

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

April 2018

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>
Congelato	approved	
Simply Raw	0	excellent
Gas and Go	disapproved	
Burger King	disapproved	
Both disapprovals approved by Monty McGuffin		

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

Consultation with new market vendor

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: GAS 960 License # — RC: 3 Date: 4-9-18.
 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:

All ceiling tiles must be in place
Seal all penetrations thru ceiling tiles
Seal brick walls -
Provide covered trashcans in women's
restrooms

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

John Alvarado
 Evaluation by Registered Sanitarian
 210.323.3475

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: Burger King License # _____ RC: 3 Date: 4-9-18
 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:

All cooling files must be in place
Provide paper towels at hand sink

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 = 15
 (Does not apply to consultations or follow-up visits)

 Person in Charge / Manager / Owner

 Evaluation by Registered Sanitarian

210 723 3475

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: Concralets License # _____ RC: 2 Date: 4-3-18
 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:**

Approved for
Food Handler

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

 Person In Charge / Manager / Owner

Alan Calhoun
 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: Simply Raw. License # 4638, RC: 2 Date: 4-3-18
 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:

No problems found!

Perfect Score!

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)

Cross / De Li
 Person In Charge / Manager / Owner

John Cannonet
 Evaluation by Registered Sanitarian

RECEIVED

MAY 07 2018

CITY OF HELOTES

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

April 2018

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>
B-Daddy's	0	EXCELLENT
Gas & Go	N/A	C of O
Burger King	N/A	C of O
Pho An	14	GOOD
Grand Patron	N/A	OUT OF BUSINESS

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

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

RECEIVED

MAY 07 2018

CITY OF HELOTES

Establishment: B-Daddy's License # _____ RC: 3 Date: 4/18/18
 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°)
Walk-in 40° / Walk-in 20°	
Fridge 38° / Warmers 150°	
Potato Salad 40°	
Steam Table 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

13041 Bandera Rd

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: Gas + Go Market License # _____ RC: 2 Date: 4/12/18
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: c/o

- {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:

c/o Approved
4/12/18
Approved for Health Permit
Approved for food operation
[Signature]

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

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

13045 Bandera

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: Burger King License # _____ RC: 3 Date: 4/12/18
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: 90

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

- {C} Management and Personnel (4 pts)**
- Manager on duty currently certified?
 - Manager demonstrates proper use of thermometer
 - Personnel with infections restricted / excluded
 - Proper hand washing demonstrated
 - Good hygienic practices observed
 - Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
- Food equipment construction / repair
 - Facility construction (floors / walls) / repair
 - Housekeeping contributes to infestation
 - Non-food contact surfaces clean
 - Garbage / solid waste storage
 - Consumer advisories posted
 - Inspection report displayed for public
 - Other _____

{E} Corrections / Improvements Made / Comments:

C/O Approved
4/12/18
Approved for Health Permit
Approved for Food Operation
[Signature]

Critical Temperature Verification:

Food Item and Process	Temp (F°)

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean
 - Dishwashing / sanitizing (____ ppm/____ Temp.)
 - Food storage area meets code
 - Storage and use of toxic items
 - Evidence of insects or rodents / infestation
 - Sewage disposal / Grease trap
 - Thermometers provided / used
 - Plumbing / no cross-connections
 - Water supply / hot water
 - Sewage disposal meets code
 - 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 = 44
 (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: 4/18/18
 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 COS
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other:
#7 Provide this food items are properly stored. No need "RAW" on top of vegetables

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Walk-in 40°</u>	
<u>Prep-Cooler 38°</u>	
<u>Fridge 40°</u>	
<u>Freezer 10°/20°/25°</u>	

- {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:

#14 Provide this food items are stored a min of 6 inch off of the ground

#15 Provide for all Toxic items to be properly stored

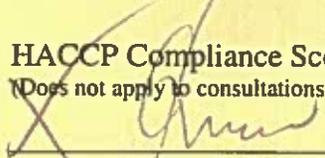
#32 Provide for Non Food contact Surfaces to be cleaned

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.

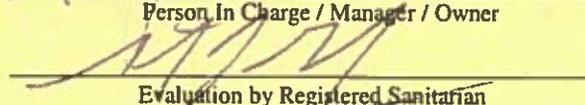
Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 14
 (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: Grand Patron License # _____ RC: 3 Date: 4/18/18
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: O.O.B

- {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:

Out of Business

4/18/18

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 =

(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

Temporary Food Vendor Checklist

Name of Booth: Sweet Dream Event: HG Market Day Date: 4/7/18

Person in charge of booth: Penelope Nelson Phone #: 214-872-2815

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)
Fennel C. Ke, Burger / Hot Chica

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>SAT / 6:00 AM / AM</u>
Containers for wash/ rinse/ sanitize	<u>YES</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>YES</u>	<u>ON ICE</u>
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Hand To only</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>NO</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>—</u>	
Other:		

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

Temporary Food Vendor Checklist

Name of Booth: Scotty & Sons of 5 / Almond / Booth 44 Event: Market Day Date: 4/7/14

Person in charge of booth: STacy Kivsc Phone #: 214-421-2950

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)
Scotty Tigg / Hagan / Fish & chips / Salt Brine / Ham + H

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied		
Foods from approved sources / No products made in the home	1/75	<u>SALT + HEAT H</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.

[Signature]
(Signature)

Temporary Food Vendor Checklist

Name of Booth: Tecsa's Pie Event: H6 Market Day Date: 4/7/12

Person in charge of booth: _____ Phone #: 210-604-5585

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 Pie / Meat Pie / Beef Roll

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>Res Sign</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>Cooky To order</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>Yes</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. [Signature]
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Lion + Rose</i>		Event: <i>HC</i> Market Day Date: <i>4/7/18</i>
Person in charge of booth: <i>Bin Location</i>		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)		
<i>Fish + Chips / Sauté Egg / Chips + Cheese / Burger</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>from Best Foods "Kinn"</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Fridge 40°</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Warm</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>NA</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. <u><i>Christine Ferguson</i></u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Splendid Ice</i>		Event: <i>HG</i> Market Day Date: <i>4/7/18</i>
Person in charge of booth: <i>James Dines</i>		Phone #: <i>710-345-0737</i>
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)		
<i>Hot Chees & Coffee / Splendid Ice</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>Waters / All this</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
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.	<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.	—	
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: Party Tyme Kettle Korn Event: Market Day Date: 4/7/18

Person in charge of booth: _____ Phone #: 210-204-7155

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)
Kettle Korn

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>ACE Mart / COST Co</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. _____
(Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Copper Corner "Cone + Shake"</i>	Event: <i>HG</i> Market Day Date: <i>4/7/18</i>
Person in charge of booth: <i>Neil Cooper</i>	Phone #: <i>432-557-6714</i>
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)	
<i>Ice Cream + Shake</i>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Y/TS</i>	
Foods from approved sources / No products made in the home	<i>YES</i>	<i>Compack/Syseo/SAN</i>
Containers for wash/ rinse/ sanitize	<i>Y/TS</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>YES</i>	<i>Ice Cream Shake</i>
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.	<i>YES</i>	
Booth provided with overhead cover	<i>YES</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Y/TS</i>	
Waste disposal container provided	<i>Y/TS</i>	
Food service personnel using head covers	<i>Y/TS</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		

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

Neil Cooper

 (Signature)

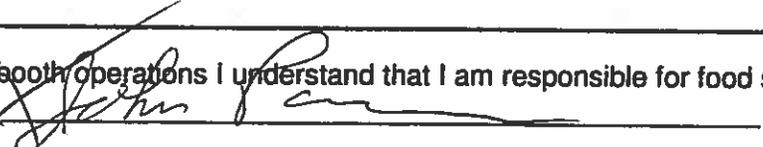
Temporary Food Vendor Checklist

Name of Booth: <u>A Little Taste of Home on a Street</u>		Event: <u>Market Day</u> Date: <u>4/7/14</u>
Person in charge of booth: <u>Ben Tiz</u>		Phone #: <u>710-474-1671</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>Chicken N. Bob / Burg on Sticks / Corn Dog / M. 55c Fried</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>Ben Tiz / Ben Tiz</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>170° 135°</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.	No	
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>Ben Tiz</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Big Sky Concession</i>		<i>Highland Grove</i> Event: Market Day Date: 4/7/14
Person in charge of booth: <i>Bryan Williams</i>		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)		
<i>Philly Cheese Steak / Burgers on steak / Gyoza</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>Resto Dip</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>on-ICE</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Served on steam 140° Gyoza hot 140° chicken 135°</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>N/A</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>Bever Cutery</i>		Event: <i>HG</i> Market Day Date: <i>4/7/18</i>
Person in charge of booth: <i>John Pardon</i>		Phone #: <i>210-744-6328</i>
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)		
<i>Fries / Philly Cheese / Chick a-Strut</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>Acst Dgs + SAUTS</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>on-ice</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Side to order</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 <u>utensils</u> .	<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>✓</i>	
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;">  </div>		
(Signature)		

Temporary Food Vendor Checklist

Name of Booth: <i>Cooper's Curser Lemonade</i>		Event: <i>HG</i> Market Day Date: <i>4/7/18</i>
Person in charge of booth: <i>Steve Cooper</i>		Phone #: <i>432-559-6714</i>
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)		
<i>Lemonade</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>SAT</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>N/A</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>N/A</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>N/A</i>	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <i>Steve Collier</i>		
(Signature)		

Temporary Food Vendor Checklist

Name of Booth: Espresso Event: Market Day Date: 2/7/14

Person in charge of booth: Jeanette Phone #: 710-478-2414

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)
B+C / Pumpkin / Pecan Pie / Cheesecake

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</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>Yes</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Tray</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>Tray</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	<u>Tray</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. Jeanette Mark
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: Lisa Snow Corp Event: Market Day Date: 4/7/14

Person in charge of booth: _____ Phone #: 210-257-5135

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)
Coffee / Snow Corp / Pie Party / Hot Coco

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>SAM'S / Walmart / HEB</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>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. X Y. Adam Kayel
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: Vincent Fine Foods Event: Market Day Date: 4/7/18

Person in charge of booth: _____ Phone #: 214-257-5135

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 / PMFs)
Breads / Juices / Goodies

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>SAM + HEB</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>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>	
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.		
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>A 5th BBO</u>		Event: Market Day Date: <u>4/7/18</u>
Person in charge of booth:		Phone #: <u>830-480-9556</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>Burgers / Ribbon Chips / Biscuits</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>HEB + Costco</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>40°/0°</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>135°</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Truck</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>	Truck
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>—</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><i>Alex Wilson</i></u> (Signature)		

Temporary Food Vendor Checklist

Name of Booth: <u>G1</u>		Event: Market Day Date: <u>4/7/14</u>
Person in charge of booth: <u>Quynh Dai</u>		Phone #: <u>210-480-5106</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>Dumpling Eggroll only</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>HEB</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>Ice chest</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>	
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>NO</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> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Garlic Concession</i>		Event: Market Day Date: <i>4/7/18</i>
Person in charge of booth:		Phone #: <i>210-544-8019</i>
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)		
<i>Agave Fresco / Fruitly / Turkey Legs</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>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>on Ice</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>140°</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>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

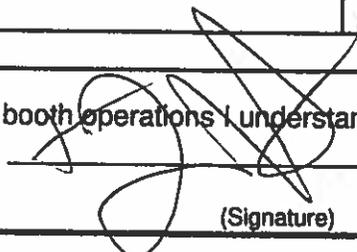
Name of Booth: Party Time Kettle Korn Event: Market Day Date: 4/17/14

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)
Kettle Korn

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>Assorted Baked</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 <u>utensils</u> .	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</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: DeK-T- Soder Event: Market Day Date: 2/7/18

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)
Sodas + Water

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>N/A</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Sodas</u>
Containers for wash/ rinse/ sanitize	<u>N/A</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>—</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>—</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>—</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.		
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>Armed Home</u>		Event: Market Day Date: <u>4/7/15</u>
Person in charge of booth:		Phone #: <u>828098</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>Armed Home</u>		
Temporary Food Vendor Requirements	Yea/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>CIT-LIN</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>	<u>Armed Home</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>NA</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. <u>Armed Home</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Capers Event: Market Day Date: 4/7/18

Person in charge of booth: 210 Phone #: 695-3466

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

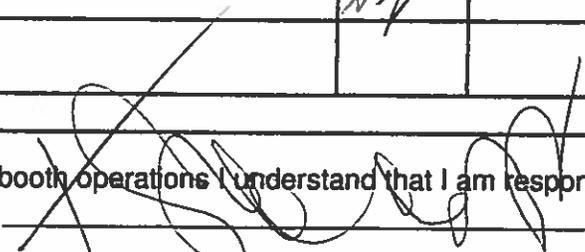
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	SANI's
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	
Hot foods maintained at 135 F or discarded in 4 hours.	✓	Note To only
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.	✓	
Booth provided with overhead cover	✓	
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]

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Voices Street Tacos</u>		Event: Market Day Date: <u>4/7/18</u>
Person in charge of booth:		Phone #: <u>210-780-1976</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>Street Tacos / Columbus</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<u>HEB</u>
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	<u>Ice Chest</u>
Hot foods maintained at 135 F or discarded in 4 hours.	✓	
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>Y-10</u>	
Booth provided with overhead cover	<u>Y-13</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>N/A</u>	
Waste disposal container provided	<u>Y-15</u>	
Food service personnel using head covers	<u>Y-15</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N-7</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> 		
(Signature)		

Temporary Food Vendor Checklist

Name of Booth: L. J. Acas Boiled Peas Event: Market Day Date: 4/7/15

Person in charge of booth: _____ Phone #: 954 777-1412

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)
Boiled Peas

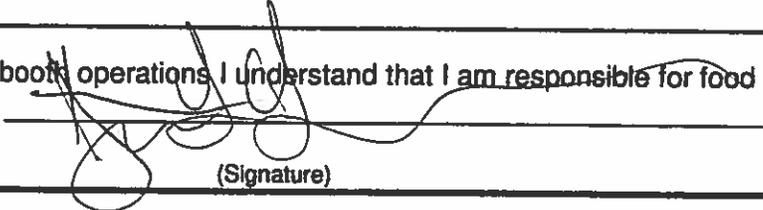
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>N/A</u>	
Hot foods maintained 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>✓</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>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. _____
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Freak Link?</u>		Event: Market Day Date: <u>4/7/18</u>
Person in charge of booth:		Phone #: <u>210-365-8555</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>Hot Dog / Sausage</u>		
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 Day Saus</u>
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	<u>Ice chest</u>
Hot foods maintained at 135 F or discarded in 4 hours.	✓	<u>cheese "Winn"</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	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:		
<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> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Taco's Entero</i>		Event: Market Day Date: <i>4/7/18</i>
Person in charge of booth:		Phone #: <i>214-831-3604</i>
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)		
<i>Breakfast Taco's / Turtaco's</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<i>Rest Dept</i>
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>180° Beefaron 170° Beef</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	✓	<i>Truck</i>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	✓	
Booth provided with overhead cover	✓	<i>Truck</i>
Booth provided with floor as needed to control blowing dust / debris	✓	<i>Truck</i>
Waste disposal container provided	✓	
Food service personnel using head covers	✓	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>NIS</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="text-align: center;">  _____ (Signature) </div>		

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

May 2018

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	N/A	C of O

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Market Days 5/5/2018
- Cornyval 5/3/2018 Licensing night
- Cornyval 5/4/2018 Follow-up

➤ Cornyval 5/5/2018 Follow-up

**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: Rios Barbecue License # _____ RC: 3 Date: 5/20/18
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: CP
16

- {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:

CFO Temporal Approval

Until a few items

can be fixed

- Replace Clock Title

in Kitchen area

- Patch Holes in

Prog Area

CFO Temporal Approval

STP 5/20/18

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 =

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

[Signature]
 Person In Charge / Manager / Owner

[Signature]
 Evaluation by Registered Sanitarian

RECEIVED
JUN 11 2018
CITY OF HELOTES

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

May 2018

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
Bobby Js	88	good
Helotes café and bakery	approved	

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

Cornyval inspections – 47 booths

Lori Calzoncit, RS
City Health Inspector

RECEIVED

CITY OF HELOTES

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

JUN 11 2018

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

Retail Food Establishment Inspection Report

CITY OF HELOTES

Establishment: Helotes Cafe & Bakery License # _____ RC: _____ Date: 5/4/18
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:

Table with 2 columns: 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:

restroom door must be self closing
handsink must be accessible to coffee station / bakery counter
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.

Table: Non-Critical Food Safety Rating. Columns: Area, Superior, Above Average, Average, Minimal. Rows: Training, Restrooms, Housekeeping, Equipment, Construction, Overall Rating.

HACCP Compliance Score = (D)
(Does not apply to consultations or follow-up visits)
Person In Charge / Manager / Owner
Evaluation by Registered Sanitarian

RECEIVED

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

JUN 11 2018

CITY OF HELOTES

Establishment: O'Connor HS License # RC: 2 Date: 54-18
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:

Critical Temperature Verification:

Table with 2 columns: 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:

Handwritten notes and signature: repair broken floor tiles before fall

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 include Training, Restrooms, Housekeeping, Equipment, Construction, Overall Rating.

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

Signature of Person In-Charge / Manager / Owner and Registered Sanitarian evaluation.

RECEIVED

JUN 11 2018

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: Helotes ES License # RC: 2 Date: 5418
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:

Great Job!
no problems found!

Critical Temperature Verification:

Table with 2 columns: 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

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

HACCP Compliance Score = 100
(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

RECEIVED

JUN 11 2018

CITY OF HELOTES

Establishment: Keuntz ES. License # _____ RC: 2 Date: 5-4-18
 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 = 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: Bobby's License # _____ RC: 3 Date: 5418
 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)
- Cold holding temperatures / time
 - Hot holding temperatures / time
 - Cooking temperatures / time
 - Proper cooling of foods / time
 - Rapid reheating of foods (temperature and time)
 - Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 - Potential for cross-contamination to occur
 - RTE foods / no direct hand contact
 - Foods from approved sources / labeling
 - Foods protected from contamination
 - Other: _____

Critical Temperature Verification:

Food Item and Process	Temp (F°)

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean
 - Dishwashing / sanitizing (____ ppm / ____ Temp.)
 - Food storage area meets code
 - Storage and use of toxic items
 - Evidence of insects or rodents / infestation
 - Sewage disposal / Grease trap
 - Thermometers provided / used
 - Plumbing / no cross-connections
 - Water supply / hot water
 - Sewage disposal meets code
 - Other: _____

- {C} Management and Personnel (4 pts)**
- Manager on duty currently certified?
 - Manager demonstrates proper use of thermometer
 - Personnel with infections restricted / excluded
 - Proper hand washing demonstrated
 - Good hygienic practices observed
 - Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
- Food equipment construction / repair
 - Facility construction (floors / walls) / repair
 - Housekeeping contributes to infestation
 - Non-food contact surfaces clean
 - Garbage / solid waste storage
 - Consumer advisories posted
 - Inspection report displayed for public
 - Other: lighting

{E} Corrections / Improvements Made / Comments:

Clean wall behind 3 comp sink.
Clean inside & outside of back coolers / freezers.
Clean french fry cutter
Clean inside ice machines
Provide light in storage room
Provide paper towels. At hand sink
Repair ceiling over prep line

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 = 98 - 12
 (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: <u>Dulce Victoria</u>	Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Alex Vitbreal</u>	Phone #: <u>210 665-2776</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>cakes</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>Dulce Victoria / 717 Free</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)

4999

Temporary Food Vendor Checklist

Name of Booth: Alamo Attractions Event: Market Day Date: 5-15-13

Person in charge of booth: Stephanie Cox 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)
corn dogs, cheetos w/ chow, funnel cakes.

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	Resi Depot Sysco
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: Alamo Attractions Event: Market Day Date: 5/13/18

Person in charge of booth: Stephanie Cox 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	Costco
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. Stephanie Cox
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Alamo Attractions</u>		Event: <u>Market Day</u> Date: <u>5/3/18</u>
Person in charge of booth: <u>Stephanie Cox</u>		Phone #:
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>corn dogs nachos</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>Atco Pest Report</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. _____ <div style="text-align: center;">(Signature)</div>		

corn dog/nachos
- ice chests

waste lines - leaking
- mp pull -

Temporary Food Vendor Checklist

5602

Name of Booth: Alamo Attractions Ice Cream | Event: Market Day | Date: 5-3-18

Person in charge of booth: Stephrene Cox | 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)

Ice Cream

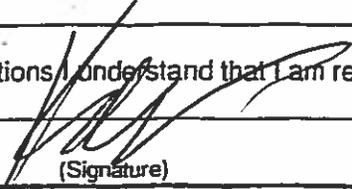
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	wash hands
Foods from approved sources / No products made in the home	Y	Specialty
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F 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:		

received complaint about handwashing

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

(Signature) Stephrene Cox

Temporary Food Vendor Checklist

Name of Booth: Helotes #44		Event: Market Day Date: 5/3/18.
Person in charge of booth: Kevin McGree.		Phone #: 210.3659472
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)		
Tajita Sausage Wraps		
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	Snatz, Costco
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;"> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>O'Connor PFA</u>		Event: Market Day Date: <u>5.3.18.</u>
Person in charge of booth: <u>Mary Bass & Judy Flores</u>		Phone #: <u>210 347 7734</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>chicken on stick</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 Sysco.</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>		

Comynval

Temporary Food Vendor Checklist

Name of Booth: <u>Casa Helotes</u>		Event: Market Day Date: <u>5-3-18</u>
Person in charge of booth: <u>Sylvia Rohmfeld</u>		Phone #: <u>695-8510</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>bottled water.</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.	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.		
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)		

Comynval

Temporary Food Vendor Checklist

Name of Booth: <u>Perez Gorditas.</u>		Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Mrs. Perez.</u>		Phone #:
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>Gorditas - beef chicken bean 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</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>	
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____		
(Signature)		

Cornynval

Temporary Food Vendor Checklist

Name of Booth: <u>Wolverines</u>		Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Felicia Elizondo</u>		Phone #: <u>210 643 7308</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>brisket on bun chips tea</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>Sams Walmart Butcher</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:		
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)		

Comyval

Temporary Food Vendor Checklist

Name of Booth: Old Time Funnel Cakes Event: Market Day Date: 5/3/18
 Person in charge of booth: Anita Self Phone #: 254 433 9509

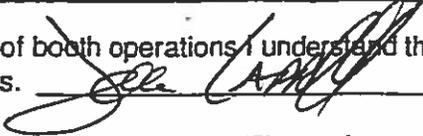
Menu Risk: (circle one) R2 Medium Risk / R1 Low Risk / R3 Higher Risk
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
oreos, funnel cakes, cheer cakes

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 Ben 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:	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)

Comynal

Temporary Food Vendor Checklist

Name of Booth: <u>Graff Corn Maize.</u>		Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Joe Carroll</u>		Phone #: <u>210 413 9253</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>Kettle Korn</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>Magic Mushroom</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.	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)		

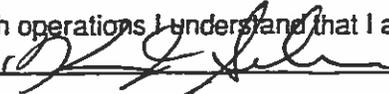
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Comynval

Temporary Food Vendor Checklist

Name of Booth: <u>New England Chowder</u>	Event: Market Day Date: <u>5.3.18</u>
Person in charge of booth: <u>Kevin Sullivan</u>	Phone #: <u>608.888.3146</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)	

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	New England Maine chowder
Containers for wash/ rinse/ sanitize	Y	James Hook
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)

4966.

Comyval

Temporary Food Vendor Checklist

Name of Booth: Sour Tails Event: Market Day Date: 5/3/18

Person in charge of booth: Russ Pryor Phone #: 204.214.4713

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)
Sour Tails Candy Co.

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	SourTails
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.

Russ Pryor
(Signature)

Cornival

Temporary Food Vendor Checklist

Name of Booth: <u>Conchitas Fiesta Cafe.</u>		Event: Market Day Date: <u>5-3-18</u>
Person in charge of booth: <u>Carlos.</u>		Phone #: <u>210-364-3163</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>Tortas, beef, quesada.</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>El Folklor Bakery</u>
Containers for wash/ rinse/ sanitize	<u>y</u>	<u>La Fiesta. Michoacana</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>	<u>need floor / move</u>
Waste disposal container provided	<u>y</u>	<u>equipment under cover</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>	
As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. _____		
(Signature)		

Cornival

Temporary Food Vendor Checklist

Name of Booth: O'Connor Athletic Boosters Event: Market Day Date: 5.3.18

Person in charge of booth: Gary Farmer Phone #: 210-414-3289

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)
Cakes Ice Tea Cakes Banderakd.

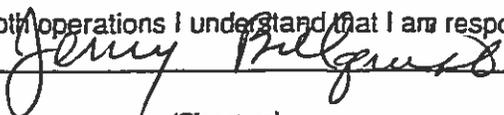
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Cakes
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded 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:		

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

(Signature)

Temporary Food Vendor Checklist

Cornyval

Name of Booth: <u>Leona Valley Oranges</u>		Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Jerry Billquist</u>		Phone #: <u>830 237 2191</u>
Menu Risk: (circle one) R1 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>Sausage, some bread, bread pudding</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	Sysco, HEB, Ben & Jerry's
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. <div style="text-align: center; margin-top: 10px;">  _____ (Signature) </div>		

Comyval

Temporary Food Vendor Checklist

Name of Booth: <u>A&S Taquitos</u>		Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Albert Senz</u>		Phone #: <u>210-941-8191</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>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 Culera Meat</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. <u>Albert Senz</u>		
(Signature)		

Comyval

Temporary Food Vendor Checklist

Name of Booth: ~~Fire~~ Assn of Fireforest Event: Market Day Date: 5-3-18
 Person in charge of booth: Firefighters Phone #: 21034771645

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)
 not 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 Wal Mart + 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 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.

 (Signature)

Comynval

Temporary Food Vendor Checklist

Name of Booth: Chicken Fajitas. Event: Market Day Date: 5/3/18
 Person in charge of booth: Judy Lynn Phone #: 210-341-8012
 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)
Helotes Hills UMC

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	Boilers, Bill Millers,
Containers for wash/ rinse/ sanitize	Y	HEB.
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	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.	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 Lynn
 (Signature)

Comyval

Temporary Food Vendor Checklist

Name of Booth: Grey Forest Firefighters Event: Market Day Date: 5-3-18

Person in charge of booth: Dan Phone #: 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)

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	Sodas
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	NA	
Hot foods maintained at 135 F or discarded in 4 hours.	NA	
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.

Rayla Roberts

(Signature)

Cornival

Temporary Food Vendor Checklist

Name of Booth: Cornival Event: Market Day Date: 5-3-18
 Person in charge of booth: Forest Hills, Phillip Phone #: 210 3675840
 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)

D1229

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	Helotes Lil Ceasars
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	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. Phillip

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Boy Scout 401. Event: Market Day Date: 8-3-18.
 Person in charge of booth: Krishna Gureng Phone #: 210.900.6226.

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	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.	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. X Krishna Gureng
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>La Fresh Fruit Cups</u>	Event: Market Day Date: <u>5.8.18</u>
Person in charge of booth: <u>felipa alvarez</u>	Phone #: <u>210 8054522</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>	

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 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 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.

Marta Leonas
(Signature)

Comyval

Temporary Food Vendor Checklist

Name of Booth: Comyval Philly Cheese Event: Market Day Date: 5-3-18
 Person in charge of booth: John Pardue Phone #: 210 744.6328

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 / PHPs)
Philly cheese ribbon fries fruit punch

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:		

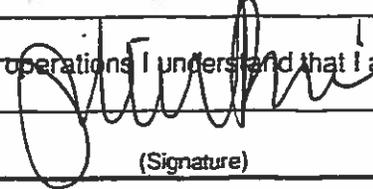
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. [Signature]
 (Signature)

Comynval

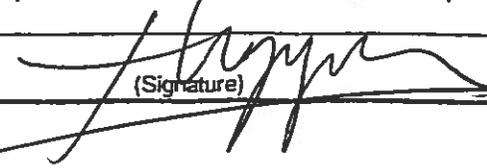
Temporary Food Vendor Checklist

Name of Booth: <u>Project Graduation Comm</u>		Event: <u>Market Day</u> Date: <u>5.3.18</u>
Person in charge of booth: <u>Sue Roeder</u>		Phone #: <u>210 262 8050</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>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 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.		
<u>Sue Roeder</u> (Signature)		

Temporary Food Vendor Checklist

Name of Booth: <u>Fredricksburg Trade Days</u>	Event: Market Day Date: <u>5-31-18</u>	
Person in charge of booth: <u>Julie Pourn</u>	Phone #: <u>800.889.2228</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>donuts.</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>Lil Orbitz-</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:		
<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>Chef Chans Chinden</u>		Event: Market Day Date: <u>5.3.18</u>
Person in charge of booth: <u>Linda.</u>		Phone #: <u>2816840089</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>chicken rice noodles</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> <div style="text-align: center;">  _____ (Signature) </div>		

Temporary Food Vendor Checklist

Name of Booth: <u>Helotes Rainbow</u>		Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>Georgian</u>		Phone #: <u>540 533 6292</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>ONO CONES</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>AcuMart</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. <u>Georgian Publicho</u></p> <p style="text-align: center;">(Signature)</p>		

4971

Temporary Food Vendor Checklist

Name of Booth: <u>Blooming Onions</u>	Event: Market Day Date: <u>6-3-18</u>
Person in charge of booth: <u>Di's Nuts & Chocolates</u>	Phone #: <u>5128014309</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (baked items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

Blooming Onions, Fried sweets

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 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.

Deane Wilson

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Shish kabobs</u>	Event: Market Day Date: <u>5.3.18</u>
Person in charge of booth: <u>Mr Benitez</u>	Phone #: <u>210478 1171</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>	

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	<u>Colorado Beef, Benzkeith</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.

David Benitez
(Signature)

4969 Temporary Food Vendor Checklist

Name of Booth: <u>Arriana's Min Taguitos</u>		Event: Market Day Date: <u>5.3.18</u>
Person in charge of booth: <u>Arriana Mongada</u>		Phone #: <u>210 749 9485</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>chiliques, taguitos</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>Produce Express 210 Meat</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	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.	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> <p style="text-align: right;">(Signature) <u>Arriana</u></p>		

Temporary Food Vendor Checklist

Name of Booth: <u>DramaMamas & Papas</u>		Event: Market Day Date: <u>5.3.18</u>
Person in charge of booth: <u>Margaret Culver</u>		Phone #: <u>210.3809412</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>Ice tea paletas chips</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	21 Paraiso, Sams
Containers for wash/ rinse/ sanitize	y	Costco
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;"><u>Margaret Culver</u> (Signature)</p>		

4994 Temporary Food Vendor Checklist

Name of Booth: Clash of Coders Event: Market Day Date: 5/3/18
 Person in charge of booth: Priscilla Rodriguez Phone #: 210-3861968
 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)
candy pickles chips

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	need if doing pickles
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.		
Other:		

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

Temporary Food Vendor Checklist

Name of Booth: <u>John's Beef Fajitas</u>	Event: Market Day Date: <u>5.31.18</u>
Person in charge of booth: <u>Cedma DeWitt</u>	Phone #: <u>210.279.6974</u>
Menu Risk: (circle one) R1 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>beef fajitas</u>	

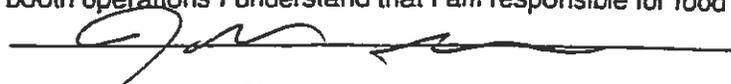
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	HEB, Sams
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded 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:	y	

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

(Signature) Cedma DeWitt

4961

Temporary Food Vendor Checklist

Name of Booth: <u>Capricho</u>		Event: Market Day Date: <u>5.3.18.</u>
Person in charge of booth: <u>Juan Carlos (note)</u>		Phone #: <u>388 6107</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>com in clip.</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 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)		

4975

Temporary Food Vendor Checklist

Name of Booth: Eastern Star. Event: Market Day Date: 5.8.18.

Person in charge of booth: Stewart Shaw Phone #: 210.601.1921.

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 tenders, corn fritters, mushrooms.

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, 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.	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. Stewart D. Shaw
 (Signature)

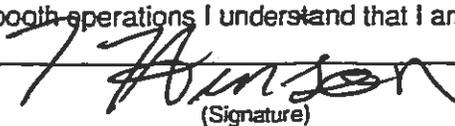
Temporary Food Vendor Checklist

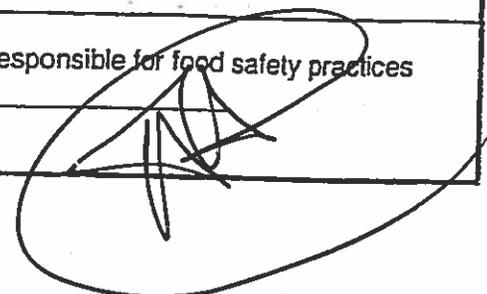
#4977

Name of Booth: <u>Helotes Lodge 1429</u>	Event: Market Day Date: <u>5.3.1</u>
Person in charge of booth: <u>Taylor Troy Hensen</u>	Phone #: <u>210-540-8402</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>burgers nachos pickle on stick, chips</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>Costco Sams Benz/Kent</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>Vincents Fine Foods.</u>	Event: Market Day Date: <u>5/3/18</u>	
Person in charge of booth: <u>Rangel</u>	Phone #: <u>210 257 5454</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>putty tacos sweet 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>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 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>Yisa M Rangel</u></p> <p style="text-align: center;">(Signature)</p>		

4993

Temporary Food Vendor Checklist

Name of Booth: <u>Strawberry Shortcake.</u>	Event: <u>Market Day</u> Date: <u>5/3/18</u>
Person in charge of booth: <u>SA Emergency Nurses</u> , Phone #: <u>210.378.4826</u>	
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk <u>Barbara Baldwin</u>	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small> <u>shortcakes.</u>	

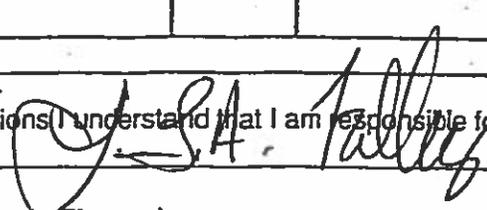
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Walmart
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded 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 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. Alicia M. Reeves for Barbara Baldwin
(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Mediterranean Turkish Grill</u>		Event: <u>Market Day</u> Date: _____
Person in charge of booth: <u>Kadir Gurner</u>		Phone #: <u>399 1645</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>gyros hummus baklava</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>Med Turkish Grill</u>
Containers for wash/ rinse/ sanitize	y	<u>need to set up</u>
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	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> <p style="text-align: center;"> (Signature)</p>		

Temporary Food Vendor Checklist

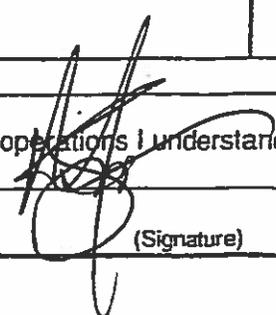
Name of Booth: <u>Beer Comyrval Assn.</u>		Event: <u>Market Day</u> Date: <u>5.3.18</u>
Person in charge of booth:		Phone #:
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small> <u>Beer</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		
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
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 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;">  (Signature) </p>		

Temporary Food Vendor Checklist

Name of Booth: KC OLG		Event: Market Day Date: 5.8.18
Person in charge of booth: Bill O'Brien.		Phone #: 210.695.6262
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)		
Sausage on stick Corn on cob		
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, Kidrossa.
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:		
<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>Bill O'Brien</i></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

4830.

Name of Booth: <u>Fried Trouble.</u>		Event: <u>Market Day</u> Date: <u>5-3-18</u>
Person in charge of booth: <u>Robert Carrantes</u>		Phone #: <u>210 807 2253</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>Designers</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.	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:		
<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>		

4934.

Temporary Food Vendor Checklist

Name of Booth: Bacon Me Crazy.	Event: Market Day	Date: 5-3-18
Person in charge of booth: Debbie Gray	Phone #: 210 6837578	
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 / PFs)		
pulled pork, chicken, potato balls		
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 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>Reeves Roasted Corn.</u>	Event: Market Day Date: <u>5/3/18</u>
Person in charge of booth: <u>John Reeves.</u>	Phone #: <u>213 3183</u>
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / 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>Corn</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</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:		

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

(Signature) John Reeves

Temporary Food Vendor Checklist

Name of Booth: <u>Wrap N Egg Roll</u>	Event: Market Day Date: <u>5/3/18</u>	
Person in charge of booth: <u>Diane Edwards</u>	Phone #: <u>210 382 1163</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>egg rolls</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 HUB</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	X	
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>Diane Edwards</u> (Signature)		

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

June 2018

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

Name of
Establishment

Compliance
Score*

Rating

Barbell sweets
KFC
Bandera Rd Café

c of o disapproved
C of o approved
Complaint investigation

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

Inspected 16 market vendors at Market Days

6 phone and text conversations with owner of Barbell to clarify requirements

Phone consultation with market day vendor selling pies concerning State licensing.

Lori Calzoncit, RS
City Health Inspector

RECEIVED

CITY OF HELOTES

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

JUL 12 2018

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

- Suite 206

Retail Food Establishment Inspection Report

CITY OF HELOTES

Establishment: Burbell Sweets License # _____ RC: _____ Date: 6-2-18
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:

restroom and kitchen ceilings must be smooth, easily cleanable nonabsorbent
restroom door must be self-closing
flooring must be installed
easily cleanable baseboards must be installed
3 compartment sink with ~~hot~~ drainboards must be installed
hot water must be at least 110°F at all sinks.
cold unit must 41°F or below
- 3 comp sink, mop sink, hand sink -

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

[Signature]
 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: Bandera Rd Cafe License # _____ RC: 3 Date: 6-2-18
 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:

complaint - Womens restroom is not operable

findings:

toilet in handicap stall is not working.

Repair within 10 days

Follow-up on 6-12-18.

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

Mick [Signature]
 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: KFC License # _____ RC: 3 Date: 6-20-18
 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:

Approved for
licensing.

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)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

Temporary Food Vendor Checklist

Name of Booth: Fruit Cups Aguas Frescas Event: Market Day Date: 10-2-18

Person in charge of booth: Jessica Garcia Phone #: 210-544-8019

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)
turkey legs, aguas frescas.

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 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.

Jessica Garcia
(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Party Tyme Kettle Korn</u>	Event: <u>Market Day</u> Date: <u>6-2-18</u>
Person in charge of booth: <u>Charlie Wheeler</u>	Phone #: <u>204 7155</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>popcorn</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 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:		

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: Vincent's Fine Foods Event: Market Day Date: 6-2-18
 Person in charge of booth: Mrs Rangel Phone #: 210 287 5105

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)
tacos, gorditas, sausage on tortilla

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, Sams, 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	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: Jolie Jodon Event: Market Day Date: 6-2-18

Person in charge of booth: Jolie Jodon Phone #:

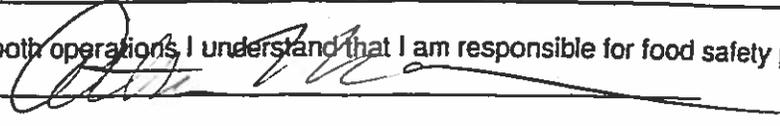
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / RHF's)

burgers chicken jalapenos potatoes

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 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.	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>Lisas Sno Cones</u>	Event: <u>Market Day</u> Date: <u>6-7-18</u>
Person in charge of booth: <u>Lisa Rangel</u>	Phone #: <u>257 5135</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)

Sno cones pickles chips candy

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 Picos</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]
(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Eliot Corn.</u>	Event: Market Day Date: <u>6-7-18.</u>
Person in charge of booth: <u>Eliot Krieger</u>	Phone #: <u>8028098</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)	

com

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	
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: Josh's Empanadas Event: Market Day Date: 6.2.18.
 Person in charge of booth: Maier Phone #: 210.478.2410.

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)
empanadas

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	Walmart 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:	y	

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

Temporary Food Vendor Checklist

Name of Booth: Lil Reds Boiled Peanuts Event: Market Day Date: 6-2-18
 Person in charge of booth: Red McAndrew Phone #: 850 777 1412

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)
peanuts.

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	Heinz Peanuts, Central MA
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:		

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

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Hawaiian Fried Rice</u>	Event: <u>Market Day</u> Date: <u>6-2-18</u>
Person in charge of booth: <u>Will Tamatiao</u>	Phone #: <u>210 347 7785</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / 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>fried rice</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 Costco</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:		

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

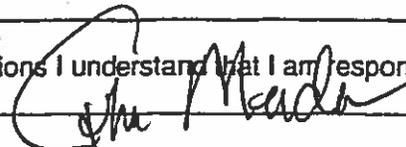
(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Lemonade</u>	Event: Market Day Date: <u>6.7.18</u>
Person in charge of booth: <u>Gabe Menchaca</u>	Phone #: <u>210 725 8296</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>Lemonade</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>Walmart</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>N/A</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:		

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



 (Signature)

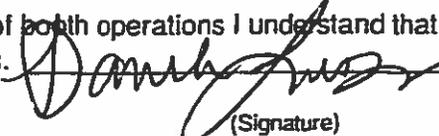
Temporary Food Vendor Checklist

4010

Name of Booth: <u>Tacos El Toko.</u>	Event: Market Day Date: <u>6-2-18</u>
Person in charge of booth: <u>George Lozano.</u>	Phone #: <u>210. 891-3604.</u>
Menu Risk: (circle one) R1 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>	

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.	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)

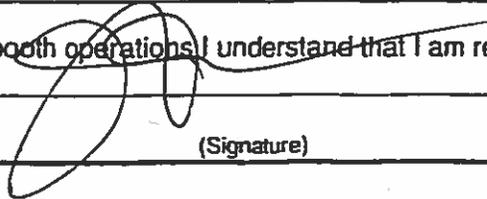
Temporary Food Vendor Checklist

Name of Booth: <u>Island Flavor</u>	Event: Market Day Date: <u>6-2-18.</u>
Person in charge of booth: <u>Joe Rosario.</u>	Phone #: <u>808 342 7999.</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	
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: Texas Pies. Event: Market Day Date: 6-2-18
 Person in charge of booth: Navin Dayaram Phone #: 210-608-8985

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	Texas Pies, Maestro.
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. Navin Dayaram
 (Signature)

Temporary Food Vendor Checklist

4443

Name of Booth: Hot Dogs Event: Market Day Date: 8-2-18

Person in charge of booth: Adolfo Saucedo Phone #: 210 365 8598

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

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, Herb
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. Adolfo Saucedo

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>Sodas</u>		Event: Market Day Date: <u>6-2-18</u>
Person in charge of booth: <u>Joe Stahl</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 / hotdogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Sodas, Waters</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>Sams</u>
Containers for wash/ rinse/ sanitize	<u>Y</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>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>Joe Stahl</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Funnel Cakes. Event: Market Day Date: 6-2-18.

Person in charge of booth: Pamela de la Rosa. Phone #: 210-872-7915.

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)
Funnel cakes

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 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)

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

June 2018

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
El Chaparral	18	GOOD
Subway	0	EXCELLENT
Slim Chickens	15	GOOD
Pizza Hut	3	EXCELLENT
Bill Millers	3	EXCELLENT

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 Chaparral License # _____ RC: 3 Date: 6/25/18
 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 COS
 () 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: _____
- #6 Provide for food control surfaces to be cleaned + sanitized

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Cupcake 40° / Beans 40°	
Beans 140° / Corn 140° / Pico 145° / Burrito Beans 140°	
Fish 40° / 45° / Meat 40°	
Frozen 0° / 0° / 10°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (_____ ppm / 180 Temp) x2
 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:

#26 Provide for Paper + Adequate Handwashing

#13 Provide for Sanitizer Solution with Reg's

#13 Provide for Paper Wash/Rinse/Sanitize @ T Bar

#12 Provide for Handwash Station to be Stocked + Used @ T 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 = 18
 (Does not apply to consultations or follow-up visits)

[Signature]
 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: Subac License # _____ RC: 3 Date: 6/23/14
 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 40° / Walk-in 0°	
Fridge 40°	
Hot Bells 150°	

- {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 = 0

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

Tom King
 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: Slim Chickens License # _____ RC: 3 Date: 6/23/18
 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 cos
 (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: _____
- #6 Provide for food control surfaces to be cleaned + Sanitized + Sanitizer Solution/Reg

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Chicken 140°</u>	
<u>Pop Corn 10/138° / 35/140°</u>	
<u>Freezer 20° / 50/145°</u>	
<u>Walk-in 32° / Walk-in 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 100°/90°/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 Clean / Floors / Walls / Equipment

#27 Provide for Staff doing food prep to have on Proper Restrooms (Cap/Hairnet)

#20 Interim Hot Water & Provide that 120° Hot Water is Measured at Pop / Freezer Sink 100° at Handwashes & will be Turn Number to Verify Hot Water

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 = 15
 (Does not apply to consultations or follow-up visits)

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: Pizza Hut License # _____ RC: 3 Date: 6/23/18
 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:

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Pizza Cooked 35°</u>	
<u>Fridge 40° / Churn W/ Fridge 40°</u>	
<u>Self B. 40°</u>	
<u>Walk-in 40° Walk-in 0°</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 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 ✓

Area	Superior	Above Average	Average	Minimal
Training	<div style="font-size: 4em; font-weight: bold;">✓</div>			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

Bryce Cacek
 Person In Charge / Manager / Owner

[Signature]
 Evaluation by Registered Sanitarian

