HEALTH INSPECTION SUMMARY MAY 2020

RECEIVED

JUN 15 2020

CITY OF HELOTES

PART ONE--FOOD SAFETY REPORT



This report provides current information on the food safety program in Helotes. The Texas Food Code is based on the principles of hazard analysis and critical control points (HACCP). In the implementation of HACCP the focus includes food manager education and professional consultation toward improvement in addition to periodic inspections. To ensure uniformity in the application of the Texas Food Establishment Rules the inspection report form is utilized. Inspections are random to ensure handling of peak times on a variety of days. The inspection report form summarizes inspectional findings with a weighted point value for each classification of inspection items. The report form which is reviewed with and signed by the food establishment management and is posted in each retail establishment. Critical items inspected are temperatures, food control surfaces, cross-contamination, etc.; other items inspected are less critical. The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)

Copies of these reports are filed with the City of Helotes as well as posted in the individual establishments.

The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)

For ease a rating system would be

EXCELLENT 0-10 demerits
GOOD 11-20 demerits
ACCEPTABLE 21-29 demerits
POOR 30 or more demerits

| Name of Establishment | Compliance Score* | Rating |
|--------------------------|----------------------|------------------|
| Rio's Barbacoa | 3 | EXCELLENT |
| Valley Mart | 0 | EXCELLENT |
| Kwik Chek | 0 | EXCELLENT |
| El Chaparral | 8 | EXCELLENT |
| Bill Millers | 10 | EXCELLENT |
| Helotes Country Store | 3 | EXCELLENT |
| Burger King | 0 | EXCELLENT |

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:



This report submitted by: Monty McGuffin, R. S. City Health Inspector

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

JUN 1 5 2020

Retail Food Establishment Inspection Report

| Establishment: RC: BIYOF HELOKES | | |
|--|--|--|
| Purpose of Visit: Compliance Inspection Consultation | Complaint Illness Investigation Other: | |
| | | |
| {A} Critical Food Safety Controls (5 pts) | {C} Management and Personnel (4 pts) | |
| (Critical control violations must be corrected on the spot) | 23. Manager on duty currently certified? | |
| Cold holding temperatures / time | 24. Manager demonstrates proper use of thermometer | |
| 2. Hot holding temperatures / time | 25. Personnel with infections restricted / excluded | |
| 3. Cooking temperatures / time | 26. Proper hand washing demonstrated | |
| 4. Proper cooling of foods / time | 27. Good hygienic practices observed | |
| Rapid reheating of foods (temperature and time) Food control surfaces clean and sanitized | 28. Written HACCP Plans / SOPs as needed | |
| 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder | {D} Non-Critical (3 pts) | |
| 7. Potential for cross-contamination to occur | 29. Food equipment construction / repair | |
| 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair | |
| 9. Foods from approved sources / labeling | 31. Housekeeping contributes to infestation | |
| 10. Foods protected from contamination | 32. Non-food contact surfaces clean | |
| 11. Other: | 33. Garbage / solid waste storage34. Consumer advisories posted | |
| | 35. Inspection report displayed for public | |
| | 36. Other | |
| | {E} Corrections / Improvements Made / Comments: | |
| | (2) Corrections / Improvements Made / Comments. | |
| | #13 Provide for Disker To | |
| Critical Temperature Verification: | Be Proporte Wash / Kinso / Soni Tized. | |
| Food Item and Process Temp (F°) | 132 property was Copinse Jamil. 2004. | |
| Backere. 135° | | |
| Warmer 135° | Soan / Kinse / Sonitize) | |
| Fride 36. | | |
| | | |
| {B} Facilities, Equipment and Food Storage (3 pts) | | |
| 12. Hand washing stations supplied and clean | | |
| 13 Dishwashing / sanitizing (ppm/Temp.) | | |
| 14. Food storage area meets code — | | |
| 15. Storage and use of toxic items | | |
| 16. Evidence of insects or rodents / infestation | | |
| 17. Sewage disposal / Grease trap | | |
| 18. Thermometers provided / used | | |
| 19. Plumbing / no cross-connections | | |
| 20. Water supply / hot water / Ju 21. Sewage disposal meets code | i.v. | |
| 22. Other | | |
| | | |
| As the course in about a 8 this 8 cities. To the A. D. V. | 21.1.6.6.1.6.1.6.1.2.2.2.2.2.2.2.2.2.2.2 | |
| 229.163 (c) of the Texas State Food Code. I understand that failure of | sible for food safety practices described in sections 229.163 (b) and f employees to conduct a 20 second hand wash prior to starting work, | |
| after handling raw products or visiting the restroom and that failure | e to manage required temperature and time controls have a high risk | |
| of causing food-borne illness. I agree to implement corrective actions | described in Part E to reduce the risk of food-borne illness. | |
| Non-Critical Food Safety Rating √ | | |
| Area Superior Above Average Minimal | TIA GOD G II G | |
| Average | HACCP Compliance Score = | |
| Training | (Does not apply to consultations or follow-up visits) | |
| Restrooms | Jahr Vos | |
| Housekeeping | Person In Charge / Manager / Owner | |
| Equipment | 181111 | |
| Construction | Believie L Barrier L S. C. | |
| Count II Pasing | Evaluation by Rogistered Sanitarian | |

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

| Establishment: Valle / Na. T Lic | ense # RC: Date: | |
|--|--|--|
| Purpose of Visit: Compliance Inspection Consultation | Complaint Illness Investigation Other: | |
| (A) G (A I I I I I I I I I I I I I I I I I I | Long | |
| (A) Critical Food Safety Controls (5 pts) | (C) Management and Personnel (4 pts) | |
| (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time | 23. Manager on duty currently certified? | |
| | 24. Manager demonstrates proper use of thermometer | |
| 1 | 25. Personnel with infections restricted / excluded | |
| 3. Cooking temperatures / time | 26. Proper hand washing demonstrated | |
| 4. Proper cooling of foods / time | 27. Good hygienic practices observed | |
| 5. Rapid reheating of foods (temperature and time) | 28. Written HACCP Plans / SOPs as needed | |
| 6. Food control surfaces clean and sanitized | {D} Non-Critical (3 pts) | |
| { } cutting boards { } meat slicer { } food grinder | 29. Food equipment construction / repair | |
| 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair | |
| | 31. Housekeeping contributes to infestation | |
| 9. Foods from approved sources / labeling | 32. Non-food contact surfaces clean | |
| 10. Foods protected from contamination | 33. Garbage / solid waste storage | |
| 11. Other: | 34. Consumer advisories posted | |
| | 35. Inspection report displayed for public | |
| | 36. Other | |
| | {E} Corrections / Improvements Made / Comments: | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| Critical Temperature Verification: | *Nole: Milchen Closed | |
| Food Item and Process Temp (F°) | D. J. COUTA 19 | |
| Walkin Fruzer O' | 1000 10 (000) | |
| exelti-ic j-o: Vy 12" | | |
| | XNoTC: Walkin frider unit | |
| | hovin issues but Come at | |
| {B} Facilities, Equipment and Food Storage (3 pts) | | |
| 12. Hand washing stations supplied and clean | 1cm/ | |
| 13. Dishwashing / sanitizing (ppm/Temp.) | | |
| 14. Food storage area meets code | | |
| 15. Storage and use of toxic items | the state of the s | |
| 16. Evidence of insects or rodents / infestation | | |
| 17. Sewage disposal / Grease trap | | |
| 18. Thermometers provided / used | | |
| 19. Plumbing / no cross-connections | | |
| 20. Water supply / hot water / 20 - | THE RESERVE OF THE RE | |
| 21. Sewage disposal meets code | | |
| 22. Other | | |
| 22. Otto | | |
| | | |
| As the person in charge of this facility, I understand I am respons | sible for food safety practices described in sections 229.163 (b) and | |
| 229.105 (c) of the Texas State rood Code. I understand that failure of | f employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk | |
| of causing food-borne illness. I agree to implement corrective actions | | |
| Non-Critical Food Safety Rating √ | described in 1 art 2 to reduce the risk of 1000-bot he inness. | |
| Area Superior Above Average Minimal | | |
| Average | HACCP Compliance Score = | |
| Training | (Does not apply to consultations or follow-up visits) | |
| | VIII | |
| Restrooms | 1 Charte gergeste | |
| Housekeeping | Person In Charge / Manager / Owner | |
| Equipment | 11111 | |
| Construction | Evaluation by Registered Sanitarian | |
| | Evaluation by Registered Sanitarian | |

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

| Establishment: Kujk (License # RC: 3 Date: 5/3//2020 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: | | |
|--|--|--|
| rai pose of visit. [2] Comphanice inspection [2] Consultation [| Complaint miness investigation Other: | |
| {A} Critical Food Safety Controls (5 pts) | {C} Management and Personnel (4 pts) | |
| (Critical control violations must be corrected on the spot) | 23. Manager on duty currently certified? | |
| 1. Cold holding temperatures / time | 24. Manager demonstrates proper use of thermometer | |
| 2. Hot holding temperatures / time | 25. Personnel with infections restricted / excluded | |
| 3. Cooking temperatures / time | 26. Proper hand washing demonstrated | |
| 4. Proper cooling of foods / time | 27. Good hygienic practices observed | |
| 5. Rapid reheating of foods (temperature and time) | 28. Written HACCP Plans / SOPs as needed | |
| 6. Food control surfaces clean and sanitized | {D} Non-Critical (3 pts) | |
| { } cutting boards { } meat slicer { } food grinder | 29. Food equipment construction / repair | |
| 7. Potential for cross-contamination to occur | 30. Facility construction (floors / walls) / repair | |
| 8. RTE foods / no direct hand contact | 31. Housekeeping contributes to infestation | |
| 9. Foods from approved sources / labeling | 32. Non-food contact surfaces clean | |
| 10. Foods protected from contamination | 33. Garbage / solid waste storage | |
| 11. Other: | 34. Consumer advisories posted | |
| | 35. Inspection report displayed for public | |
| | 36. Other | |
| | {E} Corrections / Improvements Made / Comments: | |
| | double new into the incompanion of the latest and the incompanion of the latest and the latest a | |
| | | |
| Critical Temperature Verification: | Looks Good- | |
| Food Item and Process Temp (F°) | | |
| Walk-: 4 36 | | |
| | | |
| F100200 | | |
| | | |
| {B} Facilities, Equipment and Food Storage (3 pts) | | |
| 12. Hand washing stations supplied and clean | CONTRACTOR STATE OF THE CONTRACTOR OF THE CONTRA | |
| 13. Dishwashing / sanitizing (ppm/Temp.) | The state of the s | |
| 14. Food storage area meets code | INTERNATION OF THE PROPERTY OF | |
| 15. Storage and use of toxic items | | |
| 16. Evidence of insects or rodents / infestation | | |
| 17. Sewage disposal / Grease trap | | |
| 18. Thermometers provided / used | | |
| 19. Plumbing / no cross-connections | | |
| 20. Water supply / hot water | | |
| 21. Sewage disposal meets code | | |
| 22. Other | | |
| | | |
| As the person in charge of this facility, I understand I am responsi | ible for food safety practices described in sections 229.163 (b) and | |
| 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure | employees to conduct a 20 second hand wash prior to starting work, | |
| of causing food-borne illness. I agree to implement corrective actions | described in Part E to reduce the risk of food home illness | |
| Non-Critical Food Safety Rating √ | described in Fart E to reduce the risk of food-porne inness. | |
| Area Superior Above Average Minimal | | |
| Average | HACCP Compliance Score = | |
| Training | (Does not apply to consultations or follow-up visits) | |
| | XIn/I/n | |
| Restrooms | Pérson la Character de | |
| Housekeeping | Person In Charge / Manager / Owner | |
| Equipment | 111111 | |
| Construction | Evaluation by Registered Sanitarian | |

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

| Establishment: License # RC: Date: Date: Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: | | |
|--|--|--|
| Purpose of Visit: Compliance Inspection Consultation | Complaint Illness Investigation Other: | |
| {A} Critical Food Safety Controls (5 pts) | {C} Management and Personnel (4 pts) | |
| (Critical control violations must be corrected on the spot) | 23. Manager on duty currently certified? | |
| Cold holding temperatures / time | 24. Manager demonstrates proper use of thermometer | |
| 2. Hot holding temperatures / time | 25. Personnel with infections restricted / excluded | |
| 3. Cooking temperatures / time | 26. Proper hand washing demonstrated | |
| 4. Proper cooling of foods / time | 27. Good hygienic practices observed | |
| Rapid reheating of foods (temperature and time) Food control surfaces clean and sanitized | 28. Written HACCP Plans / SOPs as needed | |
| 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder | {D} Non-Critical (3 pts) | |
| 7. Potential for cross-contamination to occur | 29. Food equipment construction / repair | |
| 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair | |
| 9. Foods from approved sources / labeling | 31. Housekeeping contributes to infestation | |
| 10 Foods protected from contamination (U) | 32. Non-food contact surfaces clean | |
| 11. Other: | 33. Garbage / solid waste storage34. Consumer advisories posted | |
| | 35. Inspection report displayed for public | |
| #10 Food Storage | 36. Other | |
| | {E} Corrections / Improvements Made / Comments: | |
| | (-) Comments | |
| | # 13 Provide for Test Street | |
| Critical Temperature Verification: | for Nielman | |
| Food Item and Process Temp (F°) | | |
| Clo /h: a 40° Warmer 135° 195° | | |
| Been's 165'/160' Active Box 140" | | |
| Produto 140° Guec 110° | | |
| Chest Coolo- 38% 36° | | |
| {B} Facilities, Equipment and Food Storage (3 pts) | | |
| 12. Hand washing stations supplied and clean | | |
| 13 Dishwashing / sanitizing (/// ppm/Temp.) | | |
| 14. Food storage area meets code | | |
| 15. Storage and use of toxic items 16. Evidence of insects or rodents / infestation | | |
| | | |
| 17. Sewage disposal / Grease trap18. Thermometers provided / used | | |
| 19. Plumbing / no cross-connections | | |
| 20. Water supply / hot water / 30 | & Note. Ber under Constitution | |
| 21. Sewage disposal meets code | for a lamodal. | |
| 22. Other | | |
| | | |
| As the person in charge of this facility, I understand I am responsi | ible for food safety practices described in sections 229 164 (b) and | |
| 229.163 (c) of the Texas State Food Code. I understand that failure of | employees to conduct a 20 second hand wash prior to starting work. | |
| after handling raw products or visiting the restroom and that failure | to manage required temperature and time controls have a high risk | |
| of causing food-borne illness. I agree to implement corrective actions of | described in Part E to reduce the risk of food-borne illness. | |
| Non-Critical Food Safety Rating √ Area Superior Above Average Minimal | | |
| Area Superior Above Average Minimal Average | HACCP Compliance Score = 8 | |
| | (Does not apply to consultations or follow-up visits) | |
| Training | X Z DOLL COLL | |
| Restrooms | | |
| Housekeeping | Person In Charge / Mañager / Owner | |

Evaluation by Registered Santarian

Equipment Construction

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

| 1/0/1 | cense # RC: Date: Date: | |
|--|--|--|
| Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: | | |
| {A} Critical Food Safety Controls (5 pts) | {C} Management and Personnel (4 pts) | |
| (Critical control violations must be corrected on the spot) | 23. Manager on duty currently certified? | |
| Cold holding temperatures / time | 24. Manager demonstrates proper use of thermometer | |
| 2. Hot holding temperatures / time | 25. Personnel with infections restricted / excluded | |
| 3. Cooking temperatures / time | 26. Proper hand washing demonstrated | |
| 4. Proper cooling of foods / time | | |
| 5. Rapid reheating of foods (temperature and time) | 27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed | |
| 6. Food control surfaces clean and sanitized | | |
| { } cutting boards { } meat slicer { } food grinder | {D} Non-Critical (3 pts) | |
| 7. Potential for cross-contamination to occur | 29. Food equipment construction / repair | |
| 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair | |
| 9. Foods from approved sources / labeling | 31. Housekeeping contributes to infestation | |
| 10. Foods protected from contamination | 32. Non-food contact surfaces clean | |
| 11. Other: | 33. Garbage / solid waste storage | |
| 11. Odlet. | 34. Consumer advisories posted | |
| | 35. Inspection report displayed for public | |
| | 36. Other | |
| | E} Corrections / Improvements Made / Comments: | |
| | | |
| | #13 Provide for Proper | |
| Critical Temperature Verification: | Wosh Kinso / Soni Tize of | |
| Food Item and Process Temp (F°) | 1.1. | |
| Esi's 160°/ Comobosel 155° | -11.3473. | |
| Beish 140° Chicker 145° | | |
| Uc/K-:~ 34° Fiely 36° | 1/2 Provide for Sount Valer | |
| | Charles I hand sink | |
| (B) Facilities, Equipment and Food Storage (3 pts) | | |
| 12. Hand washing stations supplied and clean | | |
| 13. Dishwashing / sanitizing (ppm/Temp.) | #26 Provide for Handwoshing | |
| 14. Food storage area meets code | | |
| 15. Storage and use of toxic items | | |
| 16. Evidence of insects or rodents / infestation | SAUTO MEDICE CARACTURE (INC. 180/No. 19. SERVI CON 1910 | |
| 17. Sewage disposal / Grease trap | A STATE OF THE PROPERTY OF THE | |
| 18. Thermometers provided / used | 10-10-11-11-11-11-11-11-11-11-11-11-11-1 | |
| 19. Plumbing / no cross-connections | The Committee of Approximation and the Committee of the C | |
| 20. Water supply / hot water / 20 | | |
| 21. Sewage disposal meets code | The Committee of the Co | |
| 22. Other | And the contract of the contra | |
| | | |
| | | |
| As the person in charge of this facility, I understand I am respon | nsible for food safety practices described in sections 229.163 (b) and | |
| 249.103 (c) of the Texas State Food Code. I understand that failure | of employees to conduct a 20 second hand wash prior to starting work, | |
| of causing food, horne illness. I cause to implement accuration of | re to manage required temperature and time controls have a high risk | |
| of causing food-borne illness. I agree to implement corrective actions Non-Critical Food Safety Rating √ | described in Part E to reduce the risk of 1000-borne liness. | |
| Area Superior Above Average Minimal | | |
| Average Average | HACCP Compliance Score = | |
| | (Does not apply to consultations or follow-up-visits) | |
| Training | The state of the s | |

Area Superior Above Average Minimal Restrooms
Housekeeping Equipment
Construction
Overall Rating

HACCP Compliance Score = (Does not apply to consultations or follow-up visits)

Person In Charge / Manager / Owner

Evaluation by Registered Santarian

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

| Establishment: | | | | | | |
|-------------------|------------------|---------------|---------------|----------------|-------------|--|
| | | | | | 1 | |
| {A} Critical | | | | | P. Carrie | Management and Personnel (4 pts) |
| (Critical control | | | | spot) | 2 | 3. Manager on duty currently certified? |
| | lding tempera | | | | | 4. Manager demonstrates proper use of thermometer |
| | ding temperati | | | | 2 | 5. Personnel with infections restricted / excluded |
| | g temperatures | | | | 2 | 6. Proper hand washing demonstrated |
| 4. Proper of | cooling of food | ls / time | | | | 7. Good hygienic practices observed |
| 5. Rapid re | heating of foo | ds (temper | ature and tir | ne) | 2 | 8. Written HACCP Plans / SOPs as needed |
| 6. Food co | ntrol surfaces | clean and s | anitized | | |) Non-Critical (3 pts) |
| { } cutt | ing boards { |) meat slice | er { } food | grinder | | 9. Food equipment construction / repair |
| | l for cross-cor | | | | | O. Facility construction (floors / walls) / repair |
| | ds / no direct | | | 3. | | |
| | om approved | | | | | 1. Housekeeping contributes to infestation |
| | rotected from | | | | | 2. Non-food contact surfaces clean |
| | | | | | | 3. Garbage / solid waste storage |
| Tr. Other. | | | | | | 4. Consumer advisories posted |
| 00 | | | | | | 5. Inspection report displayed for public |
| <u> </u> | | | | | | 5. Other |
| | | | | | - {1 | E} Corrections / Improvements Made / Comments: |
| - | | | | | - | |
| Critical Ten | perature Ve | rification: | U.J. | | - - | #12 Provide for |
| Food Item | and Process | | 1 | emp (F°) | 7 | 7 1 7 - 1 |
| | N-in 31 | 7 * | | (2) | 11— | Jack to Kepter lowel |
| - | | | | - 113 | 11_ | at Hundsink |
| 1 | | | 100 | | - | |
| | | | | | -11 | |
| (m) To 21141 | Т. | 4 3 37 1 | 101 (2 | | <u> ا</u> ا | |
| | s, Equipmen | | | pts) | | |
| | shing stations | | | | | |
| | hing / sanitizi: | | pm/T | emp.) | - | |
| | rage area mee | | | | _ | |
| | and use of tox | | | | 200 | |
| | e of insects or | | festation | | | |
| | disposal / Great | | | | - | |
| 18. Thermor | neters provide | d / used 🧹 | | | _ | |
| 19. Plumbin | g / no cross-co | nnections | / | | | |
| 20. Water su | pply / hot wat | er 120 | | | | |
| | disposal meets | | | | 1 | The state of the s |
| 22. Other | | | | | | |
| | 19000 | | | | | |
| As the person i | n charge of th | is facility, | I understand | l I am respo | nsible | for food safety practices described in sections 229.163 (b) and |
| 229.163 (c) of th | e Texas State | Food Code. | I understan | d that failure | of em | ployees to conduct a 20 second hand wash prior to starting work. |
| after handling r | aw products o | r visiting th | e restroom a | and that failu | re to n | nanage required temperature and time controls have a high risk |
| of causing food- | borne illness. | agree to in | plement cor | rective action | ıs desci | ribed in Part E to reduce the risk of food-borne illness. |
| | ical Food Safet | | 1 | | 1 | |
| Area | Superior | Above | Average | Minimal | | |
| | | Average | | | W | HACCP Compliance Score = |
| Training | | | | L | | (Does not apply to consultations or follow-up visits) |
| Restrooms | | 1 | | | | |
| Housekeeping | | | | | | Person In Charge / Manager / Owner |
| Equipment | | - | | | | 17-111 |
| Construction | | | | | | Bishusing by Dodges Marie |
| | V Company III | 2- | | 98 | | Evaluation by Registered Sanitarian |

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877 Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

| Establishment: Busser King License # RC: 3 Date: 5/3//2020 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: | | | |
|---|--|--|--|
| Purpose of Visit: Compliance Inspection Consultation | Complaint Illness Investigation Other: | | |
| | | | |
| (Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) | (C) Management and Personnel (4 pts) | | |
| 1. Cold holding temperatures / time | 23. Manager on duty currently certified? | | |
| 2. Hot holding temperatures / time | 24. Manager demonstrates proper use of thermometer | | |
| | 25. Personnel with infections restricted / excluded | | |
| | 26. Proper hand washing demonstrated | | |
| | 27. Good hygienic practices observed — | | |
| | 28. Written HACCP Plans / SOPs as needed | | |
| 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder | {D} Non-Critical (3 pts) | | |
| 7. Potential for cross-contamination to occur | 29. Food equipment construction / repair | | |
| 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair | | |
| 9. Foods from approved sources / labeling | 31. Housekeeping contributes to infestation | | |
| 10. Foods protected from contamination | 32. Non-food contact surfaces clean | | |
| | 33. Garbage / solid waste storage | | |
| 11. Other: | 34. Consumer advisories posted | | |
| | 35. Inspection report displayed for public | | |
| | 36. Other | | |
| | {E} Corrections / Improvements Made / Comments: | | |
| | 2 1 M 1 1 Ellips Akin Akin Akin Mari II | | |
| | | | |
| Critical Temperature Verification: | | | |
| Food Item and Process Temp (F°) | Louts (Tree! | | |
| Welk-in 38° Walk-in O' | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Neut Box 6° Fuer. 0° | 8-18-33-79-33-34-31-3-18(3)- AS 1133-631-33-13 | | |
| Frich 38" | | | |
| Sect 160° Chicky 155° | Total language and the state of | | |
| (B) Facilities, Equipment and Food Storage (3 pts) | THE NAVE OF THE STATE OF THE ST | | |
| 12. Hand washing stations supplied and clean | | | |
| 13. Dishwashing / sanitizing (300 ppm/Temp.) | | | |
| 14. Food storage area meets code | The Ellipse Target State of the National State of the Control of t | | |
| 15. Storage and use of toxic items | | | |
| 16. Evidence of insects or rodents / infestation | | | |
| 17. Sewage disposal / Grease trap — | 1. 1. 153 (周古代传统外流统等结构》) [11] [12] (12] (13] [13] [13] | | |
| 18. Thermometers provided / used / | | | |
| 19. Plumbing / no cross-connections | | | |
| 20. Water supply / hot water /20 | The second of the second secon | | |
| 21. Sewage disposal meets code | SE MELESCHER SE SECURIO DE LA COMPANSIONE DE LA CONTROL DE | | |
| 22. Other | | | |
| | | | |
| As the person in charge of this facility I understand I am respon | sible for food safety practices described in sections 229.163 (b) and | | |
| 229.163 (c) of the Texas State Food Code. I understand that failure | of employees to conduct a 20 second hand wash prior to starting work, | | |
| after handling raw products or visiting the restroom and that failur | e to manage required temperature and time controls have a high risk | | |
| of causing food-borne illness. I agree to implement corrective actions | described in Part E to reduce the risk of food-borne illness. | | |
| Non-Critical Food Safety Rating √ | | | |
| Area Superior Above Average Minimal | | | |
| Average | HACCP Compliance 8core = | | |
| Training | (Does not apply to consultations or follow-up visits) | | |
| Restrooms | X | | |
| | Post of In Change (1) | | |
| Housekeeping | Person In Charge / Manager / Owner | | |
| Equipment | 147 | | |
| Construction | Evaluation by Registered Sanitarian | | |