











Texas Department of State Health Services  
Retail Food Establishment Inspection Report

Date: 12/22/23	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: Gas Go Market (Shell)			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 97	
Physical Address: 13041 Bandera 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						Item	Compliance Status	Item					
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O			U	N	O	A	O		
T				S			T				S		
						<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)							<b>Employee Health</b>
						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)							<b>Preventing Contamination by Hands</b>
						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							<b>Highly Susceptible Populations</b>
						<b>Approved Source</b>							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							<b>Chemicals</b>
						8. Food Received at proper temperature							17. Food additives; approved and properly stored; Washing Fruits & Vegetables
						<b>Protection from Contamination</b>							18. Toxic substances properly identified, stored and used
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting							<b>Water/ Plumbing</b>
						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						Item	Compliance Status	Item					
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O			U	N	O	A	O		
T				S			T				S		
						<b>Demonstration of Knowledge/ Personnel</b>							<b>Food Temperature Control/ Identification</b>
						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
						<b>Safe Water, Recordkeeping and Food Package Labeling</b>							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
						23. Hot and Cold Water available; adequate pressure, safe							<b>Permit Requirement, Prerequisite for Operation</b>
						24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled							30. Food Establishment Permit (Current & Valid) exp 5/31/24
						<b>Conformance with Approved Procedures</b>							<b>Utensils, Equipment, and Vending</b>
						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 Provide soap & paper towels at hand sink
						<b>Consumer Advisory</b>							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						Item	Compliance Status	Item					
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O			U	N	O	A	O		
T				S			T				S		
						<b>Prevention of Food Contamination</b>							<b>Food Identification</b>
						34. No Evidence of Insect contamination, rodent/other animals							41. Original container labeling (Bulk Food)
						35. Personal Cleanliness/eating, drinking or tobacco use							<b>Physical Facilities</b>
						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
						<b>Proper Use of Utensils</b>							45. Physical facilities installed, maintained, and clean DUST OFF
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used							46. Toilet Facilities; properly constructed, supplied, and clean Fans in walk-in cooler
						40. Single-service & single-use articles; properly stored and used							47. Other Violations

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







# Retail Food Establishment Inspection Report

Date: <b>12/12/2023</b>	Time in:	Time out:	License/Permit #	Est. Type CUST CARE	Risk Category 3	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: <b>Honey's House of Helotes II</b>			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: 12445 FM 1560 N			City/County: HELOTES/BXR	Zip Code: 78023	Phone: (866) 652-8789	Follow-up: Yes No (circle one)

# 93

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	
				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
X				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
			X	<b>Preventing Contamination by Hands</b>	
				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 )	
				<b>Highly Susceptible Populations</b>	
				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
				<b>Chemicals</b>	
				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
				18. Toxic substances properly identified, stored and used	
				<b>Water/ Plumbing</b>	
				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	
				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	
				<b>Permit Requirement, Prerequisite for Operation</b>	
			X	30. Food Establishment Permit (Current & Valid)	
				<b>Utensils, Equipment, and Vending</b>	
				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	Prevention of Food Contamination	R	Compliance Status	Food Identification	R
OUT	IN	NO	NA	COS	
				41. Original container labeling (Bulk Food)	
				<b>Physical Facilities</b>	
				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: LISSA CARRY	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: JEFFREY CARRIZALES	Business Email:







# Retail Food Establishment Inspection Report

Date: 12/12/2023	Time in:	Time out:	License/Permit # 003636	Est. Type ASST. LIVING	Risk Category 3	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: <b>HONEYS HOUSE OF HELOTES I</b>	Contact/Owner Name:			* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		<b>91</b>
Physical Address: 10410 Parrigin Rd,	City/County: HELOTES/BXR	Zip Code: 78023	Phone: (210) 540-8228	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)	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)			<b>Preventing Contamination by Hands</b>	
	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			<b>Highly Susceptible Populations</b>	
	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			<b>Chemicals</b>	
	<b>Protection from Contamination</b>			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			<b>Water/ Plumbing</b>	
X	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	
	<b>Safe Water, Recordkeeping and Food Package Labeling</b>			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	X
X	23. Hot and Cold Water available; adequate pressure, safe			<b>Permit Requirement, Prerequisite for Operation</b>	
	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			30. Food Establishment Permit (Current & Valid)	
	<b>Conformance with Approved Procedures</b>			<b>Utensils, Equipment, and Vending</b>	
	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	
	<b>Consumer Advisory</b>			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	X

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			<b>Physical Facilities</b>	
	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	
	<b>Proper Use of Utensils</b>			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:	Print: LISSA CARRY	Title: Person In Charge/ Owner
Inspected by:	Print: JEFFREY CARRIZALES	Business Email:













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

12/22/23

Date: 12/23/23	Time in:	Time out:	License/Permit #	Est. Type: <b>Food</b>	Risk Category: <b>3</b>	Page 1 of 2
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Purpose of Inspection: <b>1-Compliance</b>	2-Routine	3-Field Investigation	4-Visit	5-Other	TOTAL SCORE: <b>92</b>
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Establishment Name: <b>Pete's Place</b>	Contact/Owner Name:	* Number of Repeat Violations: <b>—</b>	✓ Number of Violations COS: <b>—</b>
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Physical Address: <b>19193 Old Bandera Rd Helotes</b>	City/County:	Zip Code:	Phone:	Follow-up: Yes No (circle one)
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Compliance Status: **O** = not in compliance **I** = in compliance **N** = not observed **NA** = not applicable **COS** = corrected on site **R** = repeat violation  
 Mark the appropriate points in the **O**UT box for each numbered item. Mark a checkmark in appropriate box for **I**N, **N**O, **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
O	I	N	NA	COS		O	I	N	NA	COS	
					<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>
					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)						<b>Preventing Contamination by Hands</b>
					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						<b>Highly Susceptible Populations</b>
					<b>Approved Source</b>						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						<b>Chemicals</b>
					8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables
					<b>Protection from Contamination</b>						18. Toxic substances properly identified, stored and used <b>Label</b>
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						<b>Water/ Plumbing</b>
					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature						19. Water from approved source; Plumbing installed; proper backflow device <b>bottles</b>
					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
O	I	N	NA	COS		O	I	N	NA	COS	
					<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>
					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
					<b>Safe Water, Recordkeeping and Food Package Labeling</b>						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
					23. Hot and Cold Water available; adequate pressure, safe						<b>Permit Requirement, Prerequisite for Operation</b>
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid) <b>exp. 5/31/2017</b>
					<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>
					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
					<b>Consumer Advisory</b>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used <b>Clean utensil bin - kitchen</b>
					26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						33. Warewashing Facilities; installed, maintained, used/ <b>Service sink or curb cleaning facility provided</b> <b>Scop on dry clean surface</b>

**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
O	I	N	NA	COS		O	I	N	NA	COS	
					<b>Prevention of Food Contamination</b>						<b>Food Identification</b>
					34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)
					35. Personal Cleanliness/eating, drinking or tobacco use						<b>Physical Facilities</b>
					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
					<b>Proper Use of Utensils</b>						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 <b>Post most current inspection Report</b>

Received by: <b>[Signature]</b>	Print: <b>X PEDRO POMPA</b>	Title: Person In Charge/ Owner
Inspected by: <b>Diana Garcia</b>	Print: <b>DIANA GARCIA</b>	Business Email:

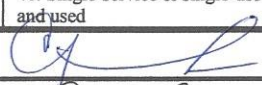
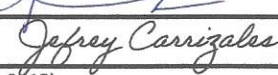
\* Kitchen Closed till Dec 28, 2023







# Retail Food Establishment Inspection Report

Date: 12/12/2023		Time in:		Time out:		License/Permit # 006245		Est. Type CHILDCARE		Risk Category 1		Page 1 of 2	
<b>Purpose of Inspection:</b>		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"/>		<b>TOTAL/SCORE</b>	
Establishment Name: SMARTY PANTS LEARNING CENTER						Contact/Owner Name:			* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____			100	
Physical Address: 12415 BANDERA RD STE 204				City/County: HELOTES/BXR		Zip Code: 78023		Phone: (210) 255-8533		Follow-up: Yes <input type="checkbox"/> No (circle one) <input type="checkbox"/>			
<p style="text-align: center;">Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation</p> <p style="text-align: center;">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</p>													
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>													
<b>Compliance Status</b>						<b>Compliance Status</b>							
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>							
O U T	I N	N O	N A	C O S	R	O U T	I N	N O	N A	C O S	R		
												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	
<b>Approved Source</b>						<b>Preventing Contamination by Hands</b>							
												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 )	
<b>Protection from Contamination</b>						<b>Highly Susceptible Populations</b>							
												16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
												<b>Chemicals</b>	
												17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
												18. Toxic substances properly identified, stored and used	
<b>Consumer Advisory</b>						<b>Water/ Plumbing</b>							
												19. Water from approved source; Plumbing installed; proper backflow device	
												20. Approved Sewage/Wastewater Disposal System, proper disposal	
<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>													
<b>Compliance Status</b>						<b>Compliance Status</b>							
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>							
O U T	I N	N O	N A	C O S	R	O U T	I N	N O	N A	C O S	R		
												27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
												28. Proper Date Marking and disposition	
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>							
												30. Food Establishment Permit (Current & Valid)	
												<b>Utensils, Equipment, and Vending</b>	
												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	
<b>Conformance with Approved Procedures</b>						<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>							
												<b>Food Identification</b>	
												41. Original container labeling (Bulk Food)	
<b>Consumer Advisory</b>						<b>Physical Facilities</b>							
												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: 						Print: CURTIS JENKINS						Title: Person In Charge/ Owner	
Inspected by: 						Print: JEFFREY CARRIZALES						Business Email:	



