



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 6-21-25	Time in:	Time out:	License/Permit #	Est. Type: RGRO	Risk Category: 1	Page 1 of 2					
Purpose of Inspection: 1-4 Compliance <input checked="" type="checkbox"/> 2-Routine <input checked="" type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Violation <input type="checkbox"/> 5-Other <input type="checkbox"/>		TOTAL SCORE: 100									
Establishment Name: Finck Cigars		Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:		100					
Physical Address: 12950 Bandera Rd		City/County: H=661-5	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)		Compliance Status		Employee Health					
OUT	IN	NO	NA	COS	OUT	IN	NO	NA	COS	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
											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		Compliance Status		Food Temperature Control/ Identification					
OUT	IN	NO	NA	COS	OUT	IN	NO	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
											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
											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) 5-31-26
											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		Compliance Status		Food Identification					
OUT	IN	NO	NA	COS	OUT	IN	NO	NA	COS	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
											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: LL FLECKENSTEIN		Title: Person In Charge/ Owner							
Inspected by: (signature)		Print: Raul Jimenez		Business Email:							

Retail Food Establishment Inspection Report

Date: 4/20/25		Time in:		Time out:		License/Permit #		Est. Type		Risk Category		Page of 1/1									
Purpose of inspection:		1-Compliance		2-Routine		3-Field Investigation		4-Visit		5-Other		TOTAL SCORE									
Establishment Name: Pizza Hut						Contact/Owner Name:				O Number of Repeat Violations: _____ □ Number of Violations COS: _____		97									
Physical Address: 12730 BANANA RD				City/County: Helena		Zip Code:		Phone:		Follow-up: Yes No (circle one)											
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					5. Proper reheating procedure for hot holding (165°F in 2 Hours)															14. Hands cleaned and properly washed/ Gloves used properly	
					6. Time as a Public Health Control; procedures & records															15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N)	
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					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction															16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					8. Food Received at proper temperature															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 _____ ppm/temperature															Water/ Plumbing	
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					36. Wiping Cloths; properly used and stored															Physical Facilities	
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					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used															45. Physical facilities installed, maintained, and clean Deep	
					40. Single-service & single-use articles, properly stored and used															46. Toilet Facilities; properly constructed, supplied, and clean Cool floor	
																				47. Other Violations Clear drain under sink monthly, Clean in water in	
Received by: [Signature]						Print: D. THAYER						Title: Person In Charge									
Inspected by: [Signature]						Print: D. THAYER						Business Email:									



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Inspected by: (signature)			Print: R. J. J. J.		Business Email:																																																																																																																																																																									

Form EH-06 (Revised 09-2015)

Retail Food Establishment Inspection Report

Date: 6/16/25		Time in:		Time out:		License/Permit #		Est. Type		Risk Category		Page of 1/1									
Purpose of inspection:		<input checked="" 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'				Contact/Owner Name:				Number of Repeat Violations: _____ Number of Violations COS: _____				98									
Physical Address: 12453 BANSANA RD				City/Country: Helena		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 onsite 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									
OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)					R	OUT	IN	NO	NA	COS	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																					
OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel					R	OUT	IN	NO	NA	COS	Food Temperature Control/ Identification					R
✓					21. Person in charge present, demonstration of knowledge, and perform duties (Certified Food Manager (CFM))					AS						27. Proper cooling method used, Equipment Adequate to Maintain Product Temperature					
					22. Food Handler/ no unauthorized persons/ personnel					ALL TIME						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 5/2021					
					Conformance with Approved Procedures											Utensils, Equipment, and Vending					
					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions											31. Adequate handwashing facilities: Accessible and properly supplied, used					
					Consumer Advisory											32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
					26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)											33. Warewashing Facilities; installed, maintained, used/ 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																					
OUT	IN	NO	NA	COS	Prevention of Food Contamination					R	OUT	IN	NO	NA	COS	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 H.A.N. Monitor											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: (signature) [Signature]					Print: D. THAYER					Title: Person In Charge/ Owner											
Inspected by: (signature) [Signature]					Print: D. THAYER					Business Email: 210-788-2947											



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 6.21.25	Time in:	Time out:	License/Permit #	Est. Type: RSL	Risk Category: 3	Page 1 of 2
Purpose of Inspection:		1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other
Establishment Name: B. Dandy's		Contact/Owner Name:			* Number of Repeat Violations: ✓ Number of Violations COS: 96	
Physical Address: 14436 Old Buda 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
OUT	IN	NO	NA	COS			
					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		

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
OUT	IN	NO	NA	COS			
					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		

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) Exp 5-31-26		
					Utensils, Equipment, and Vending		
					31. Adequate handwashing facilities: Accessible and properly supplied, used		
X					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
OUT	IN	NO	NA	COS			
					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		

Compliance Status						Food Identification	R
OUT	IN	NO	NA	COS			
					41. Original container labeling (Bulk Food)		
					Physical Facilities		
X					42. Non-Food Contact surfaces clean		
					43. Adequate ventilation and lighting; designated areas used		
					44. Garbage and Refuse properly disposed; facilities maintained		
F					45. Physical facilities installed, maintained, and clean		
					46. Toilet Facilities; properly constructed, supplied, and clean		
					47. Other Violations		

Received by: (signature) [Signature]	Print: B R Anderson	Title: Person In Charge/ Owner
Inspected by: (signature) [Signature]	Print: Raul Jimenez	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 6-21-25	Time in:	Time out:	License/Permit #	Est. Type: Rest/Bar	Risk Category: 3	Page 1 of 2																																																																																																																																																																																																		
Purpose of Inspection:	1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other	TOTAL/SCORE																																																																																																																																																																																																		
Establishment Name: Pete's Place	Contact/Owner Name:			* Number of Repeat Violations: * Number of Violations COS:		93																																																																																																																																																																																																		
Physical Address: 14743 Old Boulevard unit 9	City/County: Houston	Zip Code:	Phone:	Follow-up: Yes No (circle one)																																																																																																																																																																																																				
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Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: <i>Peter's Place</i>	Physical Address: <i>14743 Old Bandera</i>	City/State: <i>Holbrook</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>No 15505</i>					

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:

37. Drain lines for nozzles at bar are missing

34 greets at bar.

28. No date labels on food in kitchen

31. Storing items at hand sink
No paper towels at employee hand sink by kitchen

37. Food not covered when stored over night in cooler

~~38. No meat available~~

42. Detail cleaning of equipment is needed at Bar and kitchen.

Received by: (signature) <i>[Signature]</i>	Print: <i>Alondra Morales</i>	Title: Person in Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: <i>Rafel Jimenez</i>	Samples: Y N # collected



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 6-21-25	Time in:	Time out:	License/Permit #	Est. Type: Rest	Risk Category: 2	Page 1 of 2
Purpose of Inspection:		1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other
Establishment Name: H Teq O # 313		Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		TOTAL/SCORE: 96
Physical Address: 12550 Bandera		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							Compliance Status						
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
					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	
					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	
X				X	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 10 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							Compliance Status						
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
					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	
					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 5-31-26	
					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						
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
					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	
X					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used							46. Toilet Facilities; properly constructed, supplied, and clean	
X					40. Single-service & single-use articles; properly stored and used							47. Other Violations	

Received by: (signature) Alicia Olivares	Print: Alicia Olivares	Title: Person In Charge/ Owner
Inspected by: (signature)	Print: Karl Johnson	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 6.21.25	Time in:	Time out:	License/Permit #	Est. Type: R	Risk Category	Page 1 of 2
Purpose of Inspection:	1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other	TOTAL/SCORE
Establishment Name: Wine 101	Contact/Owner Name:	* Number of Repeat Violations:		* Number of Violations COS:		97
Physical Address: 14743 Old Banner rd 3	City/County: Hobbes	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				Compliance Status		
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	
					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	
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					Chemicals	
					17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
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					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						
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	
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					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
					Permit Requirement, Prerequisite for Operation	
					30. Food Establishment Permit (Current & Valid) Ex 5.30-26	
					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	
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Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						
OUT	IN	NO	NA	COS	Prevention of Food Contamination	
					34. No Evidence of Insect contamination, rodent/other animals	
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					45. Physical facilities installed, maintained, and clean	
					46. Toilet Facilities; properly constructed, supplied, and clean	
					47. Other Violations	
Received by: (signature)				Print: John Green		Title: Person In Charge/ Owner
Inspected by: (signature)				Print: Paul Jimenez		Business Email:



Establishment Name: Wine 101	Physical Address: 14743 Old Bandera	City/State:	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 6-21-25	Time in:	Time out:	License/Permit #	Est. Type: Rest	Risk Category	Page 1 of 2																																																																																																																														
Purpose of Inspection: 1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other	TOTAL/SCORE																																																																																																																															
Establishment Name: Walmart Supercenter	Contact/Owner Name:	* Number of Repeat Violations: 0		* Number of Violations COS: 0		87																																																																																																																														
Physical Address: 12550 Leslie Rd.	City/County: Helotes	Zip Code:	Phone:	Follow-up: Yes No (circle one)																																																																																																																																
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Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Walmart Supercenter	Physical Address: 12550 Leslie	City/State: Haltom	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meat balls	98 F	Serving line			
Meatballs	43 F	Serving line			
Tomato	42 F				

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:

32 Metal slicing equipment with corrosion signs

42 Dust built-up on equipment (Sales floor)

19. No air gaps and floor drains and sinks

41. Water bottle with no label

43. Low light in walk-in cooler

5. Meatballs at 98 F° at steam table

30. No permit available

Received by: (signature) man to the	Print: Maria Tait	Title: Person In Charge/ Owner
Inspected by: (signature) [Signature]	Print: Rail Janner	Samples: Y N # collected



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

Date: 6-21-25		Time in:		Time out:		License/Permit #		Est. Type: REGRO		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: Valley Mart #7						Contact/Owner Name:				* Number of Repeat Violations: 0		93							
Physical Address: 12978 Bandana Rd						City/County: Houston		Zip Code:		Phone:				Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)					
<div style="font-size: 0.8em;">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</div>																			
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)						Compliance Status		Employee Health									
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											Pasteurized eggs used when required			
					8. Food Received at proper temperature											Chemicals			
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Received by:						Print: MARILENE CORCORAN						Title: Person In Charge/ Owner							
Inspected by:						Print: Raul Jimenez						Business Email:							

Form EH-06 (Revised 09-2015)



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

Date: 6-21-22		Time in:		Time out:		License/Permit #		Est. Type		Risk Category		Page 1 of 2																																																																																																																																																																																																																																																																													
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Establishment Name: Tricky Dick's Cat at Floors						Contact/Owner Name:						* Number of Repeat Violations: ✓ Number of Violations COS: <div style="float: right; font-size: 2em;">98</div>																																																																																																																																																																																																																																																																													
Physical Address: 14492 Old Bandera Rd				City/County: Holmes		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																																																																																																																																																																																																																																																																																									
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TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Received by: (signature)	Print:	Title: Person In Charge/ Owner
Inspected by: (signature)	Print:	Samples: Y N # collected

Form EH-06 (Revised 09-2015)



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: <i>Agua Dulce Pasaunas</i>	Physical Address: <i>14492 Old Bandera</i>	City/State: <i>Hidalgo</i>	License/Permit #	Page <i>10</i> of <i>2</i>
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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:

47. Detail cleaning of equipment and base

45. Detail cleaning of floors and walls

Received by: (signature) <i>[Signature]</i>	Print: <i>Melissa Gonzalez</i>	Title: Person in Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: <i>Paul J. [Signature]</i>	Samples: Y N # collected



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

Date: 6-21-25		Time in:		Time out:		License/Permit #		Est. Type R660		Risk Category Z		Page Z of 1																																																																																																																																																																																																																									
Purpose of Inspection:		<input checked="" 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: Gas Go Market (Shell)						Contact/Owner Name:				* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		98																																																																																																																																																																																																																									
Physical Address: 13041 Bandera Rd						City/County: Hidalgo		Zip Code:		Phone:				Follow-up: Yes No (circle one)																																																																																																																																																																																																																							
<div style="font-size: 0.8em;">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</div>																																																																																																																																																																																																																																					
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