

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

April 2019

### 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 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.)

Pet

**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	29 or more demerits

<u>Name of Establishment</u>	<u>Compliance Score</u>	<u>Rating</u>
Bandera Rd. Café	na	approved C of O
Barbell Sweets	0	excellennt

**Other Activities – phone consultations with Bandera Rd. Café and 2 market vendors . plan review of Schotts Meat Market, and phone consultation with Mr. Schott. Inspected 3 vendors at food truck night.**

**Lori Calzoncit, RS  
City Health Inspector**

RECEIVED  
MAY 16 2019

CITY OF HELOTES

CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

Retail Food Establishment Inspection Report

Establishment: Barbell Sweet License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 4-15-19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

- {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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

*Great job*

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

**CITY OF HELOTES**

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

**Retail Food Establishment Inspection Report**

Establishment: Bandera Rd Cafe License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 4-1-19

Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

*approved*

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

- {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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training	✓			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = W/A

(Does not apply to consultations or follow-up visits)

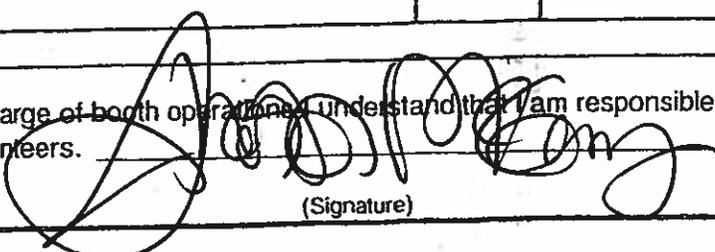
*[Signature]*  
 Person In Charge / Manager / Owner

*[Signature]*  
 Evaluation by Registered Sanitarian

### Temporary Food Vendor Checklist

<b>Name of Booth:</b> <u>Bacon Me Crazy.</u>	<b>Event: Market Day Date:</b> <u>4-19-19</u>	
<b>Person in charge of booth:</b> <u>Shayna Bende</u>	<b>Phone #:</b> <u>210 475 7423</u>	
<b>Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>burgers, hot dogs</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Rest Depot Sams</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Shayna Bende</u> (Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Lauers</u>	Event: Market Day Date: <u>4/19/19</u>	
Person in charge of booth: <u>Sharon McKay</u>	Phone #: <u>201-2427</u>	
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>noodles, meatballs, sandwiches</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	X	
Foods from approved sources / No products made in the home	X	<u>Rest Depot</u>
Containers for wash/ rinse/ sanitize	X	
Cold Foods maintained at 41 F or discarded in 4 hours.	X	
Hot foods maintained at 135 F or discarded in 4 hours.	X	
Sneeze protection provided ( Sneeze guards or foods wrapped)	X	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center;">  <p>(Signature)</p> </div>		

#4912

Food Truck Night

### Temporary Food Vendor Checklist

Name of Booth: Snowie Shaved Ice. Event: Market Day Date: 9-19-19

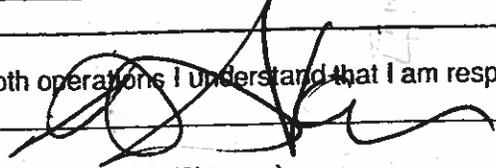
Person in charge of booth: De Vasquez Phone #: 218 680 6000

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Ace Mart
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.



(Signature)

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY APRIL 2019

### 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.)

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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

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
Dairy Queen	0	EXCELLENT
Finck Cigars	0	EXCELLENT
Dollar Tree	0	EXCELLENT
Valley Mart	9	EXCELLENT
Kwik Chek	0	EXCELLENT

### PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Market Days-9 booths 4/6/2019

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

**CITY OF HELOTES**  
 12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877  
 Mailing Address: P.O. Box 507, Helotes, TX 78023  
**Retail Food Establishment Inspection Report**

Establishment: Dairy Queen License # \_\_\_\_\_ RC: 3 Date: 4/30/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 0	
Fridge 40°	
Freeze Box 18°/16°	
Chilli 140° / 160°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
  13. Dishwashing / sanitizing (200 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 120
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

*Looks good*

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In-Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian



# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Dallas Tree License # \_\_\_\_\_ RC: 2 Date: 4/30/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walkie 34° / Walkie 0°</u>	
<u>Fridge 38° / Freezer 0°</u>	

- {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 120
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
  30. Facility construction (floors / walls) / repair ✓
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean ✓
  33. Garbage / solid waste storage ✓
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

*Looks Good*

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Valley Point License # \_\_\_\_\_ RC: 3 Date: 4/30/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40°	
Walk-in 0°	
Warmer 145°	
Pre-Cool 40°	

- {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 120
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

#15 Provided for Toxic Items to be properly stored

#12 Provided for Soap at Hand Sink

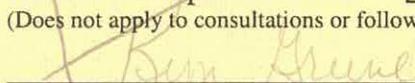
#29 Provided that Door gaskets are fixed

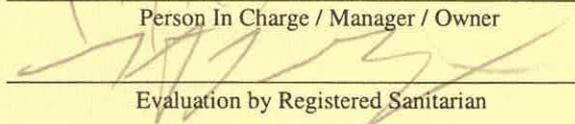
As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 9  
 (Does not apply to consultations or follow-up visits)

  
 \_\_\_\_\_  
 Person In Charge / Manager / Owner

  
 \_\_\_\_\_  
 Evaluation by Registered Sanitarian

**CITY OF HELOTES**

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

**Retail Food Establishment Inspection Report**

Establishment: Heit's Check License # \_\_\_\_\_ RC: 3 Date: 4/30/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in Cooler 40°</u>	
<u>Fridge 38°</u>	
<u>Water 140°</u>	

- {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 130°
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair -
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation -
  32. Non-food contact surfaces clean -
  33. Garbage / solid waste storage -
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

Looks Good!

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**Non-Critical Food Safety Rating**

Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

## Temporary Food Vendor Checklist

Name of Booth: Emparedo's Event: Market Day Date: 4/6/15

Person in charge of booth: \_\_\_\_\_ Phone #: 210-478-2416

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Emparedo's

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>HEB / Wegmans</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	<u>Tent</u>
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. [Signature]

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Lisa's Snow Cones</u>		Event: Market Day Date: <u>4/6/19</u>
Person in charge of booth:		Phone #: <u>210 414-2002</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Snow Cones / Bev Pastry / Coffee / Tea</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Walmart HEB SAN Cos</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>N/A</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>N/A</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>N/A</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: Vincent Fine Foods Event: Market Day Date: 4/6/19

Person in charge of booth: \_\_\_\_\_ Phone #: 710-414-2002

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Juices & Foods - Tu

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home		
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>160° Beans</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>No</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: A3's BBQ Event: Market Day Date: 4/6/19

Person in charge of booth: \_\_\_\_\_ Phone #: 830-480-9554

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Burger / Brisket / chicken on stick / ribs w/ ST

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<u>Best by / Hu</u>
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Hot to eat</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	✓	<u>Trailer</u>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	✓	
Booth provided with overhead cover	✓	<u>Trailer</u>
Booth provided with floor as needed to control blowing dust / debris	✓	
Waste disposal container provided	✓	
Food service personnel using head covers	✓	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]  
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: DeKoter Sode Event: Market Day Date: 4/6/19

Person in charge of booth: \_\_\_\_\_ Phone #: 210-380-2588

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

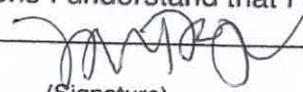
Sode / Water

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	N/A	
Foods from approved sources / No products made in the home	YES	SATIS
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	YES	Sode / Water / Ice chg
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	N/A	
Booth provided with overhead cover	YES	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	YES	
Food service personnel using head covers	YES	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <i>Filipinoy Licious</i>		Event: Market Day Date: <i>4/6/19</i>
Person in charge of booth:		Phone #: <i>70-900-5842</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Lumpia / Rice Noodle</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>SANT'S / COST CO</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;"></div> <div style="text-align: center;">               (Signature)         </div> </div>		

## Temporary Food Vendor Checklist

Name of Booth: Elliot's Roasted Corn Event: Market Day Date: 4/6/19

Person in charge of booth: \_\_\_\_\_ Phone #: 882-8098

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Roasted Corn

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Catolinos</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>N/A</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u> <del>Yes</del>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature) 

## Temporary Food Vendor Checklist

Name of Booth: <i>Coopers</i>		Event: Market Day Date: <i>4/6/19</i>
Person in charge of booth:		Phone #: <i>695-3466</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Philly Cheese Steak / Fries / Soda</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Acct by / SKSP / HB</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Cook to order</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>NO</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>NO</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>NA</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: Home Team Hot Dog Event: Market Day Date: 4/6/19

Person in charge of booth: \_\_\_\_\_ Phone #: 210-365-8558

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Hot Dog / Sausage / Nachos

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>SAA's</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Cooking</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	<u>Truck</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	<u>Truck</u>
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: OH NY PIZZA PIZ Event: Market Day Date: 4/6/19

Person in charge of booth: Jacob Wright Phone #:

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Wood Fired Pizza

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Best Day</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>Freezer</u>
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Take To OH</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<del>Yes</del> <u>NO</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Yes</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Jacob Wright  
 (Signature)

## Temporary Food Vendor Checklist

Name of Booth: Giant Lemonade + Ice Cream HG  
Event: Market Day Date: 4/6/17

Person in charge of booth: Mary Cooper Phone #: 512-626-3885

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Ice Cream + Lemonade

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	yes	
Foods from approved sources / No products made in the home	yes	<u>Sysco / SARD'S / R2 M</u>
Containers for wash/ rinse/ sanitize	yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	yes	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	yes	
Booth provided with overhead cover	yes	<u>Trailz</u>
Booth provided with floor as needed to control blowing dust / debris	yes	
Waste disposal container provided	yes	
Food service personnel using head covers	yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: Bexar Catering #6  
Event: Market Day - Date: 4/6/19

Person in charge of booth: John Pender Phone #: 214-744-6328

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Philly / Fries / Chicken on sticks / Lemonade

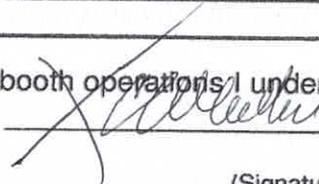
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Rest by / SAT / 1/2</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>Frozen</u>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	<u>None to my</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

John Pender

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Party Tyme Kettle Korn</u>		#6 Event: <u>Market Day</u> Date: <u>4/6/19</u>
Person in charge of booth: <u>M. Whelan</u>		Phone #:
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Kettle Korn</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	yes	
Foods from approved sources / No products made in the home	yes	<u>Cost Co / All EG</u>
Containers for wash/ rinse/ sanitize	yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	yes	
Booth provided with overhead cover	yes	
Booth provided with floor as needed to control blowing dust / debris	yes	
Waste disposal container provided	yes	
Food service personnel using head covers	yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		
As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. <div style="text-align: center; margin-top: 10px;">                      _____                      (Signature)                 </div>		

## Temporary Food Vendor Checklist

Name of Booth: Lion + Rose Event: HG Market Day Date: 4/6/19

Person in charge of booth: Allen Thayer Phone #:

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Scotch Eggs / Fish & Chips / Turkey legs / Burgers

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	Restaurant
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	45° Fridge
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	Cook to order / 140°
Sneeze protection provided ( Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]

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## Temporary Food Vendor Checklist

Name of Booth: Tessa's Pies + Things #6  
Event: Market Day Date: 4/6/19

Person in charge of booth: \_\_\_\_\_ Phone #: 710-608-5944

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Pie's "Hot" / Cheese / Chick

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Not a PHF</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>on Ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	<u>Hot Hold at 145-165</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	No	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <i>Scottish Society of SA</i>		Event: <i>HC</i> <b>Market Day</b> Date: <i>4/6/15</i>
Person in charge of booth: <i>Scottish Society of SA</i>		Phone #: <i>210-421-2954</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Fish / Fries / Haggis / Shortbread / Sausages / Ham Buns / Hot Dog</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Acit Dip / HEB</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Frozen 0°/0°</i>
Hot foods maintained at 135 F or discarded in 4 hours.		<i>Cooking</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>No</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <i>Fun - Tastic Concessions</i>		Event: <i>HC Market Day</i> Date: <i>4/6/19</i>
Person in charge of booth: <i>Sonya Siefkes</i>		Phone #: <i>620-245-8450</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Turkey legs / Roasted Corn / Funnal Cake / Brisket / Pulled Pork / Burgers / Sausages</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Soyso / BAN'S / Walnut / HEB</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Freezer's</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>180° Hamburg 140 Brisket</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>N/A</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>Sonya Siefkes</i> (Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: Taste of Heaven on a Stick Event: Market Day Date: 4/6/19

Person in charge of booth: Irene Benitez Phone #:

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Kebabs / Fries / Sausage / Corn Dog / Ice

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Colomb Beef Corp / Brea</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	45°
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	160°
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Irene Benitez

(Signature)

## Temporary Food Vendor Checklist

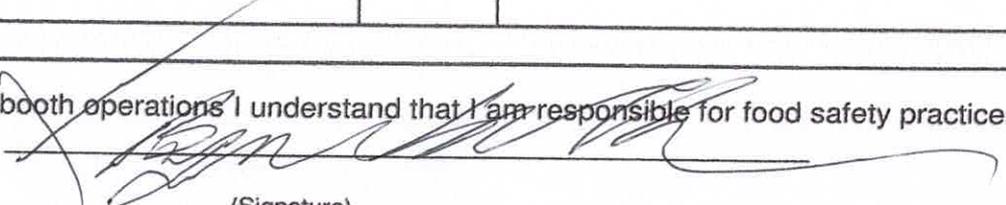
Name of Booth: Big Sky Concessions Event: HG Market Day Date: 4/6/19

Person in charge of booth: Bryan Williams Phone #: 406-850-9002

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Bre's / Gyro / Quesadilla / Philly / Fennel Cuke / Fries / Lemonade

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Best Dept / SAN / CO</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>on Ice / Freeze</u>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	<u>150° / 160°</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Yes	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: Pasta La Vista Event: Market Day Date: 4/6/19

Person in charge of booth: Olivia DeTavernier Phone #: 214-763-4592

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Calzones / Grilled Sandwich / Subs / Street Food

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>Wal-Mart / Home Depot</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>Fridge 40° / 45°</u> <u>Freezer</u>
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Not in order</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	<u>Truck</u>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	<u>Truck</u>
Booth provided with overhead cover	Yes	<u>Truck</u>
Booth provided with floor as needed to control blowing dust / debris	Yes	<u>Truck</u>
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]  
(Signature)

# CITY OF HELOTES

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## HEALTH INSPECTION SUMMARY MAY 2019

### 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

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
Rio's Barbacoa	0	EXCELLENT
El Rodeo Mexican Grill	13	GOOD
El Chaparral	12	GOOD
Bill Miller	0	EXCELLENT
Helotes Country Store	3	EXCELLENT
Burger King	0	EXCELLENT

### PART TWO--OTHER ACTIVITIES/SERVICES REPORT PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Cornyval- Licensing 5/2/2019
- Market Daiys 5/4/2019
- Cornyval 5/4/2019

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



**CITY OF HELOTES**

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

**Retail Food Establishment Inspection Report**

Establishment: E1 Rodco Numb 611 License # \_\_\_\_\_ RC: 3 Date: 5/26/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling ✓
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 38°/40°	
Fridge 40°/45°	
Freezer 20°	
Prep Cook 40°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
  13. Dishwashing / sanitizing (75 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 120°
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

#32 Provide for Non-food contact Surfaces to be cleaned

#12 Provide for Paper Towels at hand sink

#14 Provide for Paper food Storage

#36 Provide for proper handwashing

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 13  
 (Does not apply to consultations or follow-up visits)

Betha Montes  
 Person In Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: El Chaperon License # \_\_\_\_\_ RC: 3 Date: 5/26/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° Chest Cook 38°	
Freezer 0°/0° Warmer 140°	
Fridge 40°/40°	
Bacon 150°	

- {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 120
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

#13 Provide for Sanitizing Buckets and wiping cloths

#15 Provide for Toxic Items to be properly labeled

#32 Provide for Non food Contact Surfaces to be cleaned (Walk-in cooler)

#12 Provide for Soap + Paper Towels at Bar

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 12  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Bill Miller License # \_\_\_\_\_ RC: 3 Date: 5/22/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time ✓
  4. Proper cooling of foods / time ✓
  5. Rapid reheating of foods (temperature and time) ✓
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact ✓
  9. Foods from approved sources / labeling ✓
  10. Foods protected from contamination ✓
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° / Warm 135° / 160° / 160°	
Beans 150° / 150° Corn Grits 150°	
Eggs 150°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (100 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 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
  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 ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
  30. Facility construction (floors / walls) / repair ✓
  31. Housekeeping contributes to infestation ✓
  32. Non-food contact surfaces clean ✓
  33. Garbage / solid waste storage ✓
  34. Consumer advisories posted ✓
  35. Inspection report displayed for public ✓
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

Great Job!

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training	7			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian





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# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY May 2019

### 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 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.)

#### Pet

**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	29 or more demerits

<u>Name of Establishment</u>	<u>Compliance Score</u>	<u>Rating</u>
OConnor HS	0	excellent
Keuntz ES	0	excellent
Helotes ES	0	excellent
Great Harvest	20	good

**Other Activities – pre event meeting for Cornyval.  
Inspected 43 booths at Cornyval over a 4 day period**

**Lori Calzoncit, RS  
City Health Inspector**

**CITY OF HELOTES**

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

**Retail Food Establishment Inspection Report**

Establishment: Great Harvest License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 5-28-19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

**{A} Critical Food Safety Controls (5 pts)**

(Critical control violations must be corrected on the spot)

1. Cold holding temperatures / time
2. Hot holding temperatures / time
3. Cooking temperatures / time
4. Proper cooling of foods / time
5. Rapid reheating of foods (temperature and time)
6. Food control surfaces clean and sanitized  
( ) cutting boards ( ) meat slicer ( ) food grinder
7. Potential for cross-contamination to occur
8. RTE foods / no direct hand contact
9. Foods from approved sources / labeling
10. Foods protected from contamination
11. Other: \_\_\_\_\_

10 open bags of flour etc  
must be placed in sealed bins

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

**{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
21. Sewage disposal meets code
22. Other \_\_\_\_\_

**{C} Management and Personnel (4 pts)**

23. Manager on duty currently certified?
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

**{D} Non-Critical (3 pts)**

29. Food equipment construction / repair
30. Facility construction (floors / walls) / repair
31. Housekeeping contributes to infestation
32. Non-food contact surfaces clean
33. Garbage / solid waste storage
34. Consumer advisories posted
35. Inspection report displayed for public
36. Other wiping towels

**{E} Corrections / Improvements Made / Comments:**

Employees must have food handler certification  
bottles of toxics on prep table  
30 Clean floors under/around equipment  
36 Wiping towels must be kept in sanitizer  
37 Clean shelves / equipment throughout  
18 Provide thermometers in all coolers  
Carpet may not be on floors in kitchen

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 80

(Does not apply to consultations or follow-up visits)

Sandra A. Peña  
 Person In Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian

**CITY OF HELOTES**

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

**Retail Food Establishment Inspection Report**

Establishment: Helotes ES. License # \_\_\_\_\_ RC: 2 Date: 5.3.19.  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- (A) Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

- (C) Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- (D) Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**(E) Corrections / Improvements Made / Comments:**

Perfect!

Great Job!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

- (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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 10

(Does not apply to consultations or follow-up visits)

Coral Bousard  
 Person In Charge / Manager / Owner

Almoner  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Keuntz ES License # \_\_\_\_\_ RC: 2 Date: 5319  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

- {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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

Perfect!

Great Job!

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

**CITY OF HELOTES**

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

**Retail Food Establishment Inspection Report**

Establishment: O'Connor License # \_\_\_\_\_ RC: 2 Date: 5-3-19

Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- (A) Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

- (C) Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- (D) Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**(E) Corrections / Improvements Made / Comments:**

*Great Job!*

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

- (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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 10  
 (Does not apply to consultations or follow-up visits)

*[Signature]*  
 Person In Charge / Manager / Owner

*[Signature]*  
 Evaluation by Registered Sanitarian

### Temporary Food Vendor Checklist

Name of Booth: <u>Papa Elote.</u>		Event: Market Day Date: <u>5-2-19.</u>
Person in charge of booth: <u>Marta Mota</u>		Phone #: <u>9566451304</u>
Menu Risk: (circle one) <u>R2 Medium Risk</u> / R1 Low Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Mexican hot dog, potato, carne asada</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>SAMS - Heights Meats</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	x	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:	x	
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Marta Mota</u> (Signature)</p>		

403.

### Temporary Food Vendor Checklist

Name of Booth: <u>Bexar Catering</u>		Event: Market Day Date: <u>5.2.19.</u>
Person in charge of booth: <u>John Pardue</u>		Phone #: <u>210.744.6328</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Shredded cheese, Mission Fries, Quesadillas</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Rest Depot Saus</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:	y	
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>John Pardue</u> (Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: Vincent's Fine Foods Event: Market Day Date: 5.2.19

Person in charge of booth: Mrs Rangel Phone #: 210 414 2002

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Putty Faces

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	Sams HEB.
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

[Signature]  
(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Forest Hills</u>	Event: Market Day Date: <u>5-2-19</u>
Person in charge of booth: <u>Jane Burleson</u>	Phone #: <u>210.838.6421</u>
Menu Risk: (circle one) <u>R2</u> Medium Risk / R1 Low Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Marcos, Bandera</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

J. Burleson  
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Gobble til you wobble.</u>	Event: Market Day Date: <u>02/19.</u>	
Person in charge of booth: <u>One Rader</u>	Phone #: <u>210.262.8051</u>	
Menu Risk: (circle one) <u>R2</u> Medium Risk / R1 Low Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>turkey / legs</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Sams</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	x	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>One Rader</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

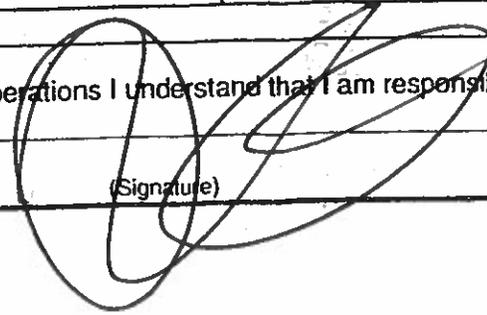
Name of Booth: <u>LA Fresh.</u>	Event: Market Day Date: <u>5/21/19.</u>
Person in charge of booth: <u>Telipa Alvarez.</u>	Phone #: <u>551-438-8294.</u>
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<u>Fruit cups Aguas Frescas</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HEB, Rest Depot
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. Telipa Alvarez

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Rainbow Girls.</u>	Event: Market Day Date: <u>5-2-19.</u>	
Person in charge of booth: <u>Tonya Kramer.</u>	Phone #:	
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>5 no cones.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Ace Mart, Sams</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.		
 (Signature)		

Q

## Temporary Food Vendor Checklist

Name of Booth: John Dewitt Event: Market Day Date: 5.2.19.

Person in charge of booth: h Phone #: 210-279-6974

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Beef Fajitas

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Sams HEB, Walmart
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	X	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.  
[Signature]  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: Beignets - Fried Trouble Event: Market Day Date: 5.2.19.

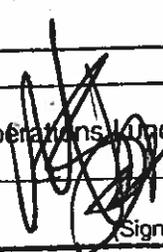
Person in charge of booth: Robert Cervantes Phone #: 2108072753.

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Rest Depot -
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.

  
(Signature)

Alamo Attractions

Temporary Food Vendor Checklist

Name of Booth: Lemonade Event: Market Day Date: 5.2.19.

Person in charge of booth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Lemonade

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Alamo Attractions
Containers for wash/ rinse/ sanitize	X	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.



(Signature)

## Temporary Food Vendor Checklist

Name of Booth: Bzenot Event: Market Day Date: 5-2-19  
 Person in charge of booth: Janet Mana Salazar Phone #: 2105715075

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Rusas chicharones

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	HEB
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	cannot use clay pots.
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Janet Mana Salazar  
 (Signature)

### Temporary Food Vendor Checklist

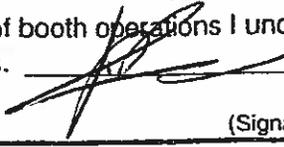
Name of Booth: Mediterranean Turkish Grill Event: Market Day Date: 5-2-19  
 Person in charge of booth: Kadir Gumer Phone #: 399 1640

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / **R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Gyros - Greek Salads

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Med. Turkish Grill
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

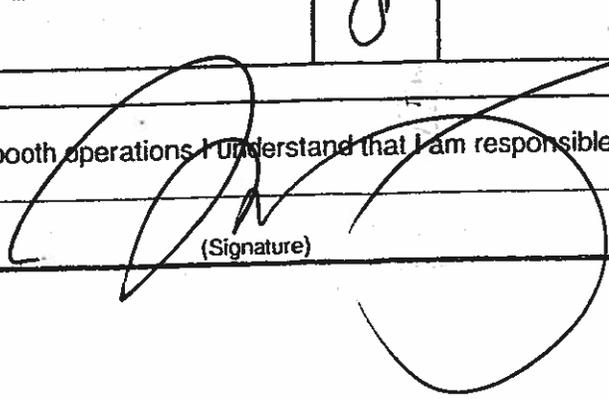
  
 (Signature)

## Temporary Food Vendor Checklist

Name of Booth: <b>Eggrolls</b>	Event: Market Day Date: <b>Oct 9</b>
Person in charge of booth: <b>Jennifer Rave</b>	Phone #: <b>210.296.1665</b>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	Rest Depot HEBB
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: El Capriño Event: Market Day Date: 5.2.19

Person in charge of booth: R. Juancano Phone #: 210.3886707

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
corn in cup

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	RD Sams HEB
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
 (Signature)

## Temporary Food Vendor Checklist

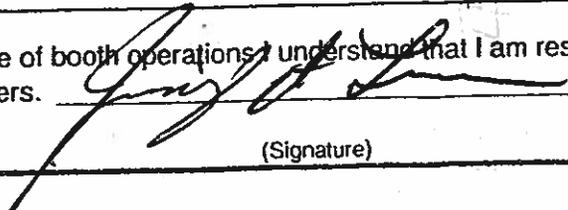
Name of Booth: Beer Event: Market Day Date: 5.2.19

Person in charge of booth: Cornyal Ason Phone #:

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Bud Models.
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.

  
(Signature)

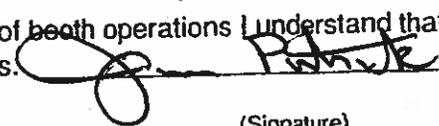
### Temporary Food Vendor Checklist

Name of Booth: <u>Roasted Corn</u>	Event: Market Day Date: <u>5-2-19</u>
Person in charge of booth: <u>Jana Patrick</u>	Phone #: <u>210 84495167</u>

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HEB Walmart
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: Helotes Ag Boosters Event: Market Day Date: 5-2-19

Person in charge of booth: Angela Cook Phone #: 415 7422

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Fajitas, Sausage, Nachos

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Schott's jams</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Angela Cook  
 (Signature)

### Temporary Food Vendor Checklist

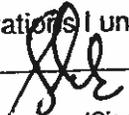
Name of Booth: <u>Troop 401</u>	Event: Market Day Date: <u>5.2.19</u>
Person in charge of booth: <u>Sandesh Chauhan</u>	Phone #: <u>925 984 7713</u>

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Ice cream floats

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HFB
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: Cooter Browns. Event: Market Day Date: 5.2.19

Person in charge of booth: Elizabeth Kidder Phone #: 210 695 5700

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied		
Foods from approved sources / No products made in the home		
Containers for wash/ rinse/ sanitize		
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.		<i>Need to get license</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)		
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.		
Booth provided with overhead cover		
Booth provided with floor as needed to control blowing dust / debris		
Waste disposal container provided		
Food service personnel using head covers		
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature)

# Alamo Attractions

## Temporary Food Vendor Checklist

Name of Booth: Funnelcakes, corn dogs Event: Market Day Date: 5-2-19  
 Person in charge of booth: Alamo Attractions Phone #: 210-414-5881

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	Sams Rest Depot
Foods from approved sources / No products made in the home	Y	Alamo Attractions
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: O'Connor Theater Event: Market Day Date: 5.2.19.

Person in charge of booth: Don & Mary Silens Phone #: 210 410 5581.

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

paletas, ice tea.

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	redyice, Walmart
Containers for wash/ rinse/ sanitize	Y	El Paraiso
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

(Signature) Don Silens

### Temporary Food Vendor Checklist

Name of Booth: <u>A Blend Above Dips</u>	Event: Market Day Date: <u>5.2.19.</u>	
Person in charge of booth: <u>Kagan. Tate.</u>	Phone #: <u>956.241.7770.</u>	
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>dip mixes</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____</p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

**Name of Booth:** Taste of Heaven KBobs      **Event:** Market Day    **Date:** 5.2.19.

**Person in charge of booth:** Benitez      **Phone #:** 210 47811671.

**Menu Risk:** (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

shrimp chicken, steak KBobs

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Ben E Keith
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
(Signature)

### Temporary Food Vendor Checklist

Name of Booth: Chans Chicken on Stick Event: Market Day Date: 02-19  
 Person in charge of booth: Tony Chan Phone #: 281-684-0089

Menu Risk: (circle one) **R1 Low Risk** / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Rice Tomem chicken

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Rest Depot Sams</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	Y	

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Tony Chan  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: O'Connor FFA Event: Market Day Date: 5.2.19

Person in charge of booth: Judy Flores Phone #: 210-8844529

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PPIs)  
Chicken on stick, Fried ice cream fried oreos

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Rest Depot
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	Y	

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.  
Judy Flores  
 (Signature)

## Temporary Food Vendor Checklist

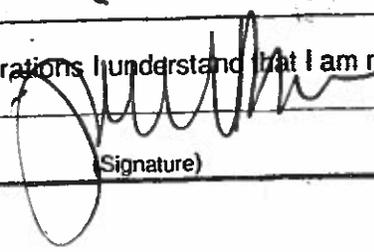
Name of Booth: Fredericksburg Men Donuts Event: Market Day Date: 5.2.19

Person in charge of booth: Jillie Byrnes Phone #: 8308892228

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
donuts

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Lil Orbitz, Rest Depot</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	/	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:	X	

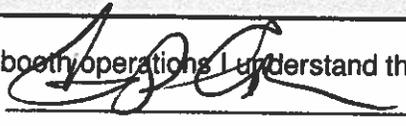
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>O'Connor Athletic Boosters</u>	Event: Market Day Date: <u>5-2-19.</u>
Person in charge of booth: <u>Chris Conlan.</u>	Phone #: <u>210.269.6379.</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / <del>R2</del> Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / <del>R2</del> Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<u>Tea.</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Canex</u>
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)		
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.		
Booth provided with overhead cover		
Booth provided with floor as needed to control blowing dust / debris		
Waste disposal container provided		
Food service personnel using head covers		
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. 

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: Helotes Hills UMC Event: Market Day Date: 5-2-15.  
 Person in charge of booth: Judy L. Lynn Phone #: 210-841-8012.

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
chicken fajitas

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HEB, Bobbers, Bill Millers.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Judy L. Lynn  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>The Orange.</u>	Event: Market Day Date: <u>5-2-19.</u>
Person in charge of booth: <u>Jerry Billquist</u>	Phone #: <u>880.237.2191.</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u>	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	Sysco HEB Wal-Mart
Containers for wash/ rinse/ sanitize	y	Costco
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

Jerry Billquist  
(Signature)

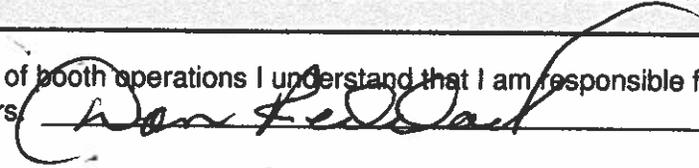
### Temporary Food Vendor Checklist

<b>Name of Booth:</b> Grey Forest Fire Dept.	<b>Event:</b> Market Day <b>Date:</b> 5-2-19.
<b>Person in charge of booth:</b> Don Reddout.	<b>Phone #:</b> 210-6955033

**Menu Risk:** (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	N/A	Walmart
Containers for wash/ rinse/ sanitize	↓	
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided ( Sneeze guards or foods wrapped)		
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.		
Booth provided with overhead cover		
Booth provided with floor as needed to control blowing dust / debris		
Waste disposal container provided		
Food service personnel using head covers		
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

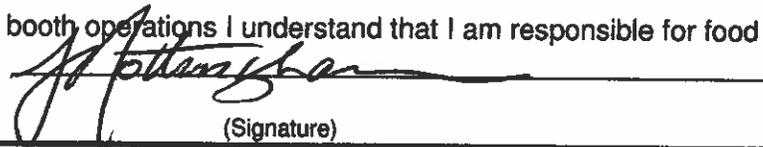
  
 \_\_\_\_\_  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: Grey Forest Area Firefighters Event: Market Day Date: 5-2-19.  
 Person in charge of booth: Jen Phone #: 210-347-7645.

Menu Risk: (circle one) R1 Low Risk / **R2 Medium Risk** / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
hot dogs, frito pie, lemonade

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Sams.
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.  
  
 (Signature)

### Temporary Food Vendor Checklist

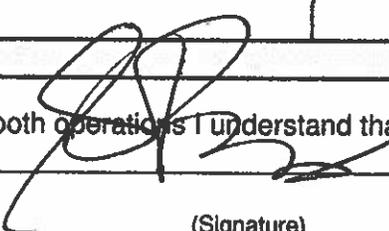
Name of Booth: <u>Perez Gorditas</u>	Event: Market Day Date: <u>5.2.19</u>
Person in charge of booth: <u>Mrs Perez</u>	Phone #: <u>210 8380000</u>

Menu Risk: (circle one) **R1 Low Risk** / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Gorditas, Tea.

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>SAMS.</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
 \_\_\_\_\_  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: Wolverines Football Event: Market Day Date: 4/5/19  
 Person in charge of booth: Felicia Elizondo Phone #: 2106437388

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

brisket on bun

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	X	
Foods from approved sources / No products made in the home	X	HEB Walmart Sams.
Containers for wash/ rinse/ sanitize	X	
Cold Foods maintained at 41 F or discarded in 4 hours.	X	
Hot foods maintained at 135 F or discarded in 4 hours.	X	
Sneeze protection provided ( Sneeze guards or foods wrapped)	X	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature)

### Temporary Food Vendor Checklist

<b>Name of Booth:</b> <u>Old Time Funnel Cakes</u>	<b>Event: Market Day Date:</b> <u>5-2-19.</u>
<b>Person in charge of booth:</b> <u>Anita Self</u>	<b>Phone #:</b> <u>254 433 9509</u>
<b>Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>	
<b>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</b>	
<u>funnel cakes cheese cakes lemonade.</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>AMS, Ben &amp; Keith</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:	y	

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Anita Self

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>A&amp;S Tacos</u>	Event: Market Day Date: <u>5-21-19</u>
Person in charge of booth: <u>Albert Saenz</u>	Phone #: <u>210.941.8191</u>
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / <del>R3 Higher Risk</del>	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<u>pork chicken beef taquitos</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Sams HEB</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.

Albert Saenz  
(Signature)

### Temporary Food Vendor Checklist

Name of Booth: Chickfil A. Bander Rd. Event: Market Day Date: 5-2-19

Person in charge of booth: Veronica Alonzo Phone #: 910 073 1872

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Chicken sandwich Chips tea

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<u>Chickfil A Bander Rd.</u>
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	
Hot foods maintained at 135 F or discarded in 4 hours.	✓	
Sneeze protection provided ( Sneeze guards or foods wrapped)	✓	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	✓	
Booth provided with overhead cover	✓	
Booth provided with floor as needed to control blowing dust / debris	✓	
Waste disposal container provided	✓	
Food service personnel using head covers	✓	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	✓	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Veronica Alonzo  
 (Signature)

422 & 423

### Temporary Food Vendor Checklist

Name of Booth: Lermas-Sandra y Sgt Event: Market Day Date: 5.2.19.  
 Person in charge of booth: Sandra Lerma Phone #: 210 6873450  
 Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
fried onions-shrimp on stick.

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Rest Depot SAMS.
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	X	

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

*Sandra Lerma*

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Casafelotes</u>	Event: Market Day Date: <u>5/2/19.</u>
Person in charge of booth: <u>Lydia Aguilar</u>	Phone #: <u>210-776-0956</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	N/A	
Foods from approved sources / No products made in the home	Y	HEB, CVS, Walmart.
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	<div style="font-size: 2em;">↓</div>	
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided ( Sneeze guards or foods wrapped)		
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.		
Booth provided with overhead cover		
Booth provided with floor as needed to control blowing dust / debris		
Waste disposal container provided		
Food service personnel using head covers		
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

Lydia Aguilar  
(Signature)

506 & 507.

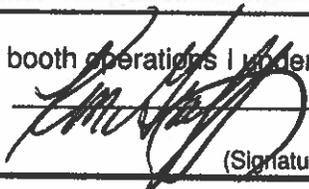
### Temporary Food Vendor Checklist

Name of Booth: South TX Maize Event: Market Day Date: 5-2-19.  
 Person in charge of booth: Ken Graff. Phone #: 830 741 3968.

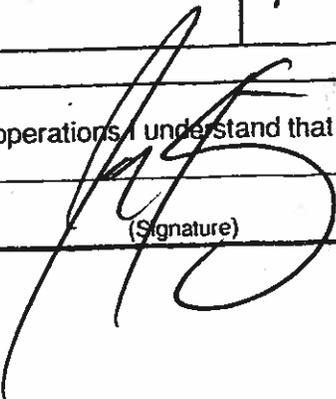
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Rettle corn - chicharrones.

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Ben E Keith</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Eastern Star</u>	Event: Market Day Date: <u>5.2.19</u>	
Person in charge of booth: <u>Jerry King</u>	Phone #: <u>710 748 8491</u>	
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>chicken tenders, corn fritters, salads</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Rest Depot</u>
Containers for wash/ rinse/ sanitize	X	
Cold Foods maintained at 41 F or discarded in 4 hours.	X	
Hot foods maintained at 135 F or discarded in 4 hours.	X	
Sneeze protection provided ( Sneeze guards or foods wrapped)	X	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		
As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. _____ <div style="text-align: center; margin-top: 10px;">                       (Signature)                 </div>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Helotes Lodge: Masons.</u>		Event: Market Day Date: <u>5.2.19</u>
Person in charge of booth: <u>Don Gaswill</u>		Phone #: <u>210.284.5220</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>tra hamburgers, nachos, chips, picles.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Ben Ekeeth, Costco.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u>[Signature]</u>		
(Signature)		

### Temporary Food Vendor Checklist

Name of Booth: Safety Whys Cares. Event: Market Day Date: 5-2-19.

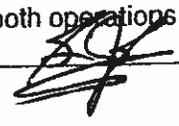
Person in charge of booth: Barbara Baldwin Phone #: 210-378-5073

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Strawberry Shortcake

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	S.P.C.O.
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.



(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <b>KC Hall</b>		Event: Market Day Date: <b>5/2/19</b>
Person in charge of booth: <b>Bill O'Brien</b>		Phone #: <b>695 6282</b>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<b>sausage of stick corn on cob</b>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<b>HEB Kielbassa</b>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <div style="text-align: center;">                       (Signature)                 </div>		

# CITY OF HELOTES

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## HEALTH INSPECTION SUMMARY JUNE 2019

### 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

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
Taco Bell	3	EXCELLENT
B-Daddy's	0	EXCELLENT
Subway	6	EXCELLENT
Pho An	10	EXCELLENT
Pizza Hut	0	EXCELLENT
Slim Chickens	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**

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JUL 08 2019

CITY OF HELOTES
12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877
Mailing Address: P.O. Box 507, Helotes, TX 78023
Retail Food Establishment Inspection Report

CITY OF HELOTES

Establishment: Taco Bell License # RC: 3 Date: 6/28/19
Purpose of Visit: [X] Compliance Inspection [ ] Consultation [ ] Complaint [ ] Illness Investigation [ ] Other:

- {A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
2. Hot holding temperatures / time
3. Cooking temperatures / time
4. Proper cooling of foods / time
5. Rapid reheating of foods (temperature and time)
6. Food control surfaces clean and sanitized
{ } cutting boards { } meat slicer { } food grinder
7. Potential for cross-contamination to occur
8. RTE foods / no direct hand contact
9. Foods from approved sources / labeling
10. Foods protected from contamination
11. Other:

- {C} Management and Personnel (4 pts)
23. Manager on duty currently certified?
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

- {D} Non-Critical (3 pts)
29. Food equipment construction / repair
30. Facility construction (floors / walls) / repair
31. Housekeeping contributes to infestation
32. Non-food contact surfaces clean
33. Garbage / solid waste storage
34. Consumer advisories posted
35. Inspection report displayed for public
36. Other

{E} Corrections / Improvements Made / Comments:

#32 Provided for Non-Food Contact Surfaces to be Clean

Critical Temperature Verification:

Table with 2 columns: Food Item and Process, Temp (F°)
Walk-in 38° Freezer 0° Walk-in
Freezer 0° Prep Cook 36°
Hot 180° Beans 180°
Worms 160°

{B} Facilities, Equipment and Food Storage (3 pts)

- 12. Hand washing stations supplied and clean
13. Dishwashing / sanitizing (250 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 130
21. Sewage disposal meets code
22. Other

As the person in charge of this facility, I understand I am responsible 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 failure 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

Table with 5 columns: Area, Superior, Above Average, Average, Minimal
Rows: Training, Restrooms, Housekeeping, Equipment, Construction, Overall Rating

HACCP Compliance Score = 3
(Does not apply to consultations or follow-up visits)

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: B. Daddy's License # \_\_\_\_\_ RC: 3 Date: 6/28/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time ✓
  4. Proper cooling of foods / time ✓
  5. Rapid reheating of foods (temperature and time) ✓
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur ✓
  8. RTE foods / no direct hand contact ✓
  9. Foods from approved sources / labeling ✓
  10. Foods protected from contamination ✓
  11. Other: \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
  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 ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
  30. Facility construction (floors / walls) / repair ✓
  31. Housekeeping contributes to infestation ✓
  32. Non-food contact surfaces clean ✓
  33. Garbage / solid waste storage ✓
  34. Consumer advisories posted ✓
  35. Inspection report displayed for public ✓
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

Looks Good!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 38° Walk-in 0°	
Churn 150° / 150° Fryer	40°
Potato Salad 43°	
Pulled Pork 140°	

- {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 120 ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training	/			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Subway License # \_\_\_\_\_ RC: 3 Date: 6/28/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact ✓
  9. Foods from approved sources / labeling ✓
  10. Foods protected from contamination ✓
  11. Other: \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

#12 Provided for Handwash Stations to be supplied

#32 Provided for Non-food Contact Surfs to be cleaned

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 45° Walk-in 10°</u>	
<u>Hot Ball 180° Display Temp 45°</u>	
<u>Fridge 45° Fridge 45°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
  13. Dishwashing / sanitizing (300 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 120°
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 6  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Pho An License # \_\_\_\_\_ RC: 3 Date: 6/28/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time ✓
  4. Proper cooling of foods / time ✓
  5. Rapid reheating of foods (temperature and time) ✓
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur ✓
  8. RTE foods / no direct hand contact ✓
  9. Foods from approved sources / labeling ✓
  10. Foods protected from contamination ✓
  11. Other: \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
  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 ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
  30. Facility construction (floors / walls) / repair ✓
  31. Housekeeping contributes to infestation ✓
  32. Non-food contact surfaces clean ✓
  33. Garbage / solid waste storage ✓
  34. Consumer advisories posted ✓
  35. Inspection report displayed for public ✓
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

#12 Provid. for handwash station to be supplied and accessible

#27 Provid. for proper hand sanitizers.

#14 Provid. for proper food storage

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° Prep table 40°	
Fridge 40 Freezer 10°	
Freezer 0°/0°/0°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (100 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 120 ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 10  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian



# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Spin Chickens License # \_\_\_\_\_ RC: 3 Date: 6/28/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
  2. Hot holding temperatures / time ✓
  3. Cooking temperatures / time ✓
  4. Proper cooling of foods / time ✓
  5. Rapid reheating of foods (temperature and time) ✓
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur ✓
  8. RTE foods / no direct hand contact ✓
  9. Foods from approved sources / labeling ✓
  10. Foods protected from contamination ✓
  11. Other: \_\_\_\_\_

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 0°	
Display Fridge 40° Chicken 170°/190°	
Freezer 10° Fridge 42°/40°/88°	
Prep Cooler 40°/40° Warm 160°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (250 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 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
  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 ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
  30. Facility construction (floors / walls) / repair ✓
  31. Housekeeping contributes to infestation ✓
  32. Non-food contact surfaces clean ✓
  33. Garbage / solid waste storage ✓
  34. Consumer advisories posted ✓
  35. Inspection report displayed for public ✓
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

Looks Great!

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person In Charge / Manager / Owner

\_\_\_\_\_  
 Evaluation by Registered Sanitarian

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CITY OF HELOTES

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY June 2019

### 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 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.)

Pet

**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	29 or more demerits

<u>Name of Establishment</u>	<u>Compliance Score</u>	<u>Rating</u>
Schotts Meat Market	ns	approved

**Other Activities – phone consultations with Schotts Meat Market contractor**

**Phone consultations with Market vendors**

**Inspected 20 booths at Market days**

**Lori Calzonci, RS  
City Health Inspector**

# CITY OF HELOTES

12951 Bandera Road, Helotes, Texas 78023 (210) 695-8877

Mailing Address: P.O. Box 507, Helotes, TX 78023

## Retail Food Establishment Inspection Report

Establishment: Schott's Meat Mkt. License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 6/13/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: COFO

- {A} Critical Food Safety Controls (5 pts)**  
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
  2. Hot holding temperatures / time
  3. Cooking temperatures / time
  4. Proper cooling of foods / time
  5. Rapid reheating of foods (temperature and time)
  6. Food control surfaces clean and sanitized  
 { } cutting boards { } meat slicer { } food grinder
  7. Potential for cross-contamination to occur
  8. RTE foods / no direct hand contact
  9. Foods from approved sources / labeling
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
  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

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
  30. Facility construction (floors / walls) / repair
  31. Housekeeping contributes to infestation
  32. Non-food contact surfaces clean
  33. Garbage / solid waste storage
  34. Consumer advisories posted
  35. Inspection report displayed for public
  36. Other \_\_\_\_\_

**{E} Corrections / Improvements Made / Comments:**

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

- {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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

Seal floors throughout the kitchen & meat counter

- Install self closers on bathroom door & back door.

- Seal along bottom of back door

Go approved.

As the person in charge of this facility, I understand I am responsible 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 failure 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	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

[Signature]  
 Person In Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian  
 210-323-3475



## Temporary Food Vendor Checklist

Name of Booth: <u>FruitCups / Turkey Legs</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Jessica Garcia</u>	Phone #: <u>2105448019.</u>
Menu Risk: (circle one) <u>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</u>	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HEB, Sams.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	Y	

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

Jessica Garcia

(Signature)

## Temporary Food Vendor Checklist

4912

Name of Booth: <u>SASnowie</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Jos Vasquez</u>	Phone #: <u>2102181082-6</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<u>donuts / waffles</u>	

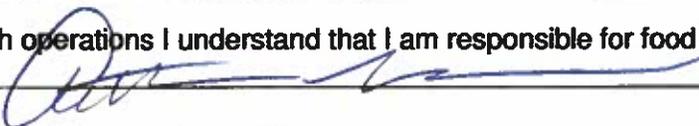
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	State Fair, Segora.
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	X	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	X	
Waste disposal container provided	X	
Food service personnel using head covers	X	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	X	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

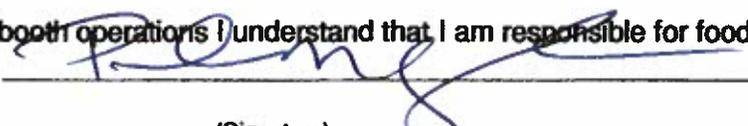


(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Jolies.</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Jolie Jodon.</u>		Phone #: <u>830489966.</u>
Menu Risk: (circle one) <u>R2</u> Medium Risk / R1 Low Risk / R3 Higher Risk		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>chicken, burgers, ribbon fries.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>y</u>	
Foods from approved sources / No products made in the home	<u>y</u>	<u>Rest Depot</u>
Containers for wash/ rinse/ sanitize	<u>y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>y</u>	
Booth provided with overhead cover	<u>y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>y</u>	
Waste disposal container provided	<u>y</u>	
Food service personnel using head covers	<u>y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>y</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center;">               _____              (Signature)         </div>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Frozen Slushies, Icecream</u>		Event: <u>Market Day</u> Date: <u>6-1-19</u>
Person in charge of booth: <u>Pam Gonzales (DeLaRosa)</u>		Phone #: <u>210-872-2815</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>ice cream / slushies.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>LeBatt</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u></u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Vincent's Fine Foods</u>		Event: <u>Market Day</u> Date: <u>6-1-19.</u>
Person in charge of booth: <u>Mrs. Rangel</u>		Phone #: <u>210 414 2002.</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Chorditas, nachos, tacos.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>HEB Sams</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:	<u>Y</u>	
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Isolanda Rangel</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>USAs Snow Cones</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>USA Rangel</u>		Phone #: <u>210 414 2002</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Candies, Chips, Snow Cones, Aides</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Sam's HEB Costco</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Jose M Rangel</u> (Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Sodas</u>	Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Ang. Stahls</u>	Phone #: <u>210-380-2588</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

Sodas

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Sodas</u>
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
Ang. Stahls  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Filipinolicious</u>		Event: Market Day Date: <u>12-1-19</u>
Person in charge of booth: <u>Mania Bantista</u>		Phone #: <u>210 907 1654</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Lumpia, pancit, ham cheese</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>X</u>	
Foods from approved sources / No products made in the home	<u>X</u>	<u>Costco, Rest Dept</u>
Containers for wash/ rinse/ sanitize	<u>X</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>X</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>X</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>X</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>X</u>	
Booth provided with overhead cover	<u>X</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>X</u>	
Waste disposal container provided	<u>X</u>	
Food service personnel using head covers	<u>X</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>X</u>	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u>Mania Bantista</u> <div style="text-align: center;">(Signature)</div>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Roasted Corn.</u>	Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Eliot Kuegel</u>	Phone #: <u>882-8099.</u>
Menu Risk: (circle one) <u>R2 Medium Risk</u> / R1 Low Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

roasted corn

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Catalini</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

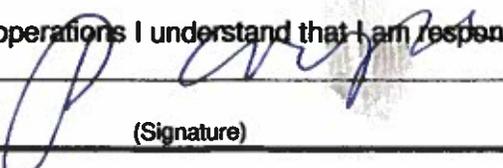
(Signature)



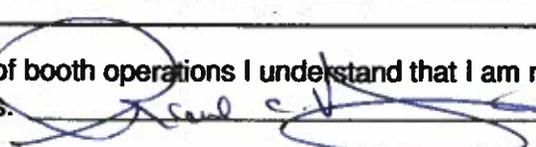
## Temporary Food Vendor Checklist

Name of Booth: <u>Josh's Texas Empanadas</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Ms. Maier</u>		Phone #: <u>210 478 2410</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>empanadas</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Wal Mart's HFB</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	x	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u><i>Patricia Maier</i></u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Coopers</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Priscilla Cooper</u>		Phone #: <u>210 1,95 3466</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u>		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>shilly cheese</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>y</u>	
Foods from approved sources / No products made in the home	<u>y</u>	<u>Rest Depot <del>PHF</del> Sims</u>
Containers for wash/ rinse/ sanitize	<u>y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>y</u>	
Booth provided with overhead cover	<u>y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>y</u>	
Waste disposal container provided	<u>y</u>	
Food service personnel using head covers	<u>y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>y</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u></u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Velmas Tacos</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Velma Kogasz</u>		Phone #: <u>210-730-8074</u>
Menu Risk: (circle one) <u>R2 Medium Risk</u> / R1 Low Risk / R3 Higher Risk		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>street tacos</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>Rest Dept.</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>X</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u></u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

**Name of Booth:** Will's Hawaiian Fried Rice **Event:** Market Day **Date:** 6-19  
**Person in charge of booth:** Will Tamaleo **Phone #:** 210.3477785  
**Menu Risk:** (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Rice

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>COSTCO HEB</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. Will Tamaleo

(Signature)

### Temporary Food Vendor Checklist

<b>Name of Booth:</b> <u>Lemonade.</u>	<b>Event: Market Day Date:</b> <u>6-1-19.</u>
<b>Person in charge of booth:</b> <u>[Signature]</u>	<b>Phone #:</b> <u>(210) 725-8296.</u>
<b>Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>	
<b>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</b>	
<u>Lemonade.</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Walmart.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers-	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	Y	

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature) [Signature]

## Temporary Food Vendor Checklist

Name of Booth: <u>Reynas Kitchen</u>		Event: <u>Market Day</u> Date: <u>6-14</u>
Person in charge of booth: <u>Purotolican Food Reynas</u>		Phone #: <u>210 589 8687</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>Roast fruit etc.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HEB</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	-	
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Reynas</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Hot Dogs</u>		Event: Market Day Date: <u>6-1-19</u>
Person in charge of booth: <u>Dominique Saucedo</u>		Phone #: <u>210 365 8899</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>nachos hot dogs</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>SAMS HERB</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	X	
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Dominique Saucedo</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: Island Flavor Event: Market Day Date: 6-1-19

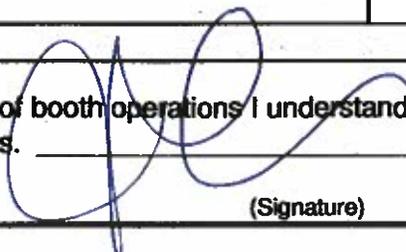
Person in charge of booth: Joe Resano Phone #: 808 342 7299

Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

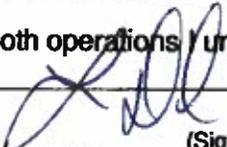
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PIFs)

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	Rest Depot HEB
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

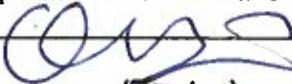
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.

  
 \_\_\_\_\_  
 (Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Catch the Wave</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Leo Davila.</u>		Phone #: <u>210602 3062</u>
Menu Risk: (circle one) <u>R2 Medium Risk</u> / R1 Low Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>#37A street tacos.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Rest Depot</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:	y	
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center;">               _____              (Signature)         </div>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Potstickers</u>		Event: Market Day Date: <u>6-1-19.</u>
Person in charge of booth: <u>Quixia D. Dela</u>		Phone #: <u>210-4805106.</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Potstickers, rangoons, fed</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HSB COSTCO</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u></u></p> <p style="text-align: center;">(Signature)</p>		