CITY OF HELOTES

HEALTH INSPECTION SUMMARY
October 2019

PART ONE--FOOD SAFETY REPORT

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

Copies of these reports are filed with the City of Helotes as well as posted in the individual establishments.
The compliance score is the total number of demerits. (A score of "0" indicates full compliance with critical and non-critical items.)
For ease a rating system would be

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

Name of Establishment	Compliance Score*	Rating
Taco Bell	0	EXCELLENT
Jugo Juicery	6	EXCELLENT
Subway002807	3	EXCELLENT
Subway001104	3	EXCELLENT
Sonic	0	EXCELLENT
KFC	0	EXCELLENT
Pizza Hut	0	EXCELLENT
Slim Chickens	6	EXCELLENT

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Fall Festival 10/12/2019

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

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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: Taco Bell **License #** _____ **RC:** _____ **Date:** 10/20/19

Purpose of Visit: ☒ **Compliance Inspection** ☐ **Consultation** ☐ **Complaint** ☐ **Illness Investigation** ☐ **Other:** _____

{A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 6°	
Freezer 0° Prep Cooler 40°	
Chili Mac 160° Chicken	150°

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

12. Hand washing stations supplied and clean ✓
13. Dishwashing / sanitizing (250 ppm/____ Temp.)
14. Food storage area meets code ✓
15. Storage and use of toxic items ✓
16. Evidence of insects or rodents / infestation ✓
17. Sewage disposal / Grease trap ✓
18. Thermometers provided / used ✓
19. Plumbing / no cross-connections ✓
20. Water supply / hot water 120°
21. Sewage disposal meets code ✓
22. Other _____

{C} Management and Personnel (4 pts)

23. Manager on duty currently certified? ✓
24. Manager demonstrates proper use of thermometer
25. Personnel with infections restricted / excluded
26. Proper hand washing demonstrated
27. Good hygienic practices observed ✓
28. Written HACCP Plans / SOPs as needed

{D} Non-Critical (3 pts)

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

{E} Corrections / Improvements Made / Comments:

Looks Good!

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating √

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

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

Person in Charge / Manager / Owner

Evaluation by Registered Sanitarian

CITY OF HELOTES

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

Retail Food Establishment Inspection Report

Establishment: Juan Diego **License #** _____ **RC:** 3 **Date:** 10/20/15

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°)
Disp. 36° / 35°	
Fridge 40°	
Freezer 0°/0°	

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

12. Hand washing stations supplied and clean ✓
13. Dishwashing / sanitizing (250 ppm/_____Temp.)
14. Food storage area meets code
15. Storage and use of toxic items
16. Evidence of insects or rodents / infestation
17. Sewage disposal / Grease trap ✓
18. Thermometers provided / used ✓
19. Plumbing / no cross-connections
20. Water supply / hot water 120° ✓
21. Sewage disposal meets code ✓
22. Other _____

{C} Management and Personnel (4 pts)

23. Manager on duty currently certified?
24. Manager demonstrates proper use of thermometer
25. Personnel with infections restricted / excluded
26. Proper hand washing demonstrated
27. Good hygienic practices observed ✓
28. Written HACCP Plans / SOPs as needed

{D} Non-Critical (3 pts)

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

{E} Corrections / Improvements Made / Comments:

#14 Provide for Proper Food Storage "Lids"

#32 Provide for Equipment 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 = 6
(Does not apply to consultations or follow-up visits)

_____
Person In Charge / Manager / Owner

_____
Evaluation by Registered Sanitarian

002807

CITY OF HELOTES

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

Retail Food Establishment Inspection Report

Establishment: Subway **License #** _____ **RC:** 3 **Date:** 10/20/15

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°)
Walkin 40° / Walkin 0°	
Fridge 40°	
Soup 150° Tuna 40°	
Meat Ball 140°	

{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 _____

{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 Shelves 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 = 3
(Does not apply to consultations or follow-up visits)

X [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: Sonic **License #** _____ **RC:** 3 **Date:** 10/20/19

Purpose of Visit: ☒ **Compliance Inspection** ☐ **Consultation** ☐ **Complaint** ☐ **Illness Investigation** ☐ **Other:** _____

{A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Fried 40° Freezer 0°	
Walk-in Cooler 40° Chili 150°	
Walk-in 36° Walk-in 0°	
Sausage 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 _____

{C} Management and Personnel (4 pts)

23. Manager on duty currently certified? ✓
24. Manager demonstrates proper use of thermometer
25. Personnel with infections restricted / excluded
26. Proper hand washing demonstrated
27. Good hygienic practices observed
28. Written HACCP Plans / SOPs as needed

{D} Non-Critical (3 pts)

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

{E} Corrections / Improvements Made / Comments:

Looks Good!

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating √

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

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

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

CITY OF HELOTES

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

Retail Food Establishment Inspection Report

Establishment: KFC **License #** _____ **RC:** 3 **Date:** 10/20/19

Purpose of Visit: ☒ **Compliance Inspection** ☐ **Consultation** ☐ **Complaint** ☐ **Illness Investigation** ☐ **Other:** _____

{A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 36°/38°/ Walk-in 0°	
Chicken 140°/158°/140°	
Warmer 145° Corn 156°	
Cooler 40°/40° Freezer 10°	

{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 _____

{C} Management and Personnel (4 pts)

23. Manager on duty currently certified?
24. Manager demonstrates proper use of thermometer
25. Personnel with infections restricted / excluded
26. Proper hand washing demonstrated
27. Good hygienic practices observed ✓
28. Written HACCP Plans / SOPs as needed

{D} Non-Critical (3 pts)

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

{E} Corrections / Improvements Made / Comments:

Looks Great!

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating √

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

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

Laura Quintero
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: Pizza Hut **License #** _____ **RC:** 3 **Date:** 10/20/15

Purpose of Visit: ☒ **Compliance Inspection** ☐ **Consultation** ☐ **Complaint** ☐ **Illness Investigation** ☐ **Other:** _____

{A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 40° / Walk-in 0°	
Pizza Cooler 36° / Freezer 20°	
Fridge 40°/36°	
Salad Bar	38°

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

12. Hand washing stations supplied and clean
13. Dishwashing / sanitizing (100/300 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 _____

{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:

Good Job!

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating √

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

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

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

#001104

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: Subwa/ **License #** _____ **RC:** 3 **Date:** 10/20/19

Purpose of Visit: ☒ Compliance Inspection ☐ Consultation ☐ Complaint ☐ Illness Investigation ☐ Other: _____

{A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Fridg 40° Disply 45°	
Walk-in 8°	
Walk-in 36°	
Soda Disp 45°	

{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 _____

{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 — Note: Check unit
30. Facility construction (floors / walls) / repair
31. Housekeeping contributes to infestation
32. Non-food contact surfaces clean
33. Garbage / solid waste storage
34. Consumer advisories posted
35. Inspection report displayed for public
36. Other _____

{E} Corrections / Improvements Made / Comments:

#12 Provid. for Paper Towels at Handsink. (Back Room + Restr

* Note: Have Disply units checked. Staff states issue with Temp regulating

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 = 3
(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: Slim Chickens **License #** _____ **RC:** 3 **Date:** 10/20/18

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°)
Walkin 0° / Walkin 38°	
Pre Cooler 40° / 40° Freezer 20°	
Fridge 38° Chicken 165°	

{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 _____

{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:

#29 Provid. for freezer unit to be cleaned + defrosted

#14 Provid. for food items to be properly stored.

As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products or visiting the restroom and that failure to manage required temperature and time controls have a high risk of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

Non-Critical Food Safety Rating √

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

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

[signature]
Person In Charge / Manager / Owner

[signature]
Evaluation by Registered Sanitarian

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Temporary Food Vendor Checklist

Name of Booth: Bacon Me Crazy	Event: ~~Market Day~~ Fall Festival Date: 10/12/19
Person in charge of booth: Deborah Gray	Phone #: 210-639-5082

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 (polutry / meats / PHFs)

Pulled Pork / Hamburg / Cheese Berg / Tea / coffee / Lemon

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	SAMS
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	In Food Truck Cooler
Hot foods maintained at 135 F or discarded in 4 hours.		Cooking in Food Truck
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	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]

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Sausage Boat

Event: ~~Market Day~~ FF Date: 10/12/19

Person in charge of booth: Phone #:

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

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

Sausage Wrap

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	
Containers for wash/ rinse/ sanitize	yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	yes	Friday
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk 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.	NN	
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: Jacu's	Event: ~~Market Day~~ FF Date: 10/12/19
Person in charge of booth:	Phone #:
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hotdogs) / R3 Higher Risk (polutry / meats / PHFs) Beef / Chicken	

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	HEB
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	Fridge
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	140° / 145 / 160°
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided throught use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA	
Other:		

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

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Floutos	Event: ~~Market Day~~ FF Date: 10/12
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 (polutry / meats / PHFs) ~~Beef~~ / Chicken / Potato	

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	HEB
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	Fridy
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	Warmer 225c
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NO	
Other:		

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

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Brisket Sandwich	Event: ~~Market Day~~ FF Date: 10/13/19
Person in charge of booth:	Phone #:
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs) Brisket Sandwich	

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	HEB
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.	Yes	135°
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	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/	
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: Roasted Corn

Event: ~~Market Day~~ FF **Date:** 10/12/12

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 (polutry / meats / PHFs)

Roasted Corn

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	HEB
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	NA	
Hot foods maintained at 135 F or discarded in 4 hours.	NA	Roast Corn
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	No	
Other:		

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

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Hamburger Hot Dog	Event: ~~Market Day~~ FF Date: 10/13/14
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 (polutry / meats / PHFs)	
Hamburger Hot Dog	

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	HEB
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	Friday
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	Hamburger 145°
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught 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: Funnel Cake	Event: ~~Market Day~~ FF Date: 10/12/15
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)	
Funnel Cake	

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	HEB / Acc Mes
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	Made To Order
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	Made To Order
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	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: Gordi-Tos	Event: ~~Market Day~~ FF Date: 10/12/15
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 (polutry / meats / PHFs) Gordi-Ta Beef / Chicken / Chicorre	

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	HEB
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	140° Chicken 140 Beef
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA	
Other:		

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

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Lunpiat Noodly	Event: ~~Market Day~~ FF Date: 10/12/15
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)	
Lunpia / Chow L	

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	Commissary "Base"
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	on Ice
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided throught use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	No	
Other:		

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

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Young Adult Fruit Cup	Event: ~~Market Day~~ FF Date: 10/2/17
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)	
Fruit Cup	

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

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

(Signature)