



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

Date: 11/26/24	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		95
Establishment Name: Titos Mexican Smack Bar			Contact/Owner Name: [blank]		* Number of Repeat Violations: [blank]	
Physical Address: 12914 Bandera Rd		City/County: Helotes	Zip Code: 78023	Phone: [blank]	Follow-up: Yes <input type="checkbox"/> No (circle one) <input checked="" type="checkbox"/>	

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

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

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)						
							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						
<input checked="" type="checkbox"/>							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						

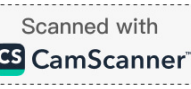
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
							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						
<input checked="" type="checkbox"/>							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) exp 5/31/25						
							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						
							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:	Print: Gabriela Gomez	Title: Person In Charge/ Owner
Inspected by:	Print: DIANA GARCIA	Business Email:





Retail Food Establishment Inspection Report

Establishment Name: Titos Mexican Snack Bar	Physical Address: 12914 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

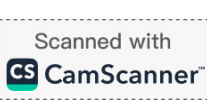
Item Number AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

- #17 All food must be made in a licensed kitchen.
(Provide invoice for empanadas) (Please, ensure that corn is being cooked onsite or a licensed kitchen)
(Invoice or copy of Food Permit for review)
- #24 Ensure that all Chamoy covered candy on shelves have proper labels. (Name, Address, Phone # & ingredients) (Contact Texas Health Dept and inquire about a manufacturing license) (Plastic containers have no label. Bagged packages have a QR code. (State allows QR codes however all information must still be written on package)

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: Gabriela Gomez Lloros	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: 11/26/24	Time in:	Time out:	License/Permit #	Est. Type: Food	Risk Category	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						
Establishment Name: Valley Mart #7			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 97	
Physical Address: 12998 Bandera		City/County: Hutto		Zip Code: 78623	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
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) ^{exp} 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 <u>Install</u>

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>Fans in walk-in cooler.</u>
													47. Other Violations
													Proper Use of Utensils
													39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
													40. Single-service & single-use articles; properly stored and used

Received by:	Print: <u>MARILYN GONZALES</u>	Title: Person In Charge/ Owner
Inspected by: <u>Diana Garcia</u>	Print: <u>DIANA GARCIA</u>	Business Email:

Note: Kitchen not open at this time.



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 11/26/24	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			TOTAL SCORE			
Establishment Name: CASA Helotes Senior Services			Contact/Owner Name:		* Number of Repeat Violations: — ✓ Number of Violations (COS): —	
Physical Address: 12170 Leslie Rd		City/County: Helotes		Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)

100

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

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

Compliance Status						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						12					
						2						13					
						3						Preventing Contamination by Hands					
						4						14					
						5						15					
						6						Highly Susceptible Populations					
						Approved Source						16					
						7						Chemicals					
						8						17					
						Protection from Contamination						18					
						9						Water/ Plumbing					
						10						19					
						11						20					

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						27					
						22						28					
						Safe Water, Recordkeeping and Food Package Labeling						29					
						23						Permit Requirement, Prerequisite for Operation					
						24						30					
						Conformance with Approved Procedures						DEP 5/31/25					
						25						Utensils, Equipment, and Vending					
						Consumer Advisory						31					
						26						32					
						Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						33					

Compliance Status						R	Compliance Status						R				
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS						
Prevention of Food Contamination							Food Identification										
						34						41					
						35						Physical Facilities					
						36						42					
						37						43					
						38						44					
						Proper Use of Utensils						45					
						39						46					
						40						47					

Received by:	Print: DIANA GARCIA	Title: Person in Charge/ Owner
Inspected by:	Print: DIANA GARCIA	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Header section containing Date (11/26/24), Time in/out, License/Permit #, Est. Type (Food), Rnk Category (2), Page (2 of 2), Purpose of Inspection (1-Compliance checked), Establishment Name (BABE'S Old Fashioned Food), Contact/Owner Name, Physical Address (12415 Bandera Rd, Helotes), Zip Code (78023), Phone, Follow-up status, and TOTAL SCORE (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

Table with 4 columns for compliance status (O, I, N, NA, COS) and 2 rows of items. Left column items include Time and Temperature for Food Safety (1-6), Approved Source (7-8), Protection from Contamination (9-11). Right column items include Employee Health (12-13), Preventing Contamination by Hands (14-15), Highly Susceptible Populations (16), Chemicals (17-18), and Water/Plumbing (19-20).

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

Table with 4 columns for compliance status (O, I, N, NA, COS) and 2 rows of items. Left column items include Demonstration of Knowledge/Personnel (21-22), Safe Water, Recordkeeping and Food Package Labeling (23-24), Conformance with Approved Procedures (25), and Consumer Advisory (26). Right column items include Food Temperature Control/Identification (27-29), Permit Requirement, Prerequisite for Operation (30), and Utensils, Equipment, and Vending (31-33).

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

Table with 4 columns for compliance status (O, I, N, NA, COS) and 2 rows of items. Left column items include Prevention of Food Contamination (34-38) and Proper Use of Utensils (39-40). Right column items include Food Identification (41) and Physical Facilities (42-47).

Signature section: Received by (Mina Lopez), Inspected by (Diana Garcia), Print: Nina Lopez, Title: Person in Charge/ Owner, Print: DIANA GARCIA, Business Email:



Retail Food Establishment Inspection Report

11/26/24

Establishment Name: Babes Old Fashioned Food	Physical Address: 12415 Bandera Rd Helotes	#216 City/State:	License/Permit #	Page 01 of 01
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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:

- #9 Ensure that raw chicken is stored at bottom shelf of cooler. (stored over other food products) (Cos)
- #32 Ensure that all shelves are in good repair. (Rust Free)
- #42 Clean vent hood, (filters)
- #45 Wipe down Alc vents & ceiling. (Kitchen)
Wipe down light fixtures.
Dust off Alc vents, (Dining area)

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



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Header section containing Date (11/26/24), Time in/out, License/Permit #, Est. Type (Food), Risk Category (2), Page 1 of 1, Purpose of Inspection (1-Compliance checked), Establishment Name (Burger King 22136), Contact/Owner Name, Physical Address (13046 Bandera Rd), City/County (Helotes), Zip Code (78023), Phone, Follow-up: Yes/No, and TOTAL SCORE (96).

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

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

Table with columns for Compliance Status (OUT, IN, NO, NA, COS) and rows for Time and Temperature for Food Safety, Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, and Water/Plumbing. Includes handwritten notes like 'Clean Ice' and 'Machine Washed'.

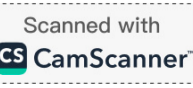
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Table with columns for Compliance Status (OUT, IN, NO, NA, COS) and rows for Demonstration of Knowledge/Personnel, Safe Water, Recordkeeping and Food Package Labeling, Conformance with Approved Procedures, Consumer Advisory, Food Temperature Control/Identification, Permit Requirement, Prerequisite for Operation, and Utensils, Equipment, and Vending. Includes handwritten notes like 'EXPSB/24' and '7 days to'.

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

Table with columns for Compliance Status (OUT, IN, NO, NA, COS) and rows for Prevention of Food Contamination, Proper Use of Utensils, and Food Identification. Includes handwritten notes like 'DUST OFF' and 'monitors of ceiling tiles'.

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



Retail Food Establishment Inspection Report

Date: 11/29/14	Time in:	Time out:	License Permit #	Est. Type	Risk Category	Page 1 of 1
Purpose of Inspection:		<input type="checkbox"/> 1-Compliance	<input checked="" type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other
Establishment Name: Honey's House of Helotas II		Contact Owner Name:		* Number of Repeat Violations: _____		94
Physical Address:		City/County: Helotas		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
OUT	IN	NO	NA	COS	
				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	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	
				Permit Requirement, Prerequisite for Operation	
				30. Food Establishment Permit (Current & Valid) Cap Stat 505	
				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	Prevention of Food Contamination	R	Compliance Status	Food Identification	R
OUT	IN	NO	NA	COS	
				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) Debra Warren	Print: _____	Title: Person In Charge/ Owner
Inspected by: (signature) D. Thayer	Print: D. THAYER	Business Email: _____

Form EH-06 (Revised 09/2015)

2 Right Refrigerator Guacamole 55°F, Thermometer Reading 51°F
Unit Mark Run AT 41°F + Below

10. 0 ppm Cl Round At LWA machine - operate w 50-100 ppm Cl

Retail Food Establishment Inspection Report

Date: **11/29/24** Time in: Time out: License/Permit #: Est. Type Risk Category Page **1** of **1**

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL SCORE

Establishment Name: **Honey's House on Helotes #1** Contact/Owner Name: * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: **10410 PARRICHI RD** City/County: **Helotes** Zip Code: Phone: Follow-up: Yes No (circle one)

97

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 OUI 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	E	O	O	O	S							U	E	O	O	O	S						
						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 O												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										
O	I	N	N	C			O	I	N	N	C												
U	E	O	O	O	S							U	E	O	O	O	S						
						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					
						Safe Water, Recordkeeping and Food Package Labeling																	
						23. Hot and Cold Water available; adequate pressure, safe												29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
						24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled												Permit Requirement, Prerequisite for Operation					
						Conformance with Approved Procedures												30. Food Establishment Permit (Current & Valid) <i>Exp 5/31/25</i>					
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions												Utensils, Equipment, and Vending					
						Consumer Advisory												31. Adequate handwashing facilities: Accessible and properly supplied, used					
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure Reminder/ Buffet Plate); Allergen Label												32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					

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	E	O	O	O	S							U	E	O	O	O	S						
						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					
						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																	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used												45. Physical facilities installed, maintained, and clean					
						40. Single-service & single-use articles: properly stored and used												46. Toilet Facilities: properly constructed, supplied, and clean					
																		47. Other Violations					

Received by: (Signature) *Xyrua Wama* Print: Title: Person In Charge/ Owner

Inspected by: (Signature) *J. Ty - RS* Print: *D. THAYAN* Business Email:

*Cool MASHES POTATONS By Branish Aoun into smaller portions
 10-12M MASHING SANITIZAN CONCENTRATED AT OPPA-MUE
 BE 50-100*



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

Date: 11/23/24	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: Spread The Leaves		Contact/Owner Name:	
Physical Address: 14143 Old Bandera Rd Helotes			City/County:	Zip Code: 78023	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)
* Number of Repeat Violations: —					* Number of Violations COS: —	
						100

Unit **6** 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) 5/31/25
													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
													46. Toilet Facilities, properly constructed, supplied, and clean
													47. Other Violations
													Proper Use of Utensils
													39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
													40. Single-service & single-use articles; properly stored and used

Received by: SOPHIA JEFFERY	Print: Sophia Jeffery	Title: Person In Charge/ Owner
Inspected by: Diana Garcia	Print: Diana Garcia	Business Email:



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date 11/26/24	Time in	Time out	License/Permit #	Est. Type Food	Risk Category 2	Page 1 of 2		
Purpose of Inspection:			<input checked="" type="checkbox"/> 1-Compliance	<input type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	TOTAL/SCORE
Establishment Name: MARCO'S PIZZA			Contact/Owner Name		* Number of Repeat Violations: — ✓ Number of Violations COS: —		91	
Physical Address: 9708 Business Parkway			City/County Fort Worth	Zip Code 76123	Phone		Follow-up: Yes No (circle one)	

STE 100 Compliance Status: **OUT** - not in compliance **IN** - in compliance **NO** - not observed **NA** - not applicable **COS** - corrected on site **R** - repeat violation
Mark the appropriate points in the **OUT** box for each numbered item Mark '✓' a checkmark in appropriate box for **IN, NO, NA, COS** Mark an asterisk '*' in appropriate box for **R**

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

Compliance Status						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							
✓													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	
													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) EXPS/3/1/24	
							Utensils, Equipment, and Vending							
							✓						31. Adequate handwashing facilities: Accessible and properly supplied, used Hand Sink must reach	
							✓						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used shelved/cooler 100°F	
													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							
													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	
													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: X <i>Andrew Ruiz</i>	Print: Andrew Ruiz	Title: Person In Charge/ Owner
Inspected by: Diana Garcia	Print: DIANA GARCIA	Business Email:



Retail Food Establishment Inspection Report

11/26/24

Establishment Name: Maileos PIZZA	Physical Address: 9709 Business Parkway	City/State: Helotes	License/Permit #	Page <u>0</u> of <u>2</u>
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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 Managers CARD.
#30	Provide for a valid food permit to be posted. (Expired 5/31/24) 7 days to renew food permit.
#32	Ensure that shelves in walk in cooler are cleaned on a regular basis. (Must be in good repair)
#31	Restore hot water to hand sinks. (hand sink starts at 89°F then begins to drop. Have all hand sinks repaired to reach 100°F for proper hand washing. (Note: 3 comp. sink had hot & cold)
#45	Dust off A/C vents & ceiling *Dust off fans in kitchen & 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: (signature) <i>[Signature]</i>	Print: Andrew Ruiz	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 11/26/24	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			TOTAL/SCORE		98	
Establishment Name Texas Grounds Coffee Company			Contact/Owner Name			
Physical Address 14359 Old Parkwood		City/County Helotes		Zip Code	Phone	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)

#3 Compliance Status: **OUT** - not in compliance **IN** - in compliance **NO** - not observed **NA** - not applicable **COS** - corrected on site **R** - repeat violation
 Mark **OC** 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						Description	Compliance Status
O	I	N	N	C			
U	N	O	A	S			
						Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
						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	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	
						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	

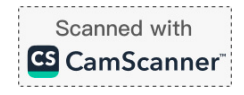
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Description	Compliance Status
O	I	N	N	C			
U	N	O	A	S			
						Demonstration of Knowledge/ Personnel	R
						21 Person in charge present, demonstration of knowledge, and perform duties, Certified Food Manager (CFM)	
						22 Food Handler, no unauthorized persons, personnel	
						Safe Water, Recordkeeping and Food Package Labeling	
						23 Hot and Cold Water available, adequate pressure, safe	
						24 Required records available (shellstock tags, parasite destruction), Packaged Food labeled	
						Conformance with Approved Procedures	
						25 Compliance with Variance, Specialized Process, and HACCP plan, Variance obtained for specialized processing methods, manufacturer instructions	
						Consumer Advisory	
						26 Posting of Consumer Advisories, raw or under cooked foods (Disclosure Reminder Buffet Plate) Allergen Label	
						Food Temperature Control/ Identification	R
						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) ECP 5/31/25	
						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 Food grade containers	
						33 Warewashing Facilities, installed, maintained, used For products 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						Description	Compliance Status
O	I	N	N	C			
U	N	O	A	S			
						Prevention of Food Contamination	R
						34 No Evidence of Insect contamination, rodent/other animals	
						35 Personal Cleanliness, eating, drinking or tobacco use	
						36 Wiping Cloths, properly used and stored	
						37 Environmental contamination	
						38 Approved thawing method	
						Proper Use of Utensils	
						39 Utensils, equipment & linens, properly used, stored, dried & handled, in use utensils, properly used	
						40 Single-service & single-use articles, properly stored and used	
						Food Identification	R
						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): Sydney Palmer	Print: Sydney Palmer	Title: Person In Charge/ Owner
Inspected by (signature): Diana Garcia	Print: DIANA GARCIA	Business Email:





Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 11/26/24	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						
Establishment Name: Subway Walmart Helotes			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: —	
Physical Address: 12550 Leslie Rd		City/County: Helotes		Zip Code: 78123	Phone: Follow-up: Yes No (circle one)	

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ste 402 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		1-20	O	I	N	N	C	
U	T	O	A	O			U	T	O	A	O	
						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						Item	Compliance Status	Item				
O	I	N	N	C		21-33	O	I	N	N	C	
U	T	O	A	O			U	T	O	A	O	
						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
						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 SOAP & PAPER TOWELS
						Consumer Advisory						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided

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

Compliance Status						Item	Compliance Status	Item				
O	I	N	N	C		34-47	O	I	N	N	C	
U	T	O	A	O			U	T	O	A	O	
						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
						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 DUST OFFER/ vent
						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 Post must current inspectors

Received by: <i>[Signature]</i>	Print: Sebastian Appleton	Title: Person in Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: DIANA GARCIA	Business Email:



Retail Food Establishment Inspection Report

11/26/24

Establishment Name: Subway Walmart Helotes	Physical Address: Ste 402 12550 Losler 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

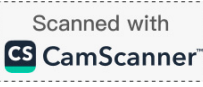
Item Number AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

- #21 Someone must be present with a valid food manager card. (one FMC must be posted)
- #31 Ensure hand sink has soap & paper towels at all times.
- #45 Wipe down light cover (front area)
Dust off A/C vents (Dining area)
Weatherstrip exit door (Back door) (no light shining through)
- #47 Post most current inspection in public view.

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: Sebastian Appleton	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: 11/26/21 Time in: Time out: License/Permit # Est. Type: Food Risk Category: 2 Page 1 of 2
Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE: 95
Establishment Name: The Cracked Mug Contact/Owner Name: * Number of Repeat Violations: 0 * Number of Violations COS: 0
Physical Address: 14743 Old Bandera Rd Helotes City/County: Helotes Zip Code: 78023 Phone: Follow-up: Yes No (circle one)

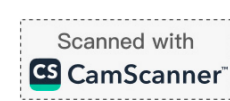
#1 Compliance Status: Out - not in compliance IN - in compliance NO - not observed NA - not applicable COS - corrected on site R - repeat violation
Mark the appropriate points in the OUT box for each numbered item Mark a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate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

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days
Table with columns for Compliance Status (OUT, IN, NO, NA, COS) and rows for Time and Temperature for Food Safety, Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, and Water/Plumbing.

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days
Table with columns for Compliance Status (OUT, IN, NO, NA, COS) and rows for Demonstration of Knowledge/Personnel, Food Temperature Control/Identification, Permit Requirement, Prerequisite for Operation, Utensils, Equipment, and Vending, and Consumer Advisory.

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First
Table with columns for Compliance Status (OUT, IN, NO, NA, COS) and rows for Prevention of Food Contamination, Food Identification, Physical Facilities, Proper Use of Utensils, and Other Violations.

Received by: [Signature] Print: Hollie Tolp Title: Person in Charge/ Owner
Inspected by: [Signature] Print: DIANA GARCIA Business Email:





Retail Food Establishment Inspection Report

11/26/24

Establishment Name: The Cracked Mug	Physical Address: 14743 Old Bandera Rd	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:
#42	Clean vent hood. (filters)
#45	Dust off fans in kitchen. Wipe down light covers. Wipedown door frame.
#47	Post most current inspection report. (no report posted)
#30	Post A valid Food Permit. (Exp 5/31/24 7 days to renew (Per owner has been renewed))

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) X Hollie Toile	Print: X Hollie Toile	Title: Person In Charge/ Owner
Inspected by: (signature) Diana Garcia	Print: DIANA GARCIA	Samples: Y N # collected

