



Retail Food Establishment Inspection Report

Establishment Name: Slim chicken	Physical Address: 12530 Bandera Rd Helotes	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:

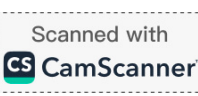
- #10 Clean Ice Machine. (inside)
- #30 Renew food permit. (expired 5/31/24)
7 days to renew food permit. Please, send picture of valid food permit to (210) 758-2967
- #33 Restore hot water to all sinks.
(3 compartment 90°F + hand sink)
- #42 Clean vent hood, (filters) * Wipe down heating lamp.
- #45 Dust off exhaust fan in Restroom.
Wipe down walls.
Recaulk hand sinks.
Ensure A/C vents are in good repair. (~~Free~~ Rust Free)
(No coating peeling)
Clean behind, under & between equipment.

Note: Hot water must be restored to All Sinks by the end of day tomorrow (10/30/24). Please, text (210) (210) 758-2967 with info/invoice of repairs. If establishment is found in violation of No hot water in the future establishment will be closed until repairs are completed.

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>AJ Bradshaw</i> <small>(signature)</small>	Print: Amanda Bradshaw	Title: Person In Charge/ Owner
Inspected by: <i>Diana Garcia</i> <small>(signature)</small>	Print: DIANA GARCIA	Samples: Y N # collected





Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 10/3/24	Time in:	Time out:	License/Permit #	Est. Type: Food	Risk Category: 1	Page 1 of 1
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other			TOTAL SCORE			
Establishment Name: Childrens Lighthouse Day Care			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 98	
Physical Address: 9706 BUSINESS HWY			City/County: Heolotes	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						R	Compliance Status						R
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O		U	N	O	A	O			
T				S		T				S			
Time and Temperature for Food Safety (F = degrees Fahrenheit)							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						R	Compliance Status						R
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O		U	N	O	A	O			
T				S		T				S			
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
												27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
												28. Proper Date Marking and disposition <i>Consume by date</i>	
												29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <i>Coal</i>	
												Permit Requirement, Prerequisite for Operation	
												30. Food Establishment Permit (Current & Valid) <i>exp 5/31/25</i>	
												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						R	Compliance Status						R
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O		U	N	O	A	O			
T				S		T				S			
Prevention of Food Contamination							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: <i>[Signature]</i>	Print: ELIZABETH VASQUEZ	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: 10/29/24	Time in:	Time out:	License/Permit #	Est. Type: Food	Risk Category: 1	Page 1 of 1
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other		TOTAL/SCORE				
Establishment Name: CVS Pharmacy #8990			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 100	
Physical Address: 12980 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						R	Compliance Status						R
O	I	N	NA	COS	OUT		O	I	N	NA	COS	OUT	
Time and Temperature for Food Safety (F = degrees Fahrenheit)							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	
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	
							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						R	Compliance Status						R
O	I	N	NA	COS	OUT		O	I	N	NA	COS	OUT	
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
												27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
												28. Proper Date Marking and disposition	
Safe Water, Recordkeeping and Food Package Labeling												29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
							Permit Requirement, Prerequisite for Operation						
												30. Food Establishment Permit (Current & Valid) exp 5/31/25	
Conformance with Approved Procedures							Utensils, Equipment, and Vending						
												31. Adequate handwashing facilities: Accessible and properly supplied, used	
Consumer Advisory												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						R	Compliance Status						R
O	I	N	NA	COS	OUT		O	I	N	NA	COS	OUT	
Prevention of Food Contamination							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	
Proper Use of Utensils												47. Other Violations	

Received by: (signature) <i>[Signature]</i>	Print: <i>Jaemi Garcia</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: <i>DIANA GARCIA</i>	Business Email:



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 10/29/24	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: 6 Kicks Cafe			Contact/Owner Name:		* Number of Repeat Violations: ___ ✓ Number of Violations COS: ___	
Physical Address: 12916 Boulevard		City/County: Helotes		Zip Code:	Phone:	Follow-up: Yes No (circle one)

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

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
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						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						R	Compliance Status						R
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 (Consumption date label)	
						Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
						23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation	
						24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid) exp 5/31/25	
						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						R	Compliance Status						R
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 Clean vent hood	
						37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used (F. 11.1.1)	
						38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained	
						Proper Use of Utensils						45. Physical facilities installed, maintained, and clean OFF floor	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	✓					46. Toilet Facilities; properly constructed, supplied, and clean walls	
						40. Single-service & single-use articles; properly stored and used						47. Other Violations	

Received by: <i>[Signature]</i>	Print: <i>Robert E. Williams</i>	Title: Person In Charge/ Owner
Inspected by: <i>Diana Mance</i>	Print: <i>DIANA GARCIA</i>	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Header section containing Date (10/26/24), Time in/out, License/Permit #, Est. Type (Food), Risk Category (2), Page (2 of 2), Purpose of Inspection (2-Routine checked), Establishment Name (Rios Barbacos), Contact/Owner Name, Physical Address (2800 Bandera Rd), City/County (Helotes/Bexar), Zip Code, Phone, Follow-up status, and Total Score (93).

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

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

Table with 2 columns for Priority Items. Left column: Time and Temperature for Food Safety (F = degrees Fahrenheit), Employee Health. Right column: Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, Water/Plumbing. Includes items 1-20 with compliance status columns (O, I, N, NA, COS, R).

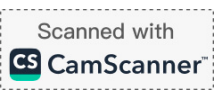
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Table with 2 columns for Priority Foundation Items. Left column: Demonstration of Knowledge/ Personnel, Safe Water, Recordkeeping and Food Package Labeling, Conformance with Approved Procedures, Consumer Advisory. Right column: Food Temperature Control/ Identification, Permit Requirement, Prerequisite for Operation, Utensils, Equipment, and Vending. Includes items 21-33 with compliance status columns (O, I, N, NA, COS, R).

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

Table with 2 columns for Core Items. Left column: Prevention of Food Contamination, Proper Use of Utensils. Right column: Food Identification, Physical Facilities, Other Violations. Includes items 34-46 with compliance status columns (O, I, N, NA, COS, R).

Signature section: Received by (signature), Inspected by (signature), Print: Edward Rios, Title: Person In Charge/ Owner, Print: DIANA GARCIA, Business Email.





Retail Food Establishment Inspection Report

Establishment Name: Rios Barbacoa	Physical Address: 12800 Bandera Rd	City/State: Helotes	License/Permit #	Page 2
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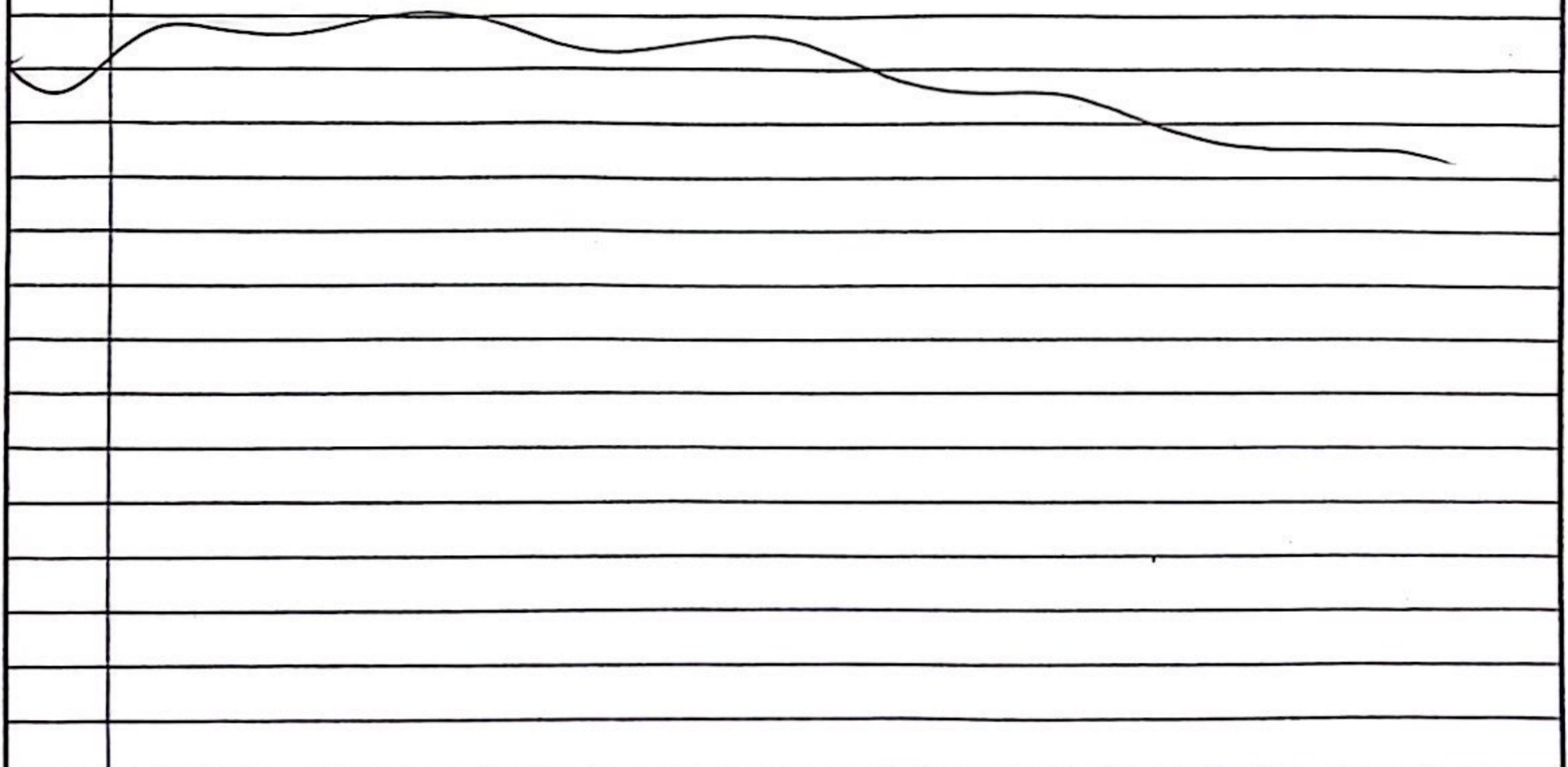
TEMPERATURE OBSERVATIONS

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 for all employees handling food to have a valid food handlers card.
- #30 Renew food permit at our office. A valid food permit must be posted. (Exp 5/31/24) (7 days to renew food permit)
- #31 Provide for hand sink to have paper towels at all times. (No paper towels) (Cos)
- #47 Ensure that the most current inspection report is posted. (No report posted)



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: Edward Rios	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: DIANA GARCIA	Samples: Y N # collected



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 10/29/24	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			
Establishment Name: Subway		Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 93		
Physical Address: 12952 Pondera Rd		City/County: Helotes		Zip Code:	Phone:	Follow-up: Yes No (circle one)

ste/10 Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
 Mark the appropriate points in the OUT box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days													
Compliance Status					Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status					Employee Health	R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
					1. Proper cooling time and temperature							12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
					2. Proper Cold Holding temperature(41°F/ 45°F)							13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
					3. Proper Hot Holding temperature(135°F)							Preventing Contamination by Hands	
					4. Proper cooking time and temperature							14. Hands cleaned and properly washed/ Gloves used properly	
					5. Proper reheating procedure for hot holding (165°F in 2 Hours)							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
					6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations	
					Approved Source							16. Pasteurized foods used; prohibited food not offered	
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction							Chemicals	
					8. Food Received at proper temperature							17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					Protection from Contamination							18. Toxic substances properly identified, stored and used	
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting							Water/ Plumbing	
					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature							19. Water from approved source; Plumbing installed; proper backflow device	
					11. Proper disposition of returned, previously served or reconditioned							20. Approved Sewage/Wastewater Disposal System, proper disposal	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days													
Compliance Status					Demonstration of Knowledge/ Personnel	R	Compliance Status					Food Temperature Control/ Identification	R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
✓					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)							27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
					22. Food Handler/ no unauthorized persons/ personnel		✓				✓	28. Proper Date Marking and disposition	
					Safe Water, Recordkeeping and Food Package Labeling							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
					23. Hot and Cold Water available; adequate pressure, safe							Permit Requirement, Prerequisite for Operation	
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled		✓					30. Food Establishment Permit (Current & Valid) No Permit posted	
					Conformance with Approved Procedures							Utensils, Equipment, and Vending	
					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions							31. Adequate handwashing facilities: Accessible and properly supplied, used	
					Consumer Advisory							32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
					26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label							33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First													
Compliance Status					Prevention of Food Contamination	R	Compliance Status					Food Identification	R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
					34. No Evidence of Insect contamination, rodent/other animals							41. Original container labeling (Bulk Food)	
					35. Personal Cleanliness/eating, drinking or tobacco use							Physical Facilities	
					36. Wiping Cloths; properly used and stored							42. Non-Food Contact surfaces clean	
					37. Environmental contamination							43. Adequate ventilation and lighting; designated areas used	
					38. Approved thawing method							44. Garbage and Refuse properly disposed; facilities maintained	
					Proper Use of Utensils			✓				45. Physical facilities installed, maintained, and clean JUST OFF	
					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used							46. Toilet Facilities; properly constructed, supplied, and clean A/c vents	
					40. Single-service & single-use articles; properly stored and used							47. Other Violations	

Received by: X Alissa Romero (signature)	Print: Alissa Romero	Title: Person In Charge/ Owner
Inspected by: DIANA GARCIA (signature)	Print: DIANA GARCIA	Business Email:



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

Date: <u>10/29/24</u>	Time in:	Time out:	License/Permit #	Est. Type: <u>Food</u>	Risk Category: <u>2</u>	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			TOTAL SCORE			
Establishment Name: <u>Playa Bowl</u>		Contact/Owner Name:		* Number of Repeat Violations: <u> </u> ✓ Number of Violations COS: <u> </u>		99
Physical Address: <u>9108 Business Park Hwy Helotes</u>		City/County:	Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (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
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel							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) <u>EXP 5/31/25</u>	
												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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							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 <u>DUST OFF</u>	
												46. Toilet Facilities; properly constructed, supplied, and clean <u>A/C VENTS</u>	
												47. Other Violations	

Received by: <u>X Mako Garcia</u> (signature)	Print: <u>Mako Garcia</u>	Title: Person In Charge/ Owner
Inspected by: <u>Diana Garcia</u> (signature)	Print: <u>DIANA GARCIA</u>	Business Email:



Retail Food Establishment Inspection Report

10/29/24

Establishment Name: Schott's Meat Market	Physical Address: 12952 Bandera	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:

- #21 Ensure that someone is present with a valid Food Manager card if establishment is open for business.
- #29 Provide a working thermometer at 41°F or below in all coolers. (Some coolers had no thermometer)
- #45 DUST OFF FANS in walk in cooler.
DUST OFF fan.
Seal all small holes on walls.
DUST OFF exhaust fan 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>Joshua Salinas</i>	Print: Joshua Salinas	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Diana Garcia</i>	Print: DIANA GARCIA	Samples: Y N # collected