

Retail Food Establishment Inspection Report

Date: 2/23/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category 2	Page 1 of 2
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Purpose of inspection: 1-Compliance <input checked="" type="checkbox"/> 2-Koutine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-VISIT <input type="checkbox"/> 5-Owner <input type="checkbox"/>	TOTAL/SCORE
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Establishment Name: Little Caesar's Pizza	Contact/Owner Name:	<input type="checkbox"/> Number of Repeat Violations: <input type="checkbox"/> Number of Violations COS:	94
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Physical Address: 12800 BANSARA RD	City/County: Holtville	Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No (circle one)
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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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		

Received by: (signature) <i>[Signature]</i>	Print: D. THAYER	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: D. THAYER	Business Email:

Retail Food Establishment Inspection Report

Establishment Name: <i>Little Caesars Pizza</i>	Physical Address: <i>12800 BARRINGER RD</i>	City/State: <i>HOUSTON TX</i>	License/Permit #	Page <u> </u> of <u> </u> <i>2 of 2</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	<i>NOTE - CREAMS MOP HEADS FOUND ON TOP OF BOTTLES SOAPS - DO NOT STORE WITH FOOD</i>
<i>10</i>	<i>CAN OPERATOR DIRTY</i>
<i>23</i>	<i>"HOT" WATER CYCLES BETWEEN 83°K AND 104°K. IT MUST CONSISTANTLY BE AVAILABLE AT 110°K MINIMUM</i>
	<i>NOTE - HAND KITCHEN HAND TOWEL DISPENSER IS NOT WORKING</i>
<i>42</i>	<i>FLOOR REARS IN WALK IN COOLER ARE DIRTY</i>
	<i>NOTE - POST CURRENT HA INSPECTION REPORT TO PUBLIC VIEW</i>

Received by: (signature) <i>[Signature]</i>	Print: <i>D. THAYIA</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>D. THAYIA</i>	Print: <i>D. THAYIA</i>	Samples: Y N # collected

Form EH-06 (Revised 09/2015)
[Signature]



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 2/3/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 2	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: 100		* Number of Repeat Violations: <input type="checkbox"/>			* Number of Violations COS: <input type="checkbox"/>
Establishment Name: Starbucks		Contact/Owner Name:		Follow-up: Yes <input type="checkbox"/> No (circle one)			
Physical Address: 12577 Bandera Rd.		City/County: Helotes		Zip Code: 78023	Phone:		

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)	R	Compliance Status	Employee Health	R
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	
	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction			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

Compliance Status	Demonstration of Knowledge/ Personnel	R	Compliance Status	Food Temperature Control/ Identification	R
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 under cooked 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	R	Compliance Status	Food Identification	R
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: <i>Cindy Flores</i> (signature)	Print: <i>Cindy Flores</i>	Title: Person In Charge/ Owner
Inspected by: <i>Sean Gilbert</i> (signature)	Print: <i>Sean Gilbert</i>	Business Email:



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 2/3/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category 2	Page <u>1</u> of <u>1</u>
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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	* Number of Repeat Violations: _____	* Number of Violations COS: _____	TOTAL/SCORE 100
Establishment Name: O'Connor High School		Contact/Owner Name:	
Physical Address: 12221 Leslie Rd	City/County: Hc/otex	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		Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status		Employee Health	R
O U T	I N	N O	N A	C O S	O U T	I N	N O

Compliance Status		Demonstration of Knowledge/ Personnel	R	Compliance Status		Food Temperature Control/ Identification	R
O U T	I N	N O	N A	C O S	O U T	I N	N O

Compliance Status		Prevention of Food Contamination	R	Compliance Status		Food Identification	R
O U T	I N	N O	N A	C O S	O U T	I N	N O

Received by: (signature) <i>[Signature]</i>	Print: _____	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: Sean Gilbert	Business Email: _____



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Date: 2/3/23	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: Marvelously Made			Contact/Owner Name:		* Number of Repeat Violations: —	N/A	
Physical Address: 14387 Old Bander 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

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						R	Compliance Status						R					
O	I	N	N	C	S		O	I	N	N	C	S						
							Time and Temperature for Food Safety (F = degrees Fahrenheit)											
													Employee Health					
													Preventing Contamination by Hands					
													Highly Susceptible Populations					
													Chemicals					
													Water/ Plumbing					
													Protection from Contamination					
													Food Temperature Control/ Identification					
													Permit Requirement, Prerequisite for Operation					
													Utensils, Equipment, and Vending					
													Consumer Advisory					
													Prevention of Food Contamination					
													Food Identification					
													Physical Facilities					
													Proper Use of Utensils					
													Other Violations					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						R	Compliance Status						R					
O	I	N	N	C	S		O	I	N	N	C	S						
													Demonstration of Knowledge/ Personnel					
													Safe Water, Recordkeeping and Food Package Labeling					
													Conformance with Approved Procedures					
													Consumer Advisory					
													Food Temperature Control/ Identification					
													Permit Requirement, Prerequisite for Operation					
													Utensils, Equipment, and Vending					
													Prevention of Food Contamination					
													Food Identification					
													Physical Facilities					
													Proper Use of Utensils					
													Other Violations					

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

Compliance Status						R	Compliance Status						R					
O	I	N	N	C	S		O	I	N	N	C	S						
													Prevention of Food Contamination					
													Food Identification					
													Physical Facilities					
													Proper Use of Utensils					
													Other Violations					

Received by: SKaley (signature)	Print: Sandra Alejo	Title: Person In Charge/ Owner
Inspected by: Seadalt (signature)	Print: Sean Gilbert	Business Email:

* No Food preparation or open food handling is conducted at location Children bring their own food / SNACKS from home.



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 2/3/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category 2	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 100		Establishment Name: Kuentz Elementary			Contact/Owner Name:
Physical Address: 12303 Leslie Rd			City/County: Helotes	Zip Code: 78023	Phone:	Follow-up: Yes <input type="checkbox"/> No (circle one) <input type="checkbox"/>	

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	I	N	NA	COS	R	OUT	I	N	NA	COS	R	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health						
												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						Preventing Contamination by Hands						
												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						Highly Susceptible Populations						
												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
												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
												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)
												16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
Chemicals						Water/ Plumbing						
												17. Food additives; approved and properly stored; Washing Fruits & Vegetables
												18. Toxic substances properly identified, stored and used
												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						Compliance Status						
OUT	I	N	NA	COS	R	OUT	I	N	NA	COS	R	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification						
												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						Permit Requirement, Prerequisite for Operation						
												23. Hot and Cold Water available; adequate pressure, safe
												24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled
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
												26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label
												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
												30. Food Establishment Permit (Current & Valid) Exp: 5/31/23
												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						Compliance Status						
OUT	I	N	NA	COS	R	OUT	I	N	NA	COS	R	
Prevention of Food Contamination						Food Identification						
												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						Physical Facilities						
												39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
												40. Single-service & single-use articles; properly stored and used
												41. Original container labeling (Bulk Food)
												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) <i>J. Kelly</i>	Print: <i>Sabrina Rodriguez</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Sean Gilbert</i>	Print: <i>Sean Gilbert</i>	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 2/3/23 Time in: Time out: License/Permit #: Est. Type Risk Category 2 Page 1 of 1
Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE 99
Establishment Name: KFC Contact/Owner Name: * Number of Repeat Violations: Number of Violations COS:
Physical Address: 12474 Bandera Rd. City/County: Hefwtes 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

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Table with 4 main sections: Time and Temperature for Food Safety, Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, Water/Plumbing. Includes compliance status columns (O, I, N, A, C, S) and item descriptions.

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Table with 4 main sections: Demonstration of Knowledge/ Personnel, Food Temperature Control/ Identification, Safe Water, Recordkeeping and Food Package Labeling, Permit Requirement, Prerequisite for Operation, Conformance with Approved Procedures, Utensils, Equipment, and Vending, Consumer Advisory. Includes compliance status columns and item descriptions.

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

Table with 4 main sections: Prevention of Food Contamination, Food Identification, Proper Use of Utensils, Physical Facilities. Includes compliance status columns and item descriptions.

Received by: (signature) Print: Juan Peña Title: Person In Charge/ Owner
Inspected by: (signature) Print: Sean Gilbert Business Email:

47) Make sure to post date Food Manager's Certificate so that it is in a visible area to the public.

Retail Food Establishment Inspection Report

Date: 2/21/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 1	Page 1 of 1
Purpose of inspection: 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input checked="" type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other <input type="checkbox"/>		Establishment Name: Dollar Tree		Contact/Owner Name:		<input checked="" type="checkbox"/> Number of Repeat Violations: <input type="checkbox"/> Number of Violations COS:
Physical Address: 12928 Sanson Rd			City/County: Harris	Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (circle one)

93

TOTAL/SCORE

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)	R	Compliance Status	Employee Health	R
O U T	I N	N O	N A	C O S	
				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	
				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction I CAN TASTE - BEANS ON STEAM	
				8. Food Received at proper temperature	
				Protection from Contamination	
				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting HOOT-CREATOR	
				10. Food contact surfaces and Returnables; Cleaned and Sanitized at _____ ppm/temperature	
				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	R	Compliance Status	Food Temperature Control/ Identification	R
O U T	I N	N O	N A	C O S	
				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
				28. Proper Date Marking and disposition 6 CONTAINER USE	
				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
				Permit Requirement, Prerequisite for Operation	
				30. Food Establishment Permit (Current & Valid) Per 1/17	
				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	
				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	

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	R	Compliance Status	Food Identification	R
O U T	I N	N O	N A	C O S	
				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	
				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
				40. Single-service & single-use articles; properly stored and used	
				47. Other Violations NOTE - MANY REGULATORY ITEMS "BEYOND" DATE EXPIRES	

Received by:	Print: D. TAYLOR	Title: Person In Charge/ Owner
Inspected by:	Print: D. TAYLOR	Business Email:



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Date: <u>2/3/23</u>	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: <u>3</u>	Page <u>1</u> of <u>2</u>
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: <u>46th St Pizzeria</u>			Contact/Owner Name:	* Number of Repeat Violations: <u> </u>		92
Physical Address: <u>72510 Bandera Rd</u>			City/County: <u>Helotes</u>	Zip Code: <u>78023</u>	Phone:	
Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation						Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (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. Mark an asterisk '*' in appropriate box for R.

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						R	Compliance Status						R																												
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS																														
							Time and Temperature for Food Safety (F = degrees Fahrenheit)																																		
														Employee Health																											
																												Preventing Contamination by Hands													
																												Highly Susceptible Populations													
																												Chemicals													
																												Water/ Plumbing													
																												Protection from Contamination													
																												Food Temperature Control/ Identification													
																																			Permit Requirement, Prerequisite for Operation						
																																			Utensils, Equipment, and Vending						
																																			Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						
																																			Prevention of Food Contamination						
																																			Food Identification						
																																			Physical Facilities						
																																			Proper Use of Utensils						
																																			Other Violations						

Received by: <u>[Signature]</u>	Print: <u>De Flores</u>	Title: Person In Charge/ Owner
Inspected by: <u>[Signature]</u>	Print: <u>Sean Gildea</u>	Business Email:



Texas Department of State Health Services Retail Food Establishment Inspection Report

Establishment Name: 46th ST Pizzeria	Physical Address: 12510 Bowdler Rd	City/State: Melotes	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
21	Establishment will need to make sure that there is @ least one employee that is Food Manager Certified & physically present during all hours of operation. All other employees should obtain a minimum of a food handler's Certificate w/in 30 days of employment. Be sure to correct this prior to next routine inspection.
29	Provide chlorine chemical test strips prior to next inspection.
31	Provide paper towels @ the handwashing sink w/in kitchen.
41	Label all bulk product bins/containers (Ex: Sugar/cornmeal).
47	Provide handwashing signs for all handwashing sinks.
	In addition, ensure to post @ least one Food Mgr's Certificate in a conspicuous area to the public prior to next inspection.

Received by:	Print: <u>Steve Flores</u>	Title: Person in Charge/ Owner
Inspected by:	Print: <u>Sean Gilbert</u>	Samples: Y N # collected



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 2/13/23 Time in: Time out: License/Permit # Est. Type Risk Category 2 Page 1 of 1

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE 100
Establishment Name: Helotes Elementary Contact/Owner Name:
Physical Address: 13878 Riggs 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

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days
Table with columns for Compliance Status (O, I, N, NA, COS) and R, and rows for Time and Temperature for Food Safety, Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, and Water/Plumbing.

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days
Table with columns for Compliance Status (O, I, N, NA, COS) and R, and rows for Demonstration of Knowledge/ Personnel, Food Temperature Control/ Identification, Safe Water, Recordkeeping and Food Package Labeling, Permit Requirement, Prerequisite for Operation, Utensils, Equipment, and Vending, and Consumer Advisory.

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First
Table with columns for Compliance Status (O, I, N, NA, COS) and R, and rows for Prevention of Food Contamination, Food Identification, Physical Facilities, and Proper Use of Utensils.

Received by: [Signature] Print: Jenid Morlet + Title: Person In Charge/ Owner
Inspected by: [Signature] Print: Sean Gilbert Business Email:



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Date: 2/3/23	Time in:	Time out:	License/Permit #	Est. Type: 2	Risk Category	Page 1 of 1
Purpose of Inspection:		<input checked="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: Helotes Healthy Babycorpe				Contact/Owner Name:		* Number of Repeat Violations: ___ ✓ Number of Violations COS: ___
Physical Address: 12540 Bandera Rd		City/County: Helotes		Zip Code: 78023	Phone:	Follow-up: Yes No (circle one)
100						

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					R					
O U T	I N	N O	N A	C O S	O U T	I N	N O	N A	C O S		R				
						Time and Temperature for Food Safety (F = degrees Fahrenheit)									
						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				
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction					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															
O U T	I N	N O	N A	C O S	O U T	I N	N O	N A	C O S	R					
						Demonstration of Knowledge/ Personnel									
						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 under cooked foods (Disclosure/Reminder/ Buffet 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															
O U T	I N	N O	N A	C O S	O U T	I N	N O	N A	C O S	R					
						Prevention of Food Contamination									
						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) Ravi Culp	Print: Ravi Culp	Title: Person In Charge/ Owner
Inspected by: (signature) Se Gil	Print: Se Gil Gilbert	Business Email:



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Date: 2/3/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 2	Page 1 of 2
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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	TOTAL/SCORE
Establishment Name: Dairy Queen			Contact/Owner Name:		* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0		97
Physical Address: 12902 Bandera Rd.		City/County: Helotes	Zip Code: 78023	Phone:	Follow-up: Yes <input type="checkbox"/> 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)	R	Compliance Status			Employee Health	R								
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						
					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	R	Compliance Status			Food Temperature Control/ Identification	R								
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)						
					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						

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	R	Compliance Status			Food Identification	R								
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: <i>Sandra Rodriguez</i>	Print: Sandra Rodriguez	Title: Person In Charge/ Owner
Inspected by: <i>Sean Gilbert</i>	Print: Sean Gilbert	Business Email:



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Establishment Name: <i>Dairy Queen</i>	Physical Address: <i>12902 Bandera Rd</i>	City/State: <i>Helotes</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
39	Inner panel to reach in cooler next to/nearest drive thru window will need to be repaired; starting to fall apart & detach from unit. Correct prior to next inspection.
45	General cleaning needed on the floor around large oil tank & also underneath shelves in dry storage area.
47	Make sure to always post the current food permit & at least one Food Manager's Certificate in a visible area to the public.

Received by: (signature) <i>Rodriguez</i>	Print: <i>Sandra Rodriguez</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Sean J. NT</i>	Print: <i>Sean Gilbert</i>	Samples: Y N # collected