

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

January 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>
El Chaparral	17	GOOD
Dollar Tree	3	EXCELLENT
Finck Cigars	0	EXCELLENT
Valley Mart	9	EXCELLENT
Quick Chek	0	EXCELLENT
Old Town Espresso	N/A	C of O



# 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: 1/20/19  
 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 yes
8. RTE foods / no direct hand contact
9. Foods from approved sources / labeling ✓
10. Foods protected from contamination
11. Other: \_\_\_\_\_

#7 Provide for Raw Meats Not to be stored above vegetables

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Cooking 40° / Ben's Walk-in 40°</u>	
<u>Beef / Barbecue / Corn 140° / Chik 150° / Hot 150°</u>	
<u>Chick Cook 40° / 39° / Corn 140°</u>	
<u>Frozen 10° / 10° / 10°</u>	

**(B) Facilities, Equipment and Food Storage (3 pts)**

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

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

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

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

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

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

#12 Provide hot water / Soap / Paper Towels at all times

#13 Provide for Dish to be clean before putting back into service

#14 Provide for food item to be properly stored "Neatly" on floor of walk-in

#33 Provide for Non-food contact surfaces to be clean

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 = 17  
 (Does not apply to consultations or follow-up visits)

Juan Espinoza  
 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: Dollar Tree License # \_\_\_\_\_ RC: 2 Date: 1/20/18  
 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: \_\_\_\_\_

- {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 Man. of Food Items  
To be properly stored  
"off" of the floor

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Fridge Display 46°</u>	
<u>Freezer Display 0°</u>	
<u>Freezer 0° Food 36°</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
  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 = 3  
 (Does not apply to consultations or follow-up visits)

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

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



# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Valley Post License # \_\_\_\_\_ RC: 3 Date: 1/20/19  
 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: \_\_\_\_\_

- {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 Door Gasket Need Repair

#15 Paper Towels at Handwash

#32 Clean Ice Machine

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Pre-Cooler 40°	
Walk-in 40°	
Walk-in 0°	

- {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 = 9  
 (Does not apply to consultations or follow-up visits)

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Chick Chick License # \_\_\_\_\_ RC: 2 Date: 1/20/18  
 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: \_\_\_\_\_

- {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 Issues Found!*

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<i>Walk-in "Egg Area"</i>	<i>45°</i>
<i>Freezer</i>	<i>0°</i>

- {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

*[Signature]*  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

January 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**

**Lynettes stop and sip**

**approved for license**

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

Plan review

Consultation with new market vendor

Inspected 15 market day booths

**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**

RECEIVED

FEB 21 2018

CITY OF HELOTES

Establishment: Lynettes Shop & Sip License # \_\_\_\_\_ RC: 1 Date: 1-4-18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: licensing

- {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:**

**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 \_\_\_\_\_

*approved for*  
*prepackaged*  
*fruit/beverage*  
*items only*

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  
*Don Robertson*  
 Evaluation by Registered Sanitarian

RECEIVED  
 FEB 21 2018  
 CITY OF HELOTES

### Temporary Food Vendor Checklist

Name of Booth: Cooper's Event: Market Day Date: 1-16-18

Person in charge of booth: Priscilla Cooper Phone #: 2106954617

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 cheese fries

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 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)

4443

### Temporary Food Vendor Checklist

Name of Booth: Hot Dogs Event: Market Day Date: 1-6-18

Person in charge of booth: Adolfo Salcedo Phone #: 3705 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	<u>SEAMS, HEB</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

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

Adolfo Salcedo  
(Signature)

RECEIVED  
 FEB 21 2018  
 CITY OF HELOTES

### Temporary Food Vendor Checklist

Name of Booth: <u>Hawaiian Fried Rice</u>	Event: Market Day Date: <u>1-6-18</u>
Person in charge of booth: <u>Will Tamateo</u>	Phone #: <u>210 347 7795</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

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

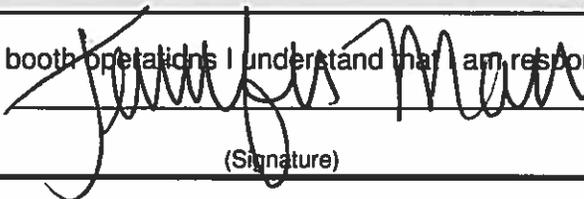
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
 (Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Josh's Empanadas.</u>	Event: Market Day Date: <u>1-6-18</u>
Person in charge of booth: <del>Jeff</del> <u>Jennifer Maier</u>	Phone #: <u>710-478-2410.</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <b>R3 Higher Risk</b>	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

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

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



(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Roasted Corn</u>	Event: <u>Market Day</u> Date: <u>1-6-18</u>
Person in charge of booth: <u>Eliot Kieger</u>	Phone #: <u>210 882 8099</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

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

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

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: Lil Reds Boiled Peanuts Event: Market Day Date: 1-6-18

Person in charge of booth: Mike 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)  
boiled 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	<u>PEBS</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:		

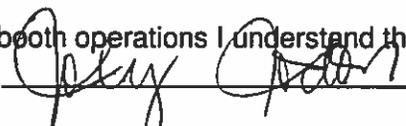
As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. Mike McAndrew  
 (Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Sodas.</u>		Event: Market Day Date: <u>1-6-18</u>
Person in charge of booth: <u>De Stahl.</u>		Phone #: <u>300.7588.</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>sodas, waters</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	Sams
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. <u><i>De Stahl</i></u>		
(Signature)		

## Temporary Food Vendor Checklist

Name of Booth: <u>Jodie's</u>		Event: Market Day Date: <u>11-18</u>
Person in charge of booth: <u>Jodie Todon</u>		Phone #: <u>890-480-9506</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>burgers, chicken tater nibbons, jalapenos.</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 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:		

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

4867.

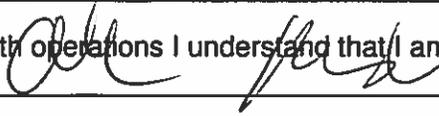
### Temporary Food Vendor Checklist

Name of Booth: Makoto Coffee Event: Market Day Date: 1-6-18

Person in charge of booth: Alexandra Rodnawoff Phone #: 956 533 3933

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

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. Kustin Roasting, Rest.
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.   
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>PartyTime Kettle Korn</u>	Event: Market Day Date: <u>1-6-18</u>
Person in charge of booth: <u>Charlie Wheeler</u>	Phone #: <u>210.204.7155</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>	

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 SOMS</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	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. Charlie Wheeler

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: Vargas Mini Tawitos Event: Market Day Date: 1-6-18

Person in charge of booth: Velma Vargias Phone #: 210-7801976

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

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HEB 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 glovesk and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

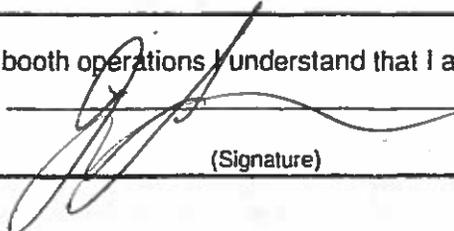
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
 (Signature)

### Temporary Food Vendor Checklist

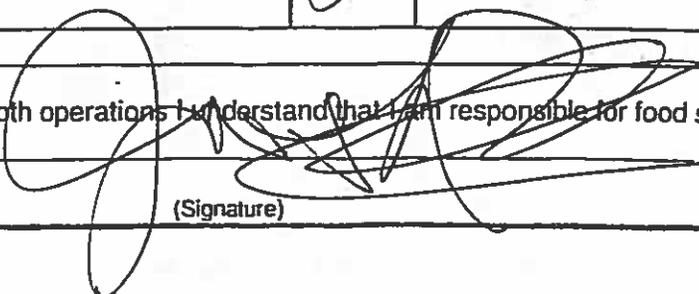
Name of Booth: <u>Tacos Hero.</u>	Event: Market Day Date: <u>8-6-18</u>
Person in charge of booth: <u>Jorge Lozano</u>	Phone #: <u>710 831-3604</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<u>Rest Depot -</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)

### Temporary Food Vendor Checklist

<b>Name of Booth:</b> Island Flavor	<b>Event: Market Day Date:</b> 1-6-18	
<b>Person in charge of booth:</b> JOE ROSARIO	<b>Phone #:</b> 808 342 7299	
<b>Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
numpa chicken on stick		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	HEB, Post 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:		
<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: <u>Hemily Gerbasi.</u>	Event: Market Day Date: <u>14.8</u>	
Person in charge of booth: <u>Hemily Gerbasi.</u>	Phone #: <u>561. 966 9685</u>	
Menu Risk: (circle one) <u>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</u>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Brazilian Bakery</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, Trader Joe</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		
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. <u></u>		
(Signature)		

### Temporary Food Vendor Checklist

Name of Booth: Texas Pies Event: Market Day Date: 1-6-18  
 Person in charge of booth: Navin Dayaram Phone #: 210-608-5985

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
beef pies, pork sausage rolls, chicken pies

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	Tess's Pies 455 McCarty
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. Navin Dayaram  
 (Signature)

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

February 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>
Subway	0	EXCELLENT
Sonic	3	EXCELLENT
Pizza Hut	0	EXCELLENT
Taco Bell	0	EXCELLENT

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

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Market Days 2/3/2018

**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: 55501 License # \_\_\_\_\_ RC: 3 Date: 2/3/14  
 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°)
<i>Walk-in 0° Walk-in 30°</i>	
<i>Fridge 38° Disp. Walk-in 40°</i>	

**(B) Facilities, Equipment and Food Storage (3 pts)**

12. Hand washing stations supplied and clean -
13. Dishwashing / sanitizing (200 ppm / \_\_\_\_\_ Temp.)
14. Food storage area meets code -
15. Storage and use of toxic items -
16. Evidence of insects or rodents / infestation -
17. Sewage disposal / Grease trap ✓
18. Thermometers provided / used ✓
19. Plumbing / no cross-connections ✓
20. Water supply / hot water 120° ✓
21. Sewage disposal meets code -
22. Other \_\_\_\_\_

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)

*[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: 2/3/18

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: \_\_\_\_\_

- {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°)
Walk-in 32° Walk-in 0°	
Pre Cook 40° Chilled 160°	
Fridge 36° Freezer 0°	
Fridge 40°	

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

  
 Person In Charge / Manager / Owner

  
 Evaluation by Registered Sanitarian

**CITY OF HELOTES**

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

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

**Retail Food Establishment Inspection Report**

Establishment: Pizza Hut License # \_\_\_\_\_ RC: 3 Date: 2/3/19  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° / Walk-in 0°	
Pre-cooler 39° / Fryer 39° / 39°	
Island 45°	

- (B) Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (200 ppm / 170 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:**

*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 = 0  
 (Does not apply to consultations or follow-up visits)

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

*[Signature]*  
 Evaluation by Registered Sanitarian



## Temporary Food Vendor Checklist

Name of Booth: <u>Lemonade Booth</u>		Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth:		Phone #: <u>210-683-8126</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 / <u>meats</u> / PHFs)		
<u>Lemonade + Corn Dogs</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>SALT'S + Walnuts</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>Yes</u>	<u>Side To cook</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<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:		
<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

<b>Name of Booth:</b> <i>Tessie's Deli + Thery</i>	<b>Person in charge of booth:</b> <i>Nevia Bergeron</i>	
<b>Event: Market Day</b> <b>Date:</b> <i>2/3/18</i>	<b>Phone #:</b> <i>210-664-5585</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 / PFFs)		
<b>Temporary Food Vendor Requirements</b>	Yes/No	<b>Comments</b>
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<i>Assessing</i>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<i>Rev. d.s. Cook's Firm</i>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
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.	Yes	
<b>Other:</b>		
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>Pasta de Mel</i>	Event: Market Day Date: <i>7/3/18</i>
Person in charge of booth: <i>Family Geeses</i>	Phone #: <i>561-866-9895</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)

*Baked Goods / Hot Cheesecake*

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>	
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)	<i>Yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		

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

*[Handwritten Signature]*  
 (Signature)

## Temporary Food Vendor Checklist

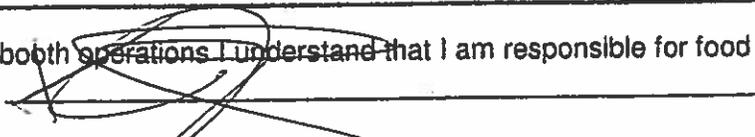
Name of Booth: <i>Island Flavor</i>	Event: Market Day Date: <i>2/3/18</i>
Person in charge of booth: <i>Sue Rosario</i>	Phone #: <i>808-342-7299</i>

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)

*Chicken on Stick, Pecan Cakes / Corn*

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>chicken 135°</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>N/A</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>No</i>	<i>Road</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.

  
(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Taco + ETO</u>	Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth: <u>Lezoni</u>	Phone #: <u>710-831-3604</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)

Cotton Candy

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>Hobbs / Ross</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
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)	<u>Yes</u>	<u>Trash</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>Trash</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.

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## Temporary Food Vendor Checklist

Name of Booth: <u>Hot Dog</u>		Event: Market Day Date: <u>2/13/14</u>
Person in charge of booth: <u>Adolfo Serrano</u>		Phone #: <u>214 365-8954</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Hot Dog / Nacho Cheese / Serving on STA</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>SAN'S + HEB + RW</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>Yes</u>	<u>on grill</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>Yes</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Lil' Red's Baked Pan</u>	Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth: <u>N.K.</u>	Phone #: <u>850-777-1412</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)

R2

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>Lil' Red's</u>
Containers for wash/ rinse/ sanitize	Yes	
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)	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.	Yes	
Other:		

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

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## Temporary Food Vendor Checklist

Name of Booth: <u>Just's Texas Side Temporarily</u>	Event: Market Day Date: <u>7/3/18</u>
Person in charge of booth:	Phone #: <u>710-478-2410</u>

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

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

Picadillo / Chicken / B+M / Pasta      Coke / Tea

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>Wal-Mart + 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>Yes</u>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	<u>Truck</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	<u>Truck</u>
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		

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

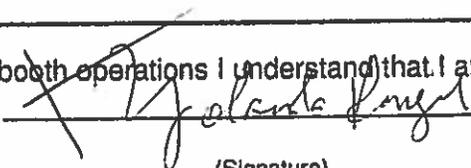
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## Temporary Food Vendor Checklist

Name of Booth: <u>Lisa's Snow cone</u>		Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth: <u>Lisa</u>		Phone #: <u>710-257-5135</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Snow Cone / Ice Cream / Fruit Tarts / Tea</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>YES</u>	
Foods from approved sources / No products made in the home	<u>YES</u>	<u>HEB / SART'S / 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>on ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>YES</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>N/A</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>X Marie Kayel</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <i>Vincent Fine Foods</i>		Event: Market Day Date: <i>2/3/18</i>
Person in charge of booth:		Phone #: <i>257-3135</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>Fajita / Gorditas / Bean + rice</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>MEB + SAM</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>145°</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>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. <div style="display: flex; align-items: center;"> <div style="flex: 1;">  </div> <div style="margin-left: 20px;">                     _____                      (Signature)                 </div> </div>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Hill County Beef Jerky</u>	Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth:	Phone #: <u>214-863-4188</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>Beef Jerky</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	
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
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:		

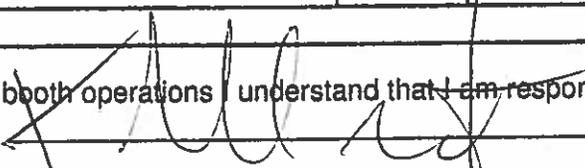
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. [Signature]

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>A+ 5<sup>s</sup> BBO</u>		Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth: <u>Jordan Jolly</u>		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)		
<u>Burgers / Chicken on Stick / Feta</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>Rec'd Dept + 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>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>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>Trailer</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:		
<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>Rockin' Pescade</i>		Event: Market Day Date: <i>2/13/14</i>
Person in charge of booth: <i>Alexander Mesquita</i>		Phone #: <i>210-639-7151</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>Fish Tacos / Gumbo / Fried</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>in power</i>	<i>Gumbo 110° - 120°</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:		<i>Did not have copy of permit</i>
<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>Agua Fresca</u>	Event: Market Day Date: <u>2/3/18</u>
Person in charge of booth: <u>Jessica Guila</u>	Phone #: <u>210-544-8019</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	Yes	
Foods from approved sources / No products made in the home	Yes	SANT'S + HEB
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.	Yes	Turkey leg 140° / 150°
Sneeze protection provided ( Sneeze guards or foods wrapped)	No	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	No	
Other:		

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

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <i>Party Type Kettle Korn</i>	Event: Market Day Date: <i>3/3/18</i>
Person in charge of booth: <i>Whelan</i>	Phone #: <i>210-204-7155</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<i>Kettle Korn</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>Cost Co + Ace Mart</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>NO</i>	
Other:		

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

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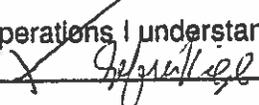
## Temporary Food Vendor Checklist

Name of Booth: <i>DeKuTu Soda's</i>		Event: Market Day Date: <i>2/3/18</i>
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)		
<i>Soda + Water</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>N/A</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>SATS</i>
Containers for wash/ rinse/ sanitize	<i>N/A</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Soda on Ice</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>N/A</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>N/A</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:		

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>Roasted Kumi</i>		Event: Market Day Date: <i>2/3/15</i>
Person in charge of booth: <i>Elliot</i>		Phone #: <i>892-9098</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Roasted Kumi</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>Catulinas</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>cooked to order</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>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:		
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>		

## Temporary Food Vendor Checklist

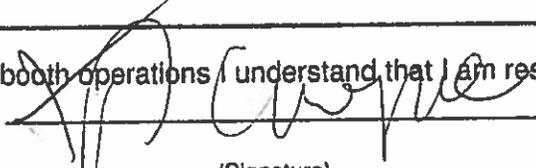
Name of Booth: Coopers Philly Cheese Steaks Event: Market Day Date: 2/3/18

Person in charge of booth: \_\_\_\_\_ Phone #: 215-695-3460

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 Cheese Steaks

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>Beston Dept + SALT'S Club</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	
Hot foods maintained at 135 F or discarded in 4 hours.		<u>N/A. In order</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	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: <u>Wills Hawaiian Fried Chicken</u>		Event: <u>Market Day</u> Date: <u>2/3/18</u>
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)		
<u>Shrimp + Spin</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 + COST CO</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>Yes</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<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:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

March 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>
Bandera Rd. Café	14	good
CVS	complaint	
Jugo Juicery	approved	
Old Helotes Inn	approved for prepackaged only	

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

Consultation with new market vendor  
Inspected 19 market day booths

Lori Calzoncit, RS  
City Health Inspector

RECEIVED

MAY 01 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: Jugo Juicery License # \_\_\_\_\_ RC: 3 Date: 3/3/18

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:**

Restroom doors must be self closing  
will follow-up next routine  
inspection

Approved

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

**Non-Critical Food Safety Rating**

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

HACCP Compliance Score = 2  
 (Does not apply to consultations or follow-up visits)

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

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

**CITY OF HELOTES**

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

**Retail Food Establishment Inspection Report**

Establishment: Bandera Rd Cafe License # \_\_\_\_\_ RC: 3 Date: 3/3/18  
 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: Dark food all over table  
in cooler

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>glacé table</u>	<u>11.50F</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
21. Sewage disposal meets code
22. Other \_\_\_\_\_

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

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

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

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

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

15 Label spray bottles of cleaners  
36 Provide storage for personal  
items away from food  
32 Clean outside of machine

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 = 86  
 (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: Old Helotes Inn License # \_\_\_\_\_ RC: 3 Date: 3-21-18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: (H)

- (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 \_\_\_\_\_

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

- Provide hot & cold water at restroom sinks  
 - Restroom doors must be self closing  
 - Provide soap & paper towels in restroom  
 - Prepared foods may be sold in bar area  
 - One can handling of food requires that must have another inspection to approve kitchen.  
 Lori 210 323 3475

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 = 78  
 (Does not apply to consultations or follow-up visits)  
Victoria D. [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: CVS License # \_\_\_\_\_ RC: 2 Date: 3-26-18  
 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)
- 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 \_\_\_\_\_

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

complaint - black mold in cooler and on milk legs

findings - there is no mold on walls.

• floor -

the shelving has a black build up of what appears to be dust or dirt -

clean shelving thoroughly on routine basis

Follow-up in 10 days.

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	<b>NIA</b>			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

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

*[Signature]*  
 Evaluation by Registered Sanitarian

### Temporary Food Vendor Checklist

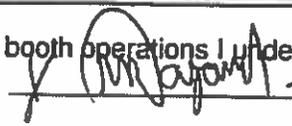
Name of Booth: Sodas/Water		Event: Market Day Date: 3-3-18
Person in charge of booth: Mr Stahl's.		Phone #: 210-380-2588
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
-- R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<del>here</del> Sodas/Waters.		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	N/A	
Foods from approved sources / No products made in the home	Y	Sams
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)	N/A	
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	N/A	
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. <u>Mr Stahl's</u>		
(Signature)		

### Temporary Food Vendor Checklist

Name of Booth: <u>Kessa Res &amp; Things</u>	Event: Market Day Date: <u>3.3.18</u>
Person in charge of booth: <u>Navin Nayaram.</u>	Phone #: <u>2106085985</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>Steak pies / Sausage 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	Rest Depot.
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	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.

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

### Temporary Food Vendor Checklist

Name of Booth: <u>Party Time Kettle Korn.</u>		Event: Market Day Date: <u>3-3-18</u>
Person in charge of booth: <u>Charlie Wheeler.</u>		Phone #: <u>216-204-7155.</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>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>Ace Mart, Costco.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	Y.	
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. <u>Charlie Wheeler</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Vincent's Food Service</u>		Event: Market Day Date: <u>3-3-18</u>
Person in charge of booth: <u>Mrs. Rangel</u>		Phone #: <u>2575135</u>
Menu Risk: (circle one) <u>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</u>		
<small>R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small> <u>Quesadillas bkft tacos 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>HSB, QMS</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><i>Yolanda Chong</i></u>		
(Signature)		

### Temporary Food Vendor Checklist

Name of Booth: <u>Jolies</u>		Event: Market Day Date: <u>3.3.18.</u>
Person in charge of booth: <u>Jolie Jordan</u>		Phone #: <u>830 480 9556</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>basket, burgers ribbon chips chicken</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 HERB</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)		

### Temporary Food Vendor Checklist

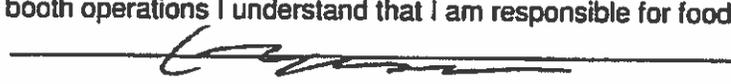
Name of Booth: <u>Lemonade.</u>		Event: Market Day Date: <u>3.3.18</u>
Person in charge of booth: <u>Gabe Menchaca</u>		Phone #: <u>210 720 8296</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>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. <u>Gabe Menchaca</u>		
(Signature)		

### Temporary Food Vendor Checklist

Name of Booth: <u>Roasted Corn</u>	Event: Market Day Date: <u>3.3.18</u>
Person in charge of booth: <u>Eliot Kieger</u>	Phone #: <u>210.882.8098</u>
Menu Risk: (circle one) R1 Low Risk / R2 <u>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>	

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

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

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

## Temporary Food Vendor Checklist

Name of Booth: <u>Josh's Empanadas</u>		Event: Market Day Date: <u>3.3-18</u>
Person in charge of booth: <u>Jennifer Mauer</u>		Phone #: <u>210.479.2410</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u> <small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small> <u>empanadas</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Wal Mart HEB</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers. <u>Jennifer Mauer</u> (Signature)		

### Temporary Food Vendor Checklist

Name of Booth: <u>Lisas Sno Cones</u>		Event: Market Day Date: <u>8/8/18</u>
Person in charge of booth: <u>Lisa Rangel</u>		Phone #: <u>210-257-7135</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>Chips Sno cones Sandwiches pickles drinks</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, Sam's 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.	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>Lisa M Rangel</u> (Signature)		

### Temporary Food Vendor Checklist

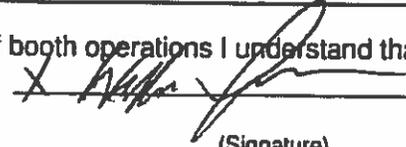
Name of Booth: <del>#</del> <b>Lil Reds Boiled Peanuts</b>		Event: Market Day Date: <b>3/3/18</b>
Person in charge of booth: <b>Mike</b>		Phone #: <b>850 777-4112</b>
Menu Risk: (circle one) R1 Low Risk / <b>R2 Medium Risk</b> / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<b>boiled peanuts.</b>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Dallas-Heinz-
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:	Y	
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Hawaiian Fried Rice</u>	Event: Market Day Date: <u>3.3.18</u>
Person in charge of booth: <u>Will Tamateo</u>	Phone #: <u>210-3477785</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / <u>R3 Higher Risk</u>	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

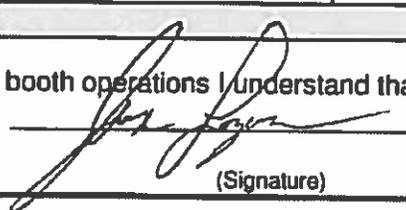
Nice

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HEB, 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. X 

(Signature)

### Temporary Food Vendor Checklist

<b>Name of Booth:</b> <u>tacos a teta.</u>	<b>Event: Market Day Date:</b> <u>3.3.18.</u>	
<b>Person in charge of booth:</b> <u>George Lozano</u>	<b>Phone #:</b> <u>210 831 3604.</u>	
<b>Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
<u>tacos</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Best Depot.</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	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;"><u></u> (Signature)</p>		

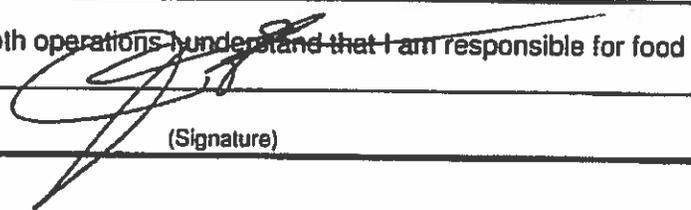
### Temporary Food Vendor Checklist

Name of Booth: Island Flavor Event: Market Day Date: 3/3/18  
 Person in charge of booth: Joe Rosceno Phone #: 808 342 7299

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

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: <u>Pingo de Mee</u>	Event: Market Day Date: <u>3.3.18.</u>
Person in charge of booth: <u>Tonia Siqueira.</u>	Phone #: <u>561 3501516.</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	<u>Costco Trader Joe Sprout</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. X P D

(Signature)

### Temporary Food Vendor Checklist

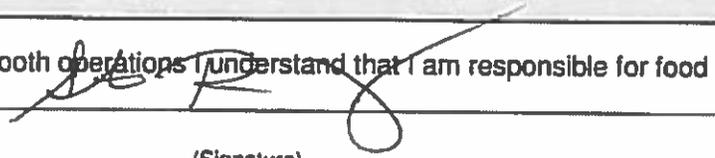
Name of Booth: <u>Quixia/Deaf</u>		Event: Market Day Date: <u>3-3-18</u>
Person in charge of booth: <u>[Signature]</u>		Phone #: <u>210-480-5104</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited risks / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Chinese food</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HEB</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: right;">(Signature) <u>[Signature]</u></p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Vargas Mini Tacos</u>	Event: Market Day Date: <u>3 3 18</u>
Person in charge of booth:	Phone #: <u>210 7801976.</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>mini tacos</u>	

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

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

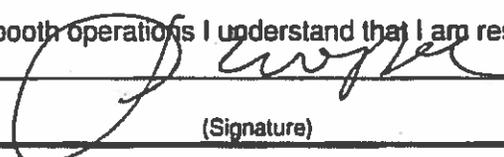
Booth: <u>Coopers Philly Cheese</u>	Event: Market Day Date: <u>8.31</u>
In charge of booth: <u>Priscilla Cooper</u>	Phone #: <u>695 4366</u>

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

Philly Cheese

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

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

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

## Temporary Food Vendor Checklist

Name of Booth: <u>Fruit cups</u>		Event: Market Day Date: <u>3-3-19</u>
Person in charge of booth: <u>Jessica Garcia</u>		Phone #: <u>544 8019</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>fruit cups, turkey legs, aguas frescas.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HEB.
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>Jessica Garcia</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Honey.</u>	Event: Market Day Date: <u>3/3/18.</u>	
Person in charge of booth: <u>Rick.</u>	Phone #: <u>210 369 8174.</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>honey.</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>honey</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____</p> <p style="text-align: center;">(Signature)</p>		

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

March 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>
Starbucks	6	EXCELLENT
Dairy Queen	0	EXCELLENT
Oolong	0	EXCELLENT
Rome's Pizza	0	EXCELLENT
Babe's Old Fashioned Food	3	EXCELLENT

### 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

Establishment: ST. SUOKS License # \_\_\_\_\_ RC: 2 Date: 3/25/18  
 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  
 ( ) 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 Single Service Item Clean + Protected

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

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

#36 Provided for Single Service Containers To be protected from food debris

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Foods 40°/58° Freezer 10/11°</u>	
<u>Hot Cook 36°/36°/34°/41°/41°</u>	
<u>Dry 34°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (200 ppm / \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120°
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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)

Hammer R. Van  
 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: Dairy Queen License # \_\_\_\_\_ RC: 3 Date: 3/25/18  
 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  
 ( ) 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°)
<i>Walk-in 38° / Walk-in 0°</i>	
<i>Taco Meat 150°</i>	
<i>Fry 40° / Hot Box 20°/20°</i>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing sanitizing (200 ppm / \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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	1			
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: Polons License # \_\_\_\_\_ RC: 3 Date: 3/25/18  
 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  
 ( ) 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 Great!*

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<i>Walk-in 45° Walk-in 0°</i>	
<i>Fridge 39° Prep Cool 40°</i>	
<i>Serv 180°</i>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (100 ppm / \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating**

Area	Superior	Above Average	Average	Minimal
Training	1			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 0  
 (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: Romeo's Pizzeria License # \_\_\_\_\_ RC: 3 Date: 3/25/14  
 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:**

Look Great!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 10°	
Refr 38°/36°/40°/42°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (100 ppm / \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating**

Area	Superior	Above Average	Average	Minimal
Training	1			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

Tony Caputo  
 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: Babe's Old Fashion Food License # \_\_\_\_\_ RC: 3 Date: 3/25/18  
 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  
 ( ) 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 Provide for Non-food Contact Surfaces To be Clean "Shelby"

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 42° / Freezer 10°</u>	
<u>Refrigerator 40°/42°/42°</u>	
<u>Chest Cooler 40°</u>	
<u>Warm Chiller 110°</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 \_\_\_\_\_

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)

Walter Silver  
 Person In Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian