utensils | | | | | | 45. Physical facilities installed, maintained, and clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Received by: (signature) | | | | | | Print: Sean Gilbert | | | | | | Title: Person In Charge/ Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Form EH-05 (Revised 09-2015)

*** Establishment is currently out of business & not operating @ this time.

Retail Food Establishment Inspection Report

| | | | | | | |
|---|---------------------------------------|---|--|----------------------------------|-----------------------------------|-------------|
| Date: | Time in: | Time out: | License/Permit # | Est. Type | Risk Category | Page 1 of 1 |
| Purpose of Inspection: | <input type="checkbox"/> 1-Compliance | <input checked="" type="checkbox"/> 2-Routine | <input type="checkbox"/> 3-Field Investigation | <input type="checkbox"/> 4-Visit | <input type="checkbox"/> 5-Other | TOTAL SCORE |
| Establishment Name: Congelato | Contact/Owner Name: | * Number of Repeat Violations: | 98 | | | |
| Physical Address: 14743 Old Bandera Rd | City/Country: Helotes | Zip Code: 78023 | Phone: | * Number of Violations COS: | Follow-up: Yes No (circle one) | |
| Mark the appropriate points in the OUT box for each numbered item Mark "✓" a checkmark in appropriate box for IN, NO, NA, COS R = repeat violation asterisk "*" in appropriate box for R | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | |
| O U T I N O N A C O S | | | | | | |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | |
| 1. Proper cooling time and temperature | | | | | | |
| 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | |
| 3. Proper Hot Holding temperature(135°F) | | | | | | |
| 4. Proper cooking time and temperature | | | | | | |
| 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | |
| 6. Time as a Public Health Control; procedures & records | | | | | | |
| Approved Source | | | | | | |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | |
| 8. Food Received at proper temperature | | | | | | |
| Protection from Contamination | | | | | | |
| 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | |
| 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature | | | | | | |
| 11. Proper disposition of returned, previously served or reconditioned | | | | | | |
| O U T I N O N A C O S | | | | | | |
| Employee Health | | | | | | |
| 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | | |
| 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | | |
| Preventing Contamination by Hands | | | | | | |
| 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | |
| 15. No bare hand contact with ready-to eat foods or approved alternate method properly followed (APPROVED Y N) | | | | | | |
| Highly Susceptible Populations | | | | | | |
| 16. Pasteurized foods used; prohibited food not offered | | | | | | |
| Pasteurized eggs used when required | | | | | | |
| Chemicals | | | | | | |
| 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | |
| 18. Toxic substances properly identified, stored and used | | | | | | |
| Water/ Plumbing | | | | | | |
| 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | |
| 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | |
| O U T I N O N A C O S | | | | | | |
| Demonstration of Knowledge/ Personnel | | | | | | |
| 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | |
| 22. Food Handler/ no unauthorized persons/ personnel | | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | |
| 23. Hot and Cold Water available; adequate pressure, safe | | | | | | |
| 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | |
| Conformance with Approved Procedures | | | | | | |
| 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | |
| Consumer Advisory | | | | | | |
| 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label | | | | | | |
| O U T I N O N A C O S | | | | | | |
| Food Temperature Control/ Identification - | | | | | | |
| 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | |
| 28. Proper Date Marking and disposition | | | | | | |
| 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | |
| Permit Requirement, Prerequisite for Operation | | | | | | |
| 30. Food Establishment Permit (Current & Valid) | | | | | | |
| Utensils, Equipment, and Vending | | | | | | |
| 31. Adequate handwashing facilities: Accessible and properly supplied, used | | | | | | |
| 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | | | |
| 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | |
| O U T I N O N A C O S | | | | | | |
| Prevention of Food Contamination | | | | | | |
| 34. No Evidence of insect contamination, rodent/other animals | | | | | | |
| 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | |
| 36. Wiping Cloths; properly used and stored | | | | | | |
| 37. Environmental contamination | | | | | | |
| 38. Approved thawing method | | | | | | |
| Proper Use of Utensils | | | | | | |
| 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | |
| 40. Single-service & single-use articles; properly stored and used | | | | | | |
| O U T I N O N A C O S | | | | | | |
| Food Identification | | | | | | |
| 41. Original container labeling (Bulk Food) | | | | | | |
| Physical Facilities | | | | | | |
| 42. Non-Food Contact surfaces clean | | | | | | |
| 43. Adequate ventilation and lighting; designated areas used | | | | | | |
| 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | |
| 45. Physical facilities installed, maintained, and clean | | | | | | |
| 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | | |
| 47. Other Violations | | | | | | |
| Received by: [Signature] Print: Isaac B + Jr II Title: Person In Charge/ Owner | | | | | | |
| Inspected by: Sean Miller Print: Sean Gilbert Business Email: | | | | | | |

Form EH-06 (Revised 09-2015)

30) Make sure to post current Food permit;

Retail Food Establishment Inspection Report

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------|-----------------------|---|---------------|-------------|-------------------|---|---|-----|--|--|----|--|--|----|--|--|----|--|--|-----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|---|--|--|--|---|--|
| Date: 12/1/22 | Time in: | Time out: | License/Permit # | Est. Type | Risk Category | Page 1 of 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of inspection: | 1-Compliance | 2-Routine | 3-Field Investigation | 4-Visit | 5-Other | TOTAL SCORE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Establishment Name: GAS CO MARKET | Contact/Owner Name: | | | Number of Repeat Violations: Number of Violations COS: | | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address: 13041 BANSANA RD | City/County: Helotes | Zip Code: | Phone: | Follow-up: Yes No (circle one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate box for R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Compliance Status</td><td>Time and Temperature for Food Safety (F = degrees Fahrenheit)</td><td>R</td></tr><tr><td>OUT</td><td>1. Proper cooling time and temperature</td><td></td></tr><tr><td>IN</td><td>2. Proper Cold Holding temperature(41°F/ 45°F)</td><td></td></tr><tr><td>NO</td><td>3. Proper Hot Holding temperature(135°F)</td><td></td></tr><tr><td>NA</td><td>4. Proper cooking time and temperature</td><td></td></tr><tr><td>COS</td><td>5. Proper reheating procedure for hot holding (165°F in 2 Hours)</td><td></td></tr><tr><td></td><td>6. Time as a Public Health Control; procedures & records</td><td></td></tr><tr><td></td><td>Approved Source</td><td></td></tr><tr><td></td><td>7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction</td><td></td></tr><tr><td></td><td>8. Food Received at proper temperature</td><td></td></tr><tr><td></td><td>Protection from Contamination</td><td></td></tr><tr><td></td><td>9. Food Separated & protected, prevented during food preparation, storage, display, and tasting</td><td></td></tr><tr><td>✓</td><td>10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature MICROWAVE</td><td></td></tr><tr><td></td><td>11. Proper disposition of returned, previously served on return</td><td></td></tr></table> | | | | | | | Compliance Status | Time and Temperature for Food Safety (F = degrees Fahrenheit) | R | OUT | 1. Proper cooling time and temperature | | IN | 2. Proper Cold Holding temperature(41°F/ 45°F) | | NO | 3. Proper Hot Holding temperature(135°F) | | NA | 4. Proper cooking time and temperature | | COS | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | 6. Time as a Public Health Control; procedures & records | | | Approved Source | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | 8. Food Received at proper temperature | | | Protection from Contamination | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | ✓ | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature MICROWAVE | | | 11. Proper disposition of returned, previously served on return | |
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| OUT | 1. Proper cooling time and temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN | 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 3. Proper Hot Holding temperature(135°F) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 6. Time as a Public Health Control; procedures & records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Approved Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8. Food Received at proper temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protection from Contamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 11. Proper disposition of returned, previously served on return | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Compliance Status</td><td>Employee Health</td><td>R</td></tr><tr><td>OUT</td><td>12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting</td><td></td></tr><tr><td>IN</td><td>13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth</td><td></td></tr><tr><td>NO</td><td>Preventing Contamination by Hands</td><td></td></tr><tr><td>NA</td><td>14. Hands cleaned and properly washed/ Gloves used properly</td><td></td></tr><tr><td>COS</td><td>15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y.N.)</td><td></td></tr><tr><td></td><td>Highly Susceptible Populations</td><td></td></tr><tr><td></td><td>16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required</td><td></td></tr><tr><td></td><td>Chemicals</td><td></td></tr><tr><td></td><td>17. Food additives; approved and properly stored; Washing Fruits & Vegetables</td><td></td></tr><tr><td></td><td>18. Toxic substances properly identified, stored and used</td><td></td></tr><tr><td></td><td>Water/ Plumbing</td><td></td></tr><tr><td></td><td>19. Water from approved source; Plumbing installed; proper backflow device</td><td></td></tr><tr><td></td><td>20. Approved Sewage/Wastewater Disposal System, proper disposal</td><td></td></tr></table> | | | | | | | Compliance Status | Employee Health | R | OUT | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | IN | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | NO | Preventing Contamination by Hands | | NA | 14. Hands cleaned and properly washed/ Gloves used properly | | COS | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y.N.) | | | Highly Susceptible Populations | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | | | Chemicals | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | 18. Toxic substances properly identified, stored and used | | | Water/ Plumbing | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |
| Compliance Status | Employee Health | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO | Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Water/ Plumbing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Compliance Status</td><td>Demonstration of Knowledge/ Personnel</td><td>R</td></tr><tr><td>OUT</td><td>21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)</td><td></td></tr><tr><td>IN</td><td>22. Food Handler/ no unauthorized persons/ personnel</td><td></td></tr><tr><td>NO</td><td>Safe Water, Recordkeeping and Food Package Labeling</td><td></td></tr><tr><td>NA</td><td>23. Hot and Cold Water available; adequate pressure, safe</td><td></td></tr><tr><td>COS</td><td>24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled</td><td></td></tr><tr><td></td><td>Conformance with Approved Procedures</td><td></td></tr><tr><td></td><td>25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions</td><td></td></tr><tr><td></td><td>Consumer Advisory</td><td></td></tr><tr><td></td><td>26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label</td><td></td></tr></table> | | | | | | | Compliance Status | Demonstration of Knowledge/ Personnel | R | OUT | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | IN | 22. Food Handler/ no unauthorized persons/ personnel | | NO | Safe Water, Recordkeeping and Food Package Labeling | | NA | 23. Hot and Cold Water available; adequate pressure, safe | | COS | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | Conformance with Approved Procedures | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | Consumer Advisory | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | | | | | | | |
| Compliance Status | Demonstration of Knowledge/ Personnel | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN | 22. Food Handler/ no unauthorized persons/ personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COS | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Conformance with Approved Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Consumer Advisory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Compliance Status</td><td>Food Temperature Control/ Identification</td><td>R</td></tr><tr><td>OUT</td><td>27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature</td><td></td></tr><tr><td>IN</td><td>28. Proper Date Marking and disposition</td><td></td></tr><tr><td>NO</td><td>29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips SMOOTHA PASTEIN</td><td></td></tr><tr><td>NA</td><td>Permit Requirement, Prerequisite for Operation</td><td></td></tr><tr><td>COS</td><td>30. Food Establishment Permit (Current & Valid) Exp 5/31/23</td><td></td></tr><tr><td></td><td>Utensils, Equipment, and Vending</td><td></td></tr><tr><td></td><td>31. Adequate handwashing facilities: Accessible and properly supplied, used</td><td></td></tr><tr><td></td><td>32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used</td><td></td></tr><tr><td></td><td>33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided</td><td></td></tr></table> | | | | | | | Compliance Status | Food Temperature Control/ Identification | R | OUT | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | IN | 28. Proper Date Marking and disposition | | NO | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips SMOOTHA PASTEIN | | NA | Permit Requirement, Prerequisite for Operation | | COS | 30. Food Establishment Permit (Current & Valid) Exp 5/31/23 | | | Utensils, Equipment, and Vending | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | | | | | | | | | |
| Compliance Status | Food Temperature Control/ Identification | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN | 28. Proper Date Marking and disposition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips SMOOTHA PASTEIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA | Permit Requirement, Prerequisite for Operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Utensils, Equipment, and Vending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Compliance Status</td><td>Prevention of Food Contamination</td><td>R</td></tr><tr><td>OUT</td><td>34. No Evidence of Insect contamination, rodent/other animals</td><td></td></tr><tr><td>IN</td><td>35. Personal Cleanliness/eating, drinking or tobacco use</td><td></td></tr><tr><td>NO</td><td>36. Wiping Cloths; properly used and stored</td><td></td></tr><tr><td>NA</td><td>37. Environmental contamination</td><td></td></tr><tr><td>COS</td><td>38. Approved thawing method</td><td></td></tr><tr><td></td><td>Proper Use of Utensils</td><td></td></tr><tr><td></td><td>39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used</td><td></td></tr><tr><td></td><td>40. Single-service & single-use articles; properly stored and used</td><td></td></tr></table> | | | | | | | Compliance Status | Prevention of Food Contamination | R | OUT | 34. No Evidence of Insect contamination, rodent/other animals | | IN | 35. Personal Cleanliness/eating, drinking or tobacco use | | NO | 36. Wiping Cloths; properly used and stored | | NA | 37. Environmental contamination | | COS | 38. Approved thawing method | | | Proper Use of Utensils | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | | | | | | | |
| Compliance Status | Prevention of Food Contamination | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 36. Wiping Cloths; properly used and stored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA | 37. Environmental contamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COS | 38. Approved thawing method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Proper Use of Utensils | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Compliance Status</td><td>Food Identification</td><td>R</td></tr><tr><td>OUT</td><td>41. Original container labeling (Bulk Food)</td><td></td></tr><tr><td>IN</td><td>Physical Facilities</td><td></td></tr><tr><td>NO</td><td>42. Non-Food Contact surfaces clean</td><td></td></tr><tr><td>NA</td><td>43. Adequate ventilation and lighting; designated areas used</td><td></td></tr><tr><td>COS</td><td>44. Garbage and Refuse properly disposed, facilities maintained</td><td></td></tr><tr><td></td><td>45. Physical facilities installed, maintained, and clean</td><td></td></tr><tr><td></td><td>46. Toilet Facilities; properly constructed, supplied, and clean</td><td></td></tr><tr><td></td><td>47. Other Violations</td><td></td></tr></table> | | | | | | | Compliance Status | Food Identification | R | OUT | 41. Original container labeling (Bulk Food) | | IN | Physical Facilities | | NO | 42. Non-Food Contact surfaces clean | | NA | 43. Adequate ventilation and lighting; designated areas used | | COS | 44. Garbage and Refuse properly disposed, facilities maintained | | | 45. Physical facilities installed, maintained, and clean | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | 47. Other Violations | | | | | | | | | | | | | | | | |
| Compliance Status | Food Identification | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | 41. Original container labeling (Bulk Food) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN | Physical Facilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 42. Non-Food Contact surfaces clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA | 43. Adequate ventilation and lighting; designated areas used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COS | 44. Garbage and Refuse properly disposed, facilities maintained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 47. Other Violations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received by: [Signature] | Print: [Signature] | Title: Person In Charge/ Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspected by: [Signature] | Print: [Signature] | Business Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Retail Food Establishment Inspection Report

| | | | | | | | | | | | | | | | | | | | |
|---|----|----------|----|-------------------|--|-----------------------------|--|------------------------|---|---|----|---|----|-----|--|--|--|--|---|
| Date: 12/1/2022 | | Time in: | | Time out: | | License/Permit # | | Ext. Type | | Risk Category | | Page 1 of 1 | | | | | | | |
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other | | | | | | | | | | | | | | | | | | | |
| Establishment Name: Golden Chick | | | | | | Contact/Owner Name: | | | | * Number of Repeat Violations: 0 | | TOTAL/SCORE: N/A | | | | | | | |
| Physical Address: 12550 Bandera Rd | | | | | | City/County: Helotes | | Zip Code: 78023 | | Phone: | | Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one) | | | | | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation Mark the appropriate points in the OUT box for each numbered item Mark a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R | | | | | | | | | | | | | | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | | | Compliance Status | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | R | Employee Health | | | | R | | | | | |
| | | | | | 1. Proper cooling time and temperature | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | | | | | |
| | | | | | 2. Proper Cold Holding temperature (41°F/45°F) | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | | | | | |
| | | | | | 3. Proper Hot Holding temperature (135°F) | | | | | Preventing Contamination by Hands | | | | | | | | | |
| | | | | | 4. Proper cooking time and temperature | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | | | | |
| | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | | | | | | | | | |
| | | | | | 6. Time as a Public Health Control; procedures & records Approved Source | | | | | Highly Susceptible Populations | | | | | | | | | |
| | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | | | | | | | | | |
| | | | | | 8. Food Received at proper temperature | | | | | Chemicals | | | | | | | | | |
| | | | | | Protection from Contamination | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | | | | |
| | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | 18. Toxic substances properly identified, stored and used | | | | | | | | | |
| | | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature | | | | | Water/ Plumbing | | | | | | | | | |
| | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | |
| | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel | | | | R | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification - | | | | R |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | 28. Proper Date Marking and disposition | | | | |
| | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | |
| | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | | | | Permit Requirement, Prerequisite for Operation | | | | |
| | | | | | Conformance with Approved Procedures | | | | | | | | | | 30. Food Establishment Permit (Current & Valid) | | | | |
| | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | | | | Utensils, Equipment, and Vending | | | | |
| | | | | | Consumer Advisory | | | | | | | | | | 31. Adequate handwashing facilities; Accessible and properly supplied, used | | | | |
| | | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label) | | | | | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | Prevention of Food Contamination | | | | R | OUT | IN | NO | NA | COS | Food Identification | | | | R |
| | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | | | | 41. Original container labeling (Bulk Food) | | | | |
| | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | | | | Physical Facilities | | | | |
| | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | | | | 42. Non-Food Contact surfaces clean | | | | |
| | | | | | 37. Environmental contamination | | | | | | | | | | 43. Adequate ventilation and lighting; designated areas used | | | | |
| | | | | | 38. Approved thawing method | | | | | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | |
| | | | | | Proper Use of Utensils | | | | | | | | | | 45. Physical facilities installed, maintained, and clean | | | | |
| | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | |
| | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | 47. Other Violations | | | | |
| Received by: (signature) | | | | | Print: Sean Gilbert | | | | | Title: Person In Charge/ Owner | | | | | | | | | |
| Inspected by: (signature) | | | | | Print: Sean Gilbert | | | | | Business Email: | | | | | | | | | |

Form EH-05 (Revised 09-2015)

*** Establishment is closed & not operating at this time.

Retail Food Establishment Inspection Report

| Date: 12/2/22 | | Time in: | | Time out: | | License/Permit # | | Est. Type | | Risk Category 1B | | Page 1 of 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----|----------|----|------------------------------|--|--|-------------------|--------------------------------|----|--------------------------------|-----|---------------------------|---|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|-----|----|----|----|-----|--|--|-----|----|----|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Establishment Name: Helotes Creek Winery | | | | | | Contact/Owner Name: | | | | * Number of Repeat Violations: | | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address: 14391 Old Bandgard | | | | | | City/County: Helotes | | Zip Code: 78023 | | Phone: | | | | Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (circle one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status: 14391 Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation Mark the appropriate points in the OUT box for each numbered item Mark a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate box for R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Food Received at proper temperature | | | | | | | Chemicals | | | | | | | Protection from Contamination | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | 18. Toxic substances properly identified, stored and used | | | | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature | | | | | | | Water/ Plumbing | | | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal |
| Compliance Status | | | | | | | Compliance Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | | Employee Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1. Proper cooling time and temperature | | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 2. Proper Cold Holding temperature (41°F/ 45°F) | | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 3. Proper Hot Holding temperature (135°F) | | | | | | | Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. Proper cooking time and temperature | | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 6. Time as a Public Health Control; procedures & records Approved Source | | | | | | | Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 8. Food Received at proper temperature | | | | | | | Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Protection from Contamination | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | 18. Toxic substances properly identified, stored and used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature | | | | | | | Water/ Plumbing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">Compliance Status</th> <th></th> <th colspan="6">Compliance Status</th> <th></th> </tr> <tr> <th>OUT</th> <th>IN</th> <th>NO</th> <th>NA</th> <th>COS</th> <th></th> <th></th> <th>OUT</th> <th>IN</th> <th>NO</th> <th>NA</th> <th>COS</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>Demonstration of Knowledge/ Personnel</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>Food Temperature Control/ Identification -</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>28. Proper Date Marking and disposition</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>23. Hot and Cold Water available; adequate pressure, safe</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>Permit Requirement, Prerequisite for Operation</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>Conformance with Approved Procedures</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>30. Food Establishment Permit (Current & Valid) 5/31/23</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>Utensils, Equipment, and Vending</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>Consumer Advisory</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>31. Adequate handwashing facilities: Accessible and properly supplied, used</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td>33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided</td> </tr> </tbody> </table> | | | | | | | | | | | | | | Compliance Status | | | | | | | Compliance Status | | | | | | | OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | Demonstration of Knowledge/ Personnel | | | | | | | Food Temperature Control/ Identification - | | | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | | 22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling | | | | | | | 28. Proper Date Marking and disposition | | | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | Permit Requirement, Prerequisite for Operation | | | | | | | Conformance with Approved Procedures | | | | | | | 30. Food Establishment Permit (Current & Valid) 5/31/23 | | | | | | | 25. 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| Compliance Status | | | | | | | Compliance Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | Demonstration of Knowledge/ Personnel | | | | | | | Food Temperature Control/ Identification - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling | | | | | | | 28. Proper Date Marking and disposition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | Permit Requirement, Prerequisite for Operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Conformance with Approved Procedures | | | | | | | 30. Food Establishment Permit (Current & Valid) 5/31/23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | Utensils, Equipment, and Vending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Consumer Advisory | | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">Compliance Status</th> <th></th> <th colspan="6">Compliance Status</th> <th></th> </tr> <tr> <th>OUT</th> <th>IN</th> <th>NO</th> <th>NA</th> <th>COS</th> <th></th> <th></th> <th>OUT</th> <th>IN</th> <th>NO</th> <th>NA</th> <th>COS</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>Prevention of Food Contamination</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>Food Identification</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>34. No Evidence of Insect contamination, rodent/other animals</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>41. Original container labeling (Bulk Food)</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>35. Personal Cleanliness/eating, drinking or tobacco use</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>Physical Facilities</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>36. Wiping Cloths; properly used and stored</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>42. Non-Food Contact surfaces clean</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>37. Environmental contamination</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>43. Adequate ventilation and lighting; designated areas used</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>38. Approved thawing method</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>44. Garbage and Refuse properly disposed; facilities maintained</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>Proper Use of Utensils</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>45. Physical facilities installed, maintained, and clean</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>46. Toilet Facilities; properly constructed, supplied, and clean</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>40. Single-service & single-use articles; properly stored and used</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>47. Other Violations</td> </tr> </tbody> </table> | | | | | | | | | | | | | | Compliance Status | | | | | | | Compliance Status | | | | | | | OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | Prevention of Food Contamination | | | | | | | Food Identification | | | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | 41. Original container labeling (Bulk Food) | | | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | Physical Facilities | | | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | 42. Non-Food Contact surfaces clean | | | | | | | 37. Environmental contamination | | | | | | | 43. Adequate ventilation and lighting; designated areas used | | | | | | | 38. Approved thawing method | | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | | Proper Use of Utensils | | | | | | | 45. Physical facilities installed, maintained, and clean | | | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | 47. Other Violations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | | | | | | Compliance Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | Prevention of Food Contamination | | | | | | | Food Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | 41. Original container labeling (Bulk Food) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | Physical Facilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | 42. Non-Food Contact surfaces clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 37. Environmental contamination | | | | | | | 43. Adequate ventilation and lighting; designated areas used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 38. Approved thawing method | | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Proper Use of Utensils | | | | | | | 45. Physical facilities installed, maintained, and clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | 47. Other Violations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received by: (signature) <i>[Signature]</i> | | | | Print: Colleen Miller | | | | Title: Person In Charge/ Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspected by: (signature) <i>[Signature]</i> | | | | Print: Sean Gilbert | | | | Business Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Retail Food Establishment Inspection Report

| | | | | | | | | | | | | | | | | | |
|---|----|--|----|------------------------------|--|--------------------------------|--|-------------------|--|--|-----|---------------------------|----|----|-----|---|--|
| Date: 12/1/22 | | Time in: | | Time out: | | License/Permit # | | Est. Type | | Risk Category 3 | | Page 1 of 1 | | | | | |
| Purpose of Inspection: 1-Compliance | | 2-Routine | | 3-Field Investigation | | 4-VISIT | | 5-Other | | TOTAL/SCORE | | | | | | | |
| Establishment Name: Honey's House on Helotes | | | | | | Contact/Owner Name: | | | | <input checked="" type="checkbox"/> Number of Repeat Violations: _____ <input type="checkbox"/> Number of Violations COS: _____ | | 95 | | | | | |
| Physical Address: 10410 PARRISON RD | | | | City/County: HELOTES | | Zip Code: | | Phone: | | Follow-up: Yes No (circle one) | | | | | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate box for R | | | | | | | | | | | | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | |
| Compliance Status | | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Compliance Status | | Employee Health | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | OUT | IN | NO | NA | COS | | |
| | | | | | 1. Proper cooling time and temperature | | | | | | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| | | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | |
| | | | | | 3. Proper Hot Holding temperature(135°F) | | | | | | | | | | | Preventing Contamination by Hands | |
| | | | | | 4. Proper cooking time and temperature | | | | | | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y, N) | |
| | | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | | | | | Highly Susceptible Populations | |
| | | | | | Approved Source | | | | | | | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | | | | | Chemicals | |
| | | | | | 8. Food Received at proper temperature | | | | | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | | | | | Protection from Contamination | | | | | | | | | | | 18. Toxic substances properly identified, stored and used | |
| | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | | | | | Water/ Plumbing | |
| | | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature 0 or less | | | | | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | |
| | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | |
| Compliance Status | | Demonstration of Knowledge/ Personnel | | | | | | Compliance Status | | Food Temperature Control/ Identification | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | OUT | IN | NO | NA | COS | | |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel | | | | | | | | | | | 28. Proper Date Marking and disposition | |
| | | | | | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | |
| | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | | Permit Requirement, Prerequisite for Operation | |
| | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | | | | | 30. Food Establishment Permit (Current & Valid) exp 5/31/23 | |
| | | | | | Conformance with Approved Procedures | | | | | | | | | | | Utensils, Equipment, and Vending | |
| | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | | | | | Consumer Advisory | | | | | | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | | | | | 26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | | | | | | | | | | | | |
| Compliance Status | | Prevention of Food Contamination | | | | | | Compliance Status | | Food Identification | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | OUT | IN | NO | NA | COS | | |
| | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | | | | | 41. Original container labeling (Bulk Food) | |
| | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | | | | | Physical Facilities | |
| | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | | | | | 42. Non-Food Contact surfaces clean | |
| | | | | | 37. Environmental contamination | | | | | | | | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | | | | | 38. Approved thawing method | | | | | | | | | | | 44. Garbage and Refuse properly disposed, facilities maintained | |
| | | | | | Proper Use of Utensils | | | | | | | | | | | 45. Physical facilities installed, maintained, and clean | |
| | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | | 47. Other Violations | |
| Received by: (signature) L. CARRY | | Print: L. CARRY | | | | Title: Person In Charge/ Owner | | | | | | | | | | | |
| Inspected by: (signature) D. T. HAYES | | Print: D. T. HAYES | | | | Business Email: | | | | | | | | | | | |

Retail Food Establishment Inspection Report

| | | | | | | | | | | | | | | | | | |
|---|----|--|----|------------------------------|--|--------------------------|--|-------------------|--|---|-----|--------------------------------|----|----|-----|---|--|
| Date: 12/1/22 | | Time in: | | Time out: | | License/Permit # | | Est. Type | | Risk Category 3 | | Page 1 of 1 | | | | | |
| Purpose of inspection: 1-Compliance | | 2-Routine | | 3-Field investigation | | 4-VISIT | | 5-Owner | | TOTAL SCORE | | | | | | | |
| Establishment Name: Honey's Home at Helotes II | | | | | | Contact/Owner Name: | | | | <input type="checkbox"/> Number of Repeat Violations: <input type="checkbox"/> Number of Violations COS: | | 100 | | | | | |
| Physical Address: 12445 RM 1560 | | | | City/County: Helotes | | Zip Code: | | Phone: | | Follow-up: Yes No (circle one) | | | | | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate box for R | | | | | | | | | | | | | | | | | |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | |
| Compliance Status | | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Compliance Status | | Employee Health | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | OUT | IN | NO | NA | COS | | |
| | | | | | 1. Proper cooling time and temperature | | | | | | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| | | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | |
| | | | | | 3. Proper Hot Holding temperature(135°F) | | | | | | | | | | | Preventing Contamination by Hands | |
| | | | | | 4. Proper cooking time and temperature | | | | | | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y.N.) | |
| | | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | | | | | Highly Susceptible Populations | |
| | | | | | Approved Source | | | | | | | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | | | | | Chemicals | |
| | | | | | 8. Food Received at proper temperature | | | | | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | | | | | Protection from Contamination | | | | | | | | | | | 18. Toxic substances properly identified, stored and used | |
| | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | | | | | Water/ Plumbing | |
| | | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature | | | | | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | |
| | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | | | |
| Compliance Status | | Demonstration of Knowledge/ Personnel | | | | | | Compliance Status | | Food Temperature Control/ Identification | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | OUT | IN | NO | NA | COS | | |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel | | | | | | | | | | | 28. Proper Date Marking and disposition | |
| | | | | | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | |
| | | | | | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | | Permit Requirement, Prerequisite for Operation | |
| | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | | | | | 30. Food Establishment Permit (Current & Valid) exp 5/31/23 | |
| | | | | | Conformance with Approved Procedures | | | | | | | | | | | Utensils, Equipment, and Vending | |
| | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | | | | | Consumer Advisory | | | | | | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | | | | | 26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label | | | | | | | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | | | | | | | | | | | | |
| Compliance Status | | Prevention of Food Contamination | | | | | | Compliance Status | | Food Identification | | | | | | | |
| OUT | IN | NO | NA | COS | | | | | | | OUT | IN | NO | NA | COS | | |
| | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | | | | | 41. Original container labeling (Bulk Food) | |
| | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | | | | | Physical Facilities | |
| | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | | | | | 42. Non-Food Contact surfaces clean | |
| | | | | | 37. Environmental contamination | | | | | | | | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | | | | | 38. Approved thawing method | | | | | | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| | | | | | Proper Use of Utensils | | | | | | | | | | | 45. Physical facilities installed, maintained, and clean | |
| | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | | 47. Other Violations PLEASE POST CORRECT AS REPORT | |
| Received by: LARS AT SITE | | | | | | Print: A. Titayre | | | | | | Title: Person in Charge/ Owner | | | | | |
| Inspected by: J. Ty. R | | | | | | Print: A. Titayre | | | | | | Business Email: | | | | | |

Retail Food Establishment Inspection Report

Date: 12/2/22

Time in:

Time out:

License/Permit #

Est. Type

Risk Category: 1B

Page 1 of 1

Purpose of Inspection: 1-Compliance ☒ 2-Routine ☐ 3-Field Investigation ☐ 4-Visit ☐ 5-Other ☐

Establishment Name: Old Helotes Inn

Contact/Owner Name:

* Number of Repeat Violations:

✓ Number of Violations COS:

TOTAL/SCORE: 100

Physical Address: 14405 Old Bandera Rd

City/County: Helotes

Zip Code: 78023

Phone:

Follow-up: Yes ☐ No ☒ (circle one)

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation

Mark the appropriate points in the OUT box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R

Compliance Status

OUT IN NO NA COS

Time and Temperature for Food Safety (F = degrees Fahrenheit)

1. Proper cooling time and temperature

2. Proper Cold Holding temperature (41°F/ 45°F)

3. Proper Hot Holding temperature (135°F)

4. Proper cooking time and temperature

5. Proper reheating procedure for hot holding (165°F in 2 Hours)

6. Time as a Public Health Control: procedures & records

Approved Source

7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction

8. Food Received at proper temperature

Protection from Contamination

9. Food Separated & protected, prevented during food preparation, storage, display, and testing

10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature

11. Proper disposition of returned, previously served or reconditioned

Compliance Status

OUT IN NO NA COS

Employee Health

12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting

13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

14. Hands cleaned and properly washed/ Gloves used properly

15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)

Highly Susceptible Populations

16. Pasteurized foods used; prohibited food not offered

Pasteurized eggs used when required

Chemicals

17. Food additives; approved and properly stored; Washing Fruits & Vegetables

18. Toxic substances properly identified, stored and used

Water/ Plumbing

19. Water from approved source; Plumbing installed; proper backflow device

20. Approved Sewage/Wastewater Disposal System, proper disposal

Compliance Status

OUT IN NO NA COS

Demonstration of Knowledge/ Personnel

21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)

22. Food Handler/ no unauthorized persons/ personnel

Safe Water, Recordkeeping and Food Package Labeling

23. Hot and Cold Water available; adequate pressure, safe

24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled

Conformance with Approved Procedures

25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions

Consumer Advisory

26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label

Compliance Status

OUT IN NO NA COS

Food Temperature Control/ Identification -

27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature

28. Proper Date Marking and disposition

29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips

Permit Requirement, Prerequisite for Operation

30. Food Establishment Permit (Current & Valid) 5/31/23

Utensils, Equipment, and Vending

31. Adequate handwashing facilities: Accessible and properly supplied, used

32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used

33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided

Compliance Status

OUT IN NO NA COS

Prevention of Food Contamination

34. No Evidence of Insect contamination, rodent/other animals

35. Personal Cleanliness/eating, drinking or tobacco use

36. Wiping Cloths; properly used and stored

37. Environmental contamination

38. Approved thawing method

Proper Use of Utensils

39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used

40. Single-service & single-use articles; properly stored and used

Compliance Status

OUT IN NO NA COS

Food Identification

41. Original container labeling (Bulk Food)

Physical Facilities

42. Non-Food Contact surfaces clean

43. Adequate ventilation and lighting; designated areas used

44. Garbage and Refuse properly disposed; facilities maintained

45. Physical facilities installed, maintained, and clean

46. Toilet Facilities; properly constructed, supplied, and clean

47. Other Violations

Core Items (1 Point): Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Received by: (signature) [Signature]

Inspected by: (signature) [Signature]

Print: 12/2/22

Print: Sean Gilbert

Title: Person in Charge/ Owner

Business Email:

Form EH-05 (Revised 09-2015)

Retail Food Establishment Inspection Report

Date: 12/2/22
Time in:
Time out:
License/Permit #:
Est. Type:
Risk Category: 2
Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other
Establishment Name: Pete's Place
Contact/Owner Name: 78023
* Number of Repeat Violations:
* Number of Violations COS:
TOTAL/SCORE: 92

Physical Address: 14743 Old Bandera Rd Unit 4
City/County: Helotes
Zip Code: 78023
Phone:
Follow-up: Yes No (circle one)

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
Mark the appropriate points in the OUT box for each numbered item
Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS
Mark an asterisk '*' in appropriate box for R

Compliance Status:
OUT IN NO NA COS

Time and Temperature for Food Safety (F = degrees Fahrenheit)
1. Proper cooling time and temperature
2. Proper Cold Holding temperature (41°F/ 45°F)
3. Proper Hot Holding temperature (135°F)
4. Proper cooking time and temperature
5. Proper reheating procedure for hot holding (165°F in 2 Hours)
6. Time as a Public Health Control; procedures & records
Approved Source
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction
8. Food Received at proper temperature
Protection from Contamination
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting
10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature
11. Proper disposition of returned, previously served or reconditioned

Compliance Status:
OUT IN NO NA COS

Employee Health
12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
Preventing Contamination by Hands
14. Hands cleaned and properly washed/ Gloves used properly
15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)
Highly Susceptible Populations
16. Pasteurized foods used; prohibited food not offered
Pasteurized eggs used when required
Chemicals
17. Food additives; approved and properly stored; Washing Fruits & Vegetables
18. Toxic substances properly identified, stored and used
Water/ Plumbing
19. Water from approved source; Plumbing installed; proper backflow device
20. Approved Sewage/Wastewater Disposal System, proper disposal

Compliance Status:
OUT IN NO NA COS

Demonstration of Knowledge/ Personnel
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
22. Food Handler/ no unauthorized persons/ personnel
Safe Water, Recordkeeping and Food Package Labeling
23. Hot and Cold Water available; adequate pressure, safe
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled
Conformance with Approved Procedures
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions
Consumer Advisory
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label

Compliance Status:
OUT IN NO NA COS

Food Temperature Control/ Identification
27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
28. Proper Date Marking and disposition
29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
Permit Requirement, Prerequisite for Operation
30. Food Establishment Permit (Current & Valid) 5/31/17
Utensils, Equipment, and Vending
31. Adequate handwashing facilities: Accessible and properly supplied, used
32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided

Compliance Status:
OUT IN NO NA COS

Prevention of Food Contamination
34. No Evidence of Insect contamination, rodent/other animals
35. Personal Cleanliness/eating, drinking or tobacco use
36. Wiping Cloths; properly used and stored
37. Environmental contamination
38. Approved thawing method
Proper Use of Utensils
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
40. Single-service & single-use articles; properly stored and used

Compliance Status:
OUT IN NO NA COS

Food Identification
41. Original container labeling (Bulk Food)
Physical Facilities
42. Non-Food Contact surfaces clean
43. Adequate ventilation and lighting; designated areas used
44. Garbage and Refuse properly disposed; facilities maintained
45. Physical facilities installed, maintained, and clean
46. Toilet Facilities; properly constructed, supplied, and clean
47. Other Violations

Received by: Sarah Smith
Inspected by: Sean Gilbert
Print: Sarah Smith
Title: Person In Charge/ Owner
Business Email:

Retail Food Establishment Inspection Report

| | | | | |
|--|---|-------------------------------|------------------|---------------------------|
| Establishment Name: Pete's Place | Physical Address: 14743 Old Bander Rd | City/State: Helotes | License/Permit # | Page 2 of 2 |
|--|---|-------------------------------|------------------|---------------------------|

| TEMPERATURE OBSERVATIONS | | | | | |
|--------------------------|------|---------------|------|---------------|------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
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| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS |
|-------------|-------------------------------------|
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|----|--|
| 30 | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
| 30 | Current Food permit was showing an expiration date of 5/31/17; Establishment will need to pay for food permit, if haven't already & send proof via email w/in 10 days. |
| 31 | Do not store miscellaneous items w/in the handwashing sink in kitchen area; Provide paper towels w/in men's public restroom. |
| 32 | Containers holding various utensils were observed dirty; ensure to store cleaned equipment/utensils in a clean place. |
| 37 | Cover spice containers & other containers of food w/in reach in coolers with a lid/protective covering when not using continuously. |
| 47 | Ensure to post @ least one Food Manager's Certificate; Provide handwashing sign for sink in men's restroom. |
| | *** Facility will need to ensure to label all chemicals spray bottles missing labels |
| | *** Facility will also need to ensure that all employees have a current Food Handlers Certificate, with @ least one employee Certified as a Food Manager. |
| | *** Ensure all restroom doors are self-closing & tight fitting. |

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|--|----------------------------|--------------------------------|
| Received by: (signature) <i>Sarah Smith</i> | Print: Sarah Smith | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Sean Gilbert</i> | Print: Sean Gilbert | Samples: Y N # collected |