

Retail Food Establishment Inspection Report

Date: 1/7/2024	Time in:	Time out:	License/Permit # 000555	Est. Type Restaurant	Risk Category 3	Page <u>1</u> of <u>2</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	TOTAL/SCORE
Establishment Name: BILL MILLER BAR-B-Q	Contact/Owner Name:			* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		98
Physical Address: 12705 BANDERA RD	City/County: HELOTES/BEXAR	Zip Code: 78023	Phone: (210) 372-0760	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	O U T	I N	N O	N A	C O S	Description	R
						Time and Temperature for Food Safety (F = degrees Fahrenheit)	
						1. Proper cooling time and temperature	
						2. Proper Cold Holding temperature(41°F/ 45°F)	
						3. Proper Hot Holding temperature(135°F)	
						4. Proper cooking time and temperature	
						5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
						6. Time as a Public Health Control; procedures & records Approved Source	
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
						8. Food Received at proper temperature	
						Protection from Contamination	
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
						10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature	
						11. Proper disposition of returned, previously served or reconditioned	
						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

Compliance Status	O U T	I N	N O	N A	C O S	Description	R
						Demonstration of Knowledge/ Personnel	
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
						22. Food Handler/ no unauthorized persons/ personnel	
						Safe Water, Recordkeeping and Food Package Labeling	
						23. Hot and Cold Water available; adequate pressure, safe	
						24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
						Conformance with Approved Procedures	
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
						Consumer Advisory	
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	
						Food Temperature Control/ Identification	
						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
						28. Proper Date Marking and disposition	
						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
						Permit Requirement, Prerequisite for Operation	
						30. Food Establishment Permit (Current & Valid)	
						Utensils, Equipment, and Vending	
						31. Adequate handwashing facilities: Accessible and properly supplied, used	
						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	

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

Compliance Status	O U T	I N	N O	N A	C O S	Description	R
						Prevention of Food Contamination	
						34. No Evidence of Insect contamination, rodent/other animals	
						35. Personal Cleanliness/eating, drinking or tobacco use	
						36. Wiping Cloths; properly used and stored	
						37. Environmental contamination	
						38. Approved thawing method	
						Proper Use of Utensils	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
						40. Single-service & single-use articles; properly stored and used	
						Food Identification	
						41. Original container labeling (Bulk Food)	
						Physical Facilities	
						42. Non-Food Contact surfaces clean	
						43. Adequate ventilation and lighting; designated areas used	
						44. Garbage and Refuse properly disposed; facilities maintained	
						45. Physical facilities installed, maintained, and clean	
						46. Toilet Facilities; properly constructed, supplied, and clean	
						47. Other Violations	

Received by: (signature) 	Print: VERONICA ALONZO	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: JEFFREY CARRIZALES	Business Email:

Retail Food Establishment Inspection Report

Date: 1/6/2024	Time in:	Time out:	License/Permit # 006181	Est. Type Restaurant	Risk Category 2	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	TOTAL/SCORE
Establishment Name: CUARETO DE KILO			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		100	
Physical Address: 12411 Bandera Rd, Ste 108			City/County: HELOTES/BXR	Zip Code: 78023	Phone: (210) 263-9228	Follow-up: Yes No (circle one)		
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					22. Food Handler/ no unauthorized persons/ personnel			
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					47. Other Violations			
Received by: (signature)			Print: CARLOS BARRERA			Title: Person In Charge/ Owner		
Inspected by: (signature)			Print: JEFFREY CARRIZALES			Business Email:		

Retail Food Establishment Inspection Report

Date: 1/7/2024	Time in:	Time out:	License/Permit # 005409	Est. Type Restaurant	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				
Establishment Name: DUNKIN DONUTS			Contact/Owner Name:		* Number of Repeat Violations: ___ ✓ Number of Violations COS: ___	
Physical Address: 12423 BANDERA RD 101		City/County: HELOTES/BEXAR		Zip Code: 78023		Phone: (210) 369-9405
						100

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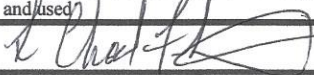
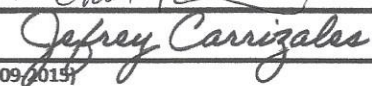
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Received by: <i>Grace Trapane</i>	Print: GRACE TRAPANE	Title: Person In Charge/ Owner
Inspected by: <i>Jeffrey Carrizales</i>	Print: JEFFREY CARRIZALES	Business Email:

Retail Food Establishment Inspection Report

Date: 1/6/2024		Time in:		Time out:		License/Permit # 003853		Est. Type RETAIL		Risk Category 1		Page 1 of 2																																																																																																																																																					
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Inspected by: 						Print: JEFFREY CARRIZALES			Business Email:																																																																																																																																																								



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 1/20/24	Time in:	Time out:	License/Permit #	Est. Type: FSD	Risk Category: 3	Page 1 of 1
Purpose of Inspection:		1-Compliance	2-Routine	3-Field Investigation	4-Viol	5-Other
Establishment Name: La Cava Pasta		Contact/Owner Name:		* Number of Repeat Violations: —		TOTAL SCORE: 95
Physical Address: 12415 Bandera Rd		City/County: Helotes	Zip Code:	Phone:	Follow-up: Yes/No (circle one)	

#102 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)						
													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; permit 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 Label
							Water/ Plumbing						
													19. Water from approved source; Plumbing installed; proper backflow device
													20. Approved Sewage/Wastewater Disposal System, proper disposal

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

Compliance Status						R	Compliance Status						R
O	I	N	N	C	S		O	I	N	N	C	S	
							Demonstration of Knowledge/ Personnel						
													21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
													22. Food Handler/ no unauthorized persons/ personnel
							Safe Water, Recordkeeping and Food Package-Labeling						
													23. Hot and Cold Water available; adequate pressure, safe
													24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled
							Conformance with Approved Procedures						
													25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions
							Consumer Advisory						
													26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label
							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) expires 5/31/24
							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 Dish machine Not sanitized

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						
													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
													46. Toilet Facilities; properly constructed, supplied, and clean
													47. Other Violations

Received by: (signature) <i>Susan M. Hafey</i>	Print: Susan M. Hafey	Title: Person in Charge/ Owner
Inspected by: (signature) <i>Diana Garcia</i>	Print: DIANA GARCIA	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 1/19/24	Time in:	Time out:	License/Permit #	Est. Type: Food	Rank Category: 7	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: 98				
Establishment Name: Little Cherub Learning Ctr.			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:	
Physical Address: 12840 N FM 1560		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						Compliance Status					
O	I	N	N	C		O	I	N	N	C	
U	N	O	A	S		U	N	O	A	S	
T						T					
Time and Temperature for Food Safety (F = degrees Fahrenheit) R						Employee Health R					
					1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
					2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
					3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands
					4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly
					5. Proper reheating procedure for hot holding (165°F in 2 Hours)						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)
					6. Time as a Public Health Control; procedures & records						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						Compliance Status					
O	I	N	N	C		O	I	N	N	C	
U	N	O	A	S		U	N	O	A	S	
T						T					
					Demonstration of Knowledge/ Personnel R						Food Temperature Control/ Identification R
					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
					22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition <i>Consume by dates CHAM</i>
					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 <i>ADP</i>
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid) <i>5/2/24</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 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						Compliance Status					
O	I	N	N	C		O	I	N	N	C	
U	N	O	A	S		U	N	O	A	S	
T						T					
					Prevention of Food Contamination R						Food Identification R
					34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)
					35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities
					36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean
					37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used
					38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained
					Proper Use of Utensils						45. Physical facilities installed, maintained, and clean
					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean
					40. Single-service & single-use articles; properly stored and used						47. Other Violations

Received by: <i>[Signature]</i>	Print: USHA KOLLI	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: DIANA GARCIA	Business Email:



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 1/20/24	Time in:	Time out:	License/Permit #:	Est. Type: Food	Risk Category: 3	Page 1 of 2
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigated <input type="checkbox"/> 4-Volunt <input type="checkbox"/> 5-Other						
Establishment Name: 00 Long Chinese Bistrot			Contact/Owner Name:		* Number of Repeat Violations: * Number of Violations COS: 89	
Physical Address: 12411 Bandera Rd Ste 100 Helotes			Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No (circle one)	
Compliance Status: O=Out of compliance, I=In compliance, N=Not observed, NA=Not applicable, COS=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 IN, NO, NA, COS. Mark as repeat violation 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)			Employee Health			
O	I	N	NA	COS	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
Approved Source			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)
Protection from Contamination			Highly Susceptible Populations			
						16 Pasteurized foods used, prohibited food not offered Pasteurized eggs used when required
Food and ice obtained from approved source, Food in good condition, safe, and unadulterated, parasite destruction			Chemicals			
						17 Food additives, approved and properly stored, Washing Fruits & Vegetables
						18 Toxic substances properly identified, stored and used
Food contact surfaces and Returnables; Cleaned and Sanitized at _____ ppm/temperature (Clean I amech)			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			Food Temperature Control/ Identification			
O	I	N	NA	COS	R	
						21 Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
						22 Food Handler/ no unauthorized persons/ personnel (FMC)
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
Consumer Advisory			Food Establishment Permit (Current & Valid) exp 5/31/24			
						30 Food Establishment Permit (Current & Valid)
						31 Adequate handwashing facilities: Accessible and properly supplied, used
						32 Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used (Ice Scoop/ Knives)
						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			Food Identification			
O	I	N	NA	COS	R	
						34 No Evidence of Insect contamination, rodent/other animals
						35 Personal Cleanliness/eating, drinking or tobacco use (open drinks eating)
						36 Wiping Cloths; properly used and stored
						37 Environmental contamination (crumbs off plate)
						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 (Clean vent hood)
						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>[Signature]</i>			Print: Mya Jackson		Title: Person In Charge/ Owner	
Inspected by: (signature) <i>[Signature]</i>			Print: DIANA GARCIA		Business Email:	



Retail Food Establishment Inspection Report

1/20/24

Establishment Name Oulong Chinese Bistro	Physical Address 12111 Banderita	City/State Helotes	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)
#22	ENSURE that All employees handling food have A valid food handlers card.
#32	Discontinue storing knives between equipment. (knife stored between RF cooler & Counter) Cas.
*	ENSURE Ice scoop is stored in A dry / clean surface and washed daily.
*	Discontinue reusing opened cans for store of bulk products or placing in cooler w/ leftover product (Place in a food grade container)
#35	Discontinue allowing employees to eat in kitchen. (Designate an area in dining room for employees to sit and eat.) Cas
*	All employees personal drinks must have A lid & straw. (open drinks) Cas
#17	ENSURE that All food is 6 inches off floor. ENSURE that All food in coolers have A lid or cover.
#42	Clean vent hood. (filters)
#45	DUST OFF A/C vents. (Kitchen / Front Area) Dust off ceiling Wipe down Fans in walk in cooler.

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: <i>[Signature]</i>	Print: Mya Clark	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: Diana Garcia	Samples: Y N # collected



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 1/20/24	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-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	TOTAL/SCORE
Establishment Name: PIZZA Hut #47			Contact/Owner Name:	* Number of Repeat Violations: _____		95	
Physical Address: 12730 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						Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status						Employee Health	R
O	I	N	N	C				O	I	N	N	C			
U	T	N	O	A	S			U	T	N	O	A	S		
						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
O	I	N	N	C				O	I	N	N	C			
U	T	N	O	A	S			U	T	N	O	A	S		
						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 <i>Must have</i>								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) <i>Expires 5/3/24</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 <i>Provide Paper towels @</i>		
						Consumer Advisory								32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used <i>Hand San</i>	
						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
O	I	N	N	C				O	I	N	N	C			
U	T	N	O	A	S			U	T	N	O	A	S		
						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 <i>Dust off</i>	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used							46. Toilet Facilities; properly constructed, supplied, and clean <i>AR vents + ceiling</i>		
						40. Single-service & single-use articles; properly stored and used							47. Other Violations <i>Clean between, under & behind</i>		

Received by: <i>X Pedro C</i>	Print: <i>Pedro Castoreno</i>	Title: Person In Charge/ Owner <i>reg pro</i>
Inspected by: <i>Diana Garcia</i>	Print: <i>DIANA GARCIA</i>	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 1/19/24	Time in:	Time out:	License/Permit #	Est. Type: Food	Risk Category: 3	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: QuikTrip 4022			Contact/Owner Name:	* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		98
Physical Address: 14826 Bardera Rd		City/County: Helotes	Zip Code:	Phone:	Follow-up: Yes No (circle one)	

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

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

Compliance Status						Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status						Employee Health	R
O	I	N	N	C				O	I	N	N	C			
U	N	O	A	O	S			U	N	O	A	O	S		
T	T	T	T	T	T			T	T	T	T	T	T		
						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
O	I	N	N	C				O	I	N	N	C			
U	N	O	A	O	S			U	N	O	A	O	S		
T	T	T	T	T	T			T	T	T	T	T	T		
						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) <i>EXPIRES 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 <i>Provide for hand sink to be</i>	
						Consumer Advisory								32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used <i>Accessible (items inside sink)</i>	
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label								33. Warewashing Facilities; installed, maintained, used <i>Sink</i>	

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	I	N	N	C				O	I	N	N	C			
U	N	O	A	O	S			U	N	O	A	O	S		
T	T	T	T	T	T			T	T	T	T	T	T		
						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: ANTHONY MARTINEZ	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: DIANA GARCIA	Business Email: