



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 11/30/25	Time in:	Time out:	License/Permit #	Est. Type: Food	Risk Category: 2	Page 1 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: 90				
Establishment Name: Babe's Old Fashioned Food			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:	
Physical Address: 12415 Bandera Rd Ste 201			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						Item	Compliance Status	Item					
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							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 Ice machine							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						Item	Compliance Status	Item					
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 Consume by date
						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 Ice Scoop / Ice machine
						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

Compliance Status						Item	Compliance Status	Item					
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 Can openers
						37. Environmental contamination							43. Adequate ventilation and lighting; designated areas used Vent hood
						38. Approved thawing method							44. Garbage and Refuse properly disposed; facilities maintained
						Proper Use of Utensils							45. Physical facilities installed, maintained, and clean A/C VENTS
						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: Elizabeth Aguirre	Title: Person In Charge/ Owner
Inspected by: (signature) Diana Garcia	Print: DIANA GARCIA	Business Email:



Retail Food Establishment Inspection Report

Establishment Name: Babe's Old Fashioned Food	Physical Address: 12415 Banderera Rd	City/State: Hialeah	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:

- #10 Clean Ice Machine. (Inside)
- #28 Ensure that deli meats have a consume by date label. (no label)
- #32 Ensure that ice scoop is stored on a dry/clean surface. (placed on top of ice machine)
Ensure that ~~damaged~~ damaged/cracked Ice machine lid is replaced.
- #42 Clean and sanitize can opener. (blade & holder)
(Must be rust free)
- #43 Clean vent hood. (filters)
- #45 Wipe down A/C vents. (ensure they are rust free and in good repair)
- #45 ~~Dust OFF~~ exhaust Fans in Restroom.

TCS Foods (Time/Temperature Control for Safety)

* A reinspection is scheduled for _____. All reinspections are on a charged basis. Fees are payable within 10 days.

Received by: (signature) <i>[Signature]</i>	Print: Elizabeth Azpire.	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Diana Garcia</i>	Print: DIANA GARCIA	Samples: Y N # collected



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

Date: 11/30/23	Time in:	Time out:	License/Permit #	Est. Type: Food	Risk Category: 2	Page 1 of 1
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input type="checkbox"/> 2-Restaurant	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Vol	<input type="checkbox"/> 5-Other
Establishment Name: Burger King			Contact/Owner Name:	* Number of Repeat Violations: 0		97
Physical Address: 13045 Barkley Rd			City/County: Helotes/Brown	Zip Code:	Phone:	
				Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (circle one)		

Compliance Status: O = not in compliance, I = in compliance, N = not applicable, C = corrected on site, R = repeat violation. Mark the appropriate points in the OUI box for each numbered item. Mark with a checkmark in appropriate box for O, I, N, C, R. Mark an asterisk * in appropriate box for R.

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days					
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
O	I	N	N	C	R
U	N	O	A	S	
T					
					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
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					
Demonstration of Knowledge/ Personnel					
O	I	N	N	C	R
U	N	O	A	S	
T					
					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
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) Expired 5/31/22
Utensils, Equipment, and Vending					
					31. Adequate handwashing facilities: Accessible and properly supplied, used 3 days to review
					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					
Prevention of Food Contamination					
O	I	N	N	C	R
U	N	O	A	S	
T					
					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
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 DUST OFF
					46. Toilet Facilities; properly constructed, supplied, and clean Chairs holding boards.
					47. Other Violations weathership exit door.

Received by (signature): Emily Jenkins	Print: Emily Jenkins	Title: Person In Charge/ Owner
Inspected by (signature): Diana Garcia	Print: DIANA GARCIA	Business Email:

Retail Food Establishment Inspection Report

Date: 11/2/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 2	Page 1 of 2
Purpose of inspection: 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-VISIT <input type="checkbox"/> 5-Other <input type="checkbox"/>		Contact/Owner Name:		Number of Repeat Violations: 0		95
Establishment Name: CASA Helotes Senior Ctr		City/County: Helotes		Number of Violations COS: 0		
Physical Address: 12070 Leslie Rd			Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No (circle one) <input checked="" 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					
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
Compliance Status	O	I	N	N	C
	U	N	O	A	S
	T				
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 CAN/BOVUS, BUNA					
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 opp- C.					
11. Proper disposition of returned, previously served or reconditioned					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Demonstration of Knowledge/ Personnel					
Compliance Status	O	I	N	N	C
	U	N	O	A	S
	T				
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 95°F					
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 undercooked foods (Disclosures/Reminder/Buffer Plate)/ Allergen Label					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First					
Prevention of Food Contamination					
Compliance Status	O	I	N	N	C
	U	N	O	A	S
	T				
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					

Received by: (signature) + Maureen Schott	Print: _____	Title: Person In Charge/ Owner
Inspected by: (signature) D. Thayer	Print: D. THAYER	Business Email: _____



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 11/30/23	Time in:	Time out:	License/Permit #	Est. Type: Food	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
Establishment Name: Marco's Pizza			Contact/Owner Name:	* Number of Repeat Violations: —		95
Physical Address: 4708 Business Parkway Ste 100			City/County: Holt/Boone	Zip Code:	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 <input checked="" type="checkbox"/> 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						
						Demonstration of Knowledge/Personnel						
						Food Temperature Control/Identification						
						Permit Requirement, Prerequisite for Operation						
						Utensils, Equipment, and Vending						
						Consumer Advisory						
						Safe Water, Recordkeeping and Food Package Labeling						
						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

<input checked="" type="checkbox"/>						Demonstration of Knowledge/Personnel						
						Food Temperature Control/Identification						
						Permit Requirement, Prerequisite for Operation						
						Utensils, Equipment, and Vending						
						Consumer Advisory						
						Safe Water, Recordkeeping and Food Package Labeling						
						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

<input checked="" type="checkbox"/>						Prevention of Food Contamination						
						Food Identification						
						Physical Facilities						
						Proper Use of Utensils						
						Other Violations						

Received by: X Keyhinda Ke (signature)	Print: Keyhinda Ke	Title: Person in Charge/Owner
Inspected by: Diana Garcia (signature)	Print: DIANA GARCIA	Business Email:

Retail Food Establishment Inspection Report

Date: 11/2/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 2	Page 1 of 2
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: TEXAS CROWN CORNER II		Contact/Owner Name:	
Physical Address: 9708 BUSINESS HWY #128			City/County: Hidalgo		Zip Code: Phone:	
Compliance Status: <input type="checkbox"/> Out = not in compliance <input type="checkbox"/> IN = in compliance <input type="checkbox"/> NO = not observed <input type="checkbox"/> NA = not applicable <input type="checkbox"/> COS = corrected on site <input type="checkbox"/> R = repeat violation					<input type="checkbox"/> Number of Repeat Violations: <input type="checkbox"/> Number of Violations COS:	

TOTAL/SCORE
98

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 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	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. <i>Chemical/ Thermal test strips <u>from to black strips</u></i>	
	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) <i>EXP 5/31/24</i>	
	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/ <i>Plum Sink</i> 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>[Signature]</i>	Print: D. THAYER	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: D. THAYER	Business Email:

Retail Food Establishment Inspection Report

Establishment Name: Texas Grounds Center	Physical Address: 9708 Business Parkway #128	City/State: Helotes	License/Permit #	Page of 2/2
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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:
29	Provide Quarternary Ammonium Test Strips for Quar Ammonium Sanitizer Currently in use.
29	Provide Thermometer for Black Recirculation
NOTE	- You must follow ① WASH ② RINSE WITH WATER RINSE ③ SANITIZE PROCEDURE AT 3 COMPARTMENT SINK. POSTER FOR 3 Comp Sink LENS WITH MCR

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

Retail Food Establishment Inspection Report

Date:	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page <u>1</u> of <u>1</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>WINK 101</u>			Contact/Owner Name:		Number of Repeat Violations: <u> </u> Number of Violations COS: <u> </u>	
Physical Address: <u>14743 Old Bancora</u>			City/County: <u>Hesperia</u>	Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No (circle one) <input checked="" type="checkbox"/>

100

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

Compliance Status	O	U	T	I	N	N	O	A	C	O	S				
												Time and Temperature for Food Safety	R		
												(F = degrees Fahrenheit)			
												1. Proper cooling time and temperature			
												2. Proper Cooling Holding temperature (41°F/ 45°F)			
												3. Proper Hot Holding temperature (155°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	O	U	T	I	N	N	O	A	C	O	S				
												Demonstration of Knowledge/ Personnel	R		
												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 undercooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label			

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

Received by: <u>[Signature]</u>	Print: _____	Title: Person In Charge/ Owner
Inspected by: <u>[Signature]</u>	Print: <u>[Signature]</u>	Business Email: _____

Form EH-06 (Revised 09-2016) 22-Set ASSESSMENT ITEMS IN HOT ICE CONTAINER AT BAR REACH IN TOP. AREA HAVE UNIT MIXED ASAP.