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CITY OF HELOTES

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

July 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>
Dairy Queen	3	EXCELLENT
Starbucks	0	EXCELLENT
Babe's Old Fashioned	6	EXCELLENT
Oolong	8	EXCELLENT
Rome's Pizza	5	EXCELLENT

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

RECEIVED  
 AUG 06 2018  
 CITY OF HELOTES

Establishment: Daisy Queen License # \_\_\_\_\_ RC: 3 Date: 7/30/18  
 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 Non-Food Contact Surfaces To Be Cleaned

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Milk-in 40° Walk-in 0°</u>	
<u>Pkg-Cooker 40° Warm 135°</u>	
<u>Freezer 0°/20°/10°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (300 ppm/ \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120 ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating** ✓

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

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

[Signature]  
 Person In Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

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

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## Retail Food Establishment Inspection Report

Establishment: STC Sucks License # \_\_\_\_\_ RC: 3 Date: 7/30/18

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:**

Leak's Great!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Fridge 38°/38°/ Display 38°</u>	
<u>Hot Fridge 140°/40°/40°/40°</u>	
<u>Freezer 10°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (300 ppm/ \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating** ✓

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

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

Daniel  
 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 Fashioned License # \_\_\_\_\_ RC: 3 Date: 7/30/18  
 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 CCPS ✓
  28. Written HACCP Plans / SOPs as needed ✓
- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
  30. Facility construction (floors / walls) / repair ✓
  31. Housekeeping contributes to infestation ✓
  32. Non-food contact surfaces clean ✓
  33. Garbage / solid waste storage ✓
  34. Consumer advisories posted ✓
  35. Inspection report displayed for public ✓
  36. Other \_\_\_\_\_
- {E} Corrections / Improvements Made / Comments:**

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Chill: 140° / Hot Churn 40°	
Pre-heat 40° / 36° / 34°	
Walk-in 40°	
Freezer 0°	

#13 Provide for Dishes to be properly "Washed/Rinsed/Sanitized" Sanitizer at OPM

#18 New Thermometers for Fridge Units

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (0 ppm / \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 130° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 6

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

Helen Siler  
 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: Oo/eng License # \_\_\_\_\_ RC: 5 Date: 7/30/18  
 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 COS
  11. Other:  
#10 Perish. for proper food  
Storage in walk-in.  
\*No Raw Meat above food  
Reduces "Vermines".

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 45° Walk-in 20°</u>	
<u>Fridge 40°</u>	
<u>Pop-Cooker 45°</u>	
<u>Soup 170°</u>	

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

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

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

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

#13 Perish. That Dishes  
are clean before being used  
again. \* Food debris on floor

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 = 8  
 (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: The Golden Ringlet Event: Market Day Date: 7/7/18

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

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

\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Lumpia's / Tama / Eggroll / Ken-ken / Cinnamon Roll

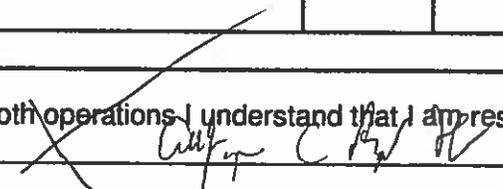
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied		
Foods from approved sources / No products made in the home		
Containers for wash/ rinse/ sanitize		
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.		
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. No person in sight for at booth  
 \_\_\_\_\_  
 (Signature)

## Temporary Food Vendor Checklist

Name of Booth: <i>Sweet Dreams</i>		Event: Market Day Date: <i>7/7/18</i>
Person in charge of booth:		Phone #: <i>710-872-2815</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>Funch Coke</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>All Part / SAT</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>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>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>NO</i>	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

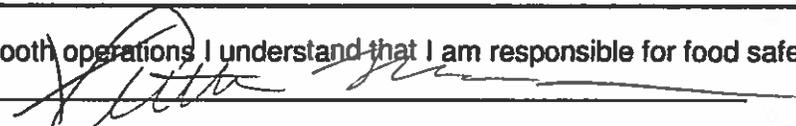
## Temporary Food Vendor Checklist

Name of Booth: <i>Vincio's Fine Food</i>		Event: Market Day Date: <i>7/7/18</i>
Person in charge of booth:		Phone #: <i>214-257-1535</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>Food: Tur (Beef/Chicken) Sausage/Noche</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/SAT'S</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>NA</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: <u>Lisc Snow Co</u>		Event: Market Day Date: <u>7/7/18</u>
Person in charge of booth:		Phone #: <u>202-257-5135</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Snow Co / <del>Ice Cream</del> / Ice Cream</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 / SAM / Bicos</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>N/A</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>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>AJ's BBQ</i>		Event: Market Day Date: <i>7/7/14</i>
Person in charge of booth:		Phone #: <i>830-480-9556</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>Meatballs / Chicken / Sausage / Tater tots</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>Best Beef / HEB</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	<i>Truck</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>	<i>Truck</i>
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	<i>Truck</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="text-align: center; margin-top: 10px;">                       (Signature)                 </div>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Garcia Concession</u>		Event: Market Day Date: <u>7/7/18</u>
Person in charge of booth:		Phone #: <u>210-544-8019</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>Agv Fresca Fruit Cup / Pollety</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 / El Pollice</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>N/A</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:		
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: Patty Tyno Kettle Korn Event: Market Day Date: 7/7/18

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

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

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

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

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

## Temporary Food Vendor Checklist

Name of Booth: <i>DeK-Ta Sode</i>		Event: Market Day Date: <i>7/7/18</i>
Person in charge of booth:		Phone #: <i>210-380-2588</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>Sode / Wc-Ta</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>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>N/A</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: Roasted Nuts "Ellie's" Event: Market Day Date: 7/7/18

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

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

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

R1 Low

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

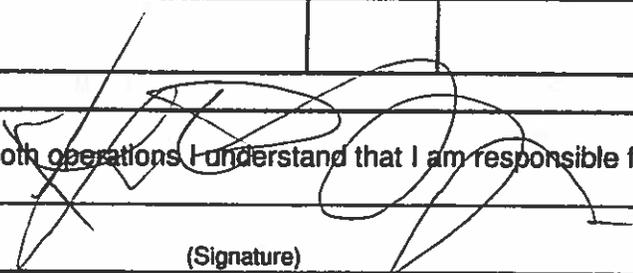
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Cocopas</u>		Event: Market Day Date: <u>7/7/18</u>
Person in charge of booth:		Phone #: <u>210-695-3466</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>Philly Cheese Steak</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>SART's / Hot Ref</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>None to order</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>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

Name of Booth: <u>Mini Tacos</u>		Event: Market Day Date: <u>7/7/18</u>
Person in charge of booth:		Phone #: <u>210-780-1976</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Beef Tacos</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>Best Dept + SAT</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>	
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> <div style="text-align: center;">               _____              (Signature)         </div>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Hone Teon</u>		Event: Market Day Date: <u>7/7/18</u>
Person in charge of booth:		Phone #: <u>710-365-8552</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>Hug Dog / Sausage on stick / Noodle</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>Kroger + 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>04-500</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>		

## Temporary Food Vendor Checklist

Name of Booth: <i>Island Flavor</i>		Event: Market Day Date: <i>7/7/15</i>
Person in charge of booth:		Phone #: <i>804-342-7299</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>Shrimp / Chicken on stick / Lumpia</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<i>Rest Dept / HEB</i>
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	<i>on-ice</i>
Hot foods maintained at 135 F or discarded in 4 hours.	✓	
Sneeze protection provided ( Sneeze guards or foods wrapped)	✓	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	✓	
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:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i> (Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <i>Pingo do Sol</i>		Event: Market Day Date: <i>7/7/18</i>
Person in charge of booth: <i>Hemily Gerbes</i>		Phone #: <i>561-866-9685</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>Pastery</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home		
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	
Hot foods maintained at 135 F or discarded in 4 hours.	✓	
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.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

June 2018

### PART ONE--FOOD SAFETY REPORT



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

#### Pet

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

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

For ease a rating system would be

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

#### Name of Establishment

#### Compliance Score\*

#### Rating

Bandera Rd Café follow up signed investigation		Complaint
Helotes Creek Winery	100	excellent
Helotes Café and Bakery	8	excellent

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

Inspected 7 market vendors at Market Days

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

Inspected 6 trucks at food truck event at Casa Helotes. Gave 3 notices to buy Helotes permits, closed one truck for noncompliance. Spoke to organizer about rules and regulations. .

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  
 AUG 13 2018  
 CITY OF HELOTES

Establishment: Bandera Rd Cafe License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 8-4-18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: Follow-up on complaint

- {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:**

Corrected -  
new tile installed  
and working  
complaint closed.

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 105  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person in Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian

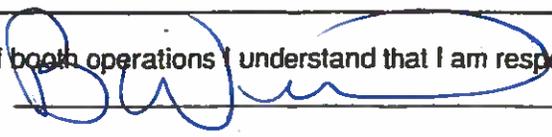
# Food Truck Friday

## Temporary Food Vendor Checklist

Name of Booth: <u>Layers.</u>	Event: Market Day Date: <u>7-20-18.</u>
Person in charge of booth: <u>Melissande Johnston</u>	Phone #: <u>210 201-2427</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>bbq chicken, wrap</u>	

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

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



(Signature)

Food Truck Friday

Temporary Food Vendor Checklist

Name of Booth: <u>Bacon Me Crazy</u>	Event: Market Day Date: <u>7-20-18</u>
Person in charge of booth: <u>Debbie Gray</u>	Phone #: <u>2106895052</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk	
<small>R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small> <u>Burgers, Bacon Items</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, Costco
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	X	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

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

Debbie Gray

(Signature)

Food Truck Fri

Temporary Food Vendor Checklist

Name of Booth: Wally's Deli Event: Market Day Date: 7-20-18  
 Person in charge of booth: Walter Pasacorelli Phone #: 210-855-9647

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)  
stromboli, sandwiches

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

go to Helotes City Hall to get permit

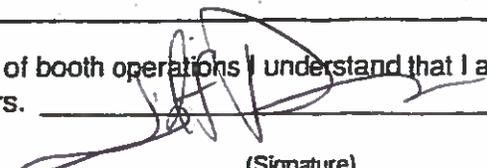
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. [Signature]  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Serial Grillers</u>	Event: Market Day Date: <u>7.20</u>
Person in charge of booth: <u>Pat Dillanthy</u>	Phone #: <u>210.834.3486</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 / BHEs)	
<u>bbq brisket sausage</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Sams.</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	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.

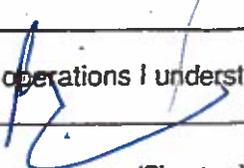
  
 \_\_\_\_\_  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Swm Blingz.</u>	Event: <u>Market Day</u> Date: _____
Person in charge of booth: <u>Dominic Suarez</u>	Phone #: <u>210 946-3690.</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>shrimp made at home</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>	<u>no water!</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>	<u>closed</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.		
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

4878.

Name of Booth: <b>KONG</b>	Event: Market Day Date: <b>7-20-18</b>
Person in charge of booth: <b>Natasha Pharis</b> Phone #: <b>210 504 6780</b>	
Menu Risk: (circle one) <b>R1</b> 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	KONG.
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. *Natasha Pharis*

(Signature)

**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**

Food Truck  
 Friday  
 7.20.18.

Establishment: Serial Enitlers License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 7.20.18.  
 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:**

obtain health  
permit @  
Helotes City Hall.

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = NS  
 (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: Suni Blinacs License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 7.20.18  
 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:**

Obtain Food  
Permit @  
Helotes City Hall

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

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

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

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

[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: Wally's Deli. License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 7.20.18  
 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:**

go to Helotes City Hall to purchase permit.

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating**

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

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

\_\_\_\_\_  
 Person In Charge / Manager / Owner  
 \_\_\_\_\_  
 Evaluation by Registered Sanitarian

~~Car Show~~

7/3/18

### Temporary Food Vendor Checklist

Name of Booth: Party Time Kettle Korn Event: Market Day Date: 7/3/18

Person in charge of booth: Frank Wheeler Phone #: 204 7155

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

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

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	Ace Mart Costco
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
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	
Other:	Yes	

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

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Eliot's Roasted Corn</u>	Event: <u>Market Day</u> Date: <u>7-3-18</u>
Person in charge of booth: <u>Eliot Kieger</u>	Phone #: <u>882 8098</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	yes	
Foods from approved sources / No products made in the home	yes	HUB
Containers for wash/ rinse/ sanitize	yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	yes	
Hot foods maintained at 135 F or discarded in 4 hours.	yes	
Sneeze protection provided ( Sneeze guards or foods wrapped)	yes	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	yes	
Booth provided with overhead cover	yes	
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	
Other:		

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

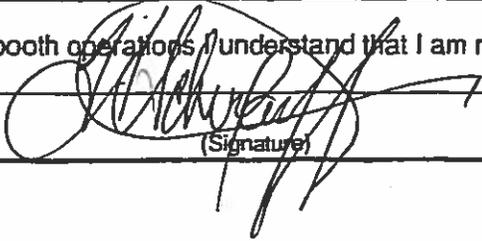
(Signature)

### Temporary Food Vendor Checklist

Name of Booth: Hot dogs, Apple pies, ice cream Event: Market Day Date: 7-3-18  
 Person in charge of booth: Tom Schoolcraft Phone #: 210 145 5915  
 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	Wal Mart, Blue Bell
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

5025

Name of Booth: Funnel Cakes. Event: Market Day Date: 7-3-18.

Person in charge of booth: Priscilla Garcia Phone #: 214-946-2555

Menu Risk: (circle one) R2 **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>Items Ace Mart.</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.

Priscilla Garcia  
(Signature)

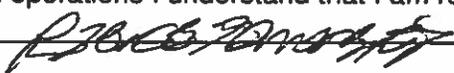
### Temporary Food Vendor Checklist

Name of Booth: Boy Scout 404. Event: Market Day Date: 7-3-18

Person in charge of booth: Patricia Townsley Phone #: 210-618-3236

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)  
popcorn candy, water sodas.

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	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.	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)

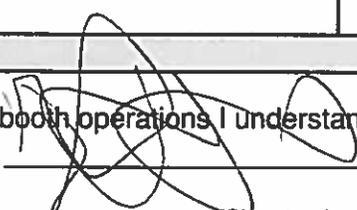
## Temporary Food Vendor Checklist

<b>Name of Booth:</b>	<b>Event:</b> Market Day <b>Date:</b>	
<b>Person in charge of booth:</b> Clara Canillo	<b>Phone #:</b> 210.924.9941	
<b>Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
<b>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</b>		
chicken on stick, burgers		
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	items HFB
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic 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) *Clara Canillo*

## Temporary Food Vendor Checklist

Name of Booth: <u>Vargas</u>		Event: Market Day Date:
Person in charge of booth: <u>Mrs. Vargas</u>		Phone #: <u>210 780 1974</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>tacos, cucumbers, nachos</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>same HFB</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center;">               _____              (Signature)         </div>		

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Helotes Creek Winery License # 4492 RC: 2 Date: 7-12  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

Great Job!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

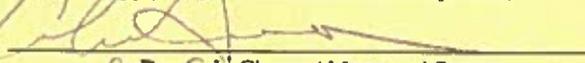
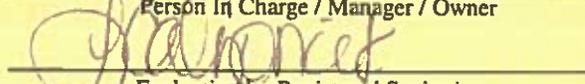
- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
  13. Dishwashing / sanitizing (\_\_\_\_ ppm / \_\_\_\_ Temp.)
  14. Food storage area meets code
  15. Storage and use of toxic items
  16. Evidence of insects or rodents / infestation
  17. Sewage disposal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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 100  
 (Does not apply to consultations or follow-up visits)

  
 \_\_\_\_\_  
 Person in Charge / Manager / Owner  
  
 \_\_\_\_\_  
 Evaluation by Registered Sanitarian

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Helotes Cafe & Bakery License # \_\_\_\_\_ RC: 3 Date: 7-12-18  
 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 post license

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

10. Ice must be stored in food grade bags. - corrected

36. license must be posted - by next inspection

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 92 -0  
 (Does not apply to consultations or follow-up visits)

\_\_\_\_\_  
 Person in Charge / Manager / Owner

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

RECEIVED

SEP 07 2018

CITY OF HELOTES

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY AUGUST 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 Rodeo Mexican Grill	N/A	C of O
B-Daddy's	0	EXCELLENT
El Chaparral	18	GOOD
Bill Millers	0	EXCELLENT
Pho An	15	GOOD

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

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- Movie Night 8/17/2018
- Casa Food Truck 8/17/2018

**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: El Rodeo Mexican Grill License # \_\_\_\_\_ RC: 3 Date: 8/29/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: C/O

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

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

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

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

& Re-Seal or Paint Kitchen  
Floors.  
& Provide for Soap +  
Paper Towels at Kitchen  
Sinks.  
C/O Approved  
8/29/18  
[Signature]

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 40°</u>	
<u>Walk-in 20°</u>	
<u>Fridge 40°</u>	

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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score =

(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: B-Daddy's License # \_\_\_\_\_ RC: 3 Date: 8/29/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

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

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

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38° Walk-in 20°</u>	
<u>Worms - 140° / 135°</u>	
<u>Pot To Salad 40°</u>	
<u>Bisket / Corn 145°</u>	

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

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

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

Non-Critical Food Safety Rating ✓				
Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

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

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

**CITY OF HELOTES**

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

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

**Retail Food Establishment Inspection Report**

Establishment: E1 Chaparral License # \_\_\_\_\_ RC: 3 Date: 8/29/14  
 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 ccs
  10. Foods protected from contamination
  11. Other: \_\_\_\_\_  
#9 Provide for Proper Date Labeling

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

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

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

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

#29 Provide That Refrigeration is Working Properly & Cold Hold items on Ice Bath

#27 Provide for Good Hygienic Practices & Bar X

#12 Provide for Soap & Paper Towels at Hand Sink

#17 Provide for Drain Pipe a Bar To Be Fixed

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 18  
 (Does not apply to consultations or follow-up visits)

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Bill Miller's License # \_\_\_\_\_ RC: 3 Date: 8/29/18  
 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°)
Biscuit 135° / M:5s 135° / P:5. To S: 1. hot 45°	
Beans 140° / Green Beans 145°	
Corn Grits 150° / Chy 180°	
Chicken 135° / W: 11: in 40°	

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

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

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

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

Looks Good!

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

**Non-Critical Food Safety Rating** ✓

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

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

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

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

210-288-7396

### CITY OF HELOTES

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

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

### Retail Food Establishment Inspection Report

Establishment: Pho An License # \_\_\_\_\_ RC: 3 Date: 8/29/18  
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 cos
  - 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: \_\_\_\_\_  
#1 Provide. This food items are at proper cold hold temp.

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Prep. Counter 38°</u>	
<u>Freezer 0°/10°/10°</u>	
<u>Fridge 60° / Walk-in 50°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean
  - Dishwashing / sanitizing (100 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 130°
  - 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:**

#29 Provide. That Equipment is working properly. Cold hold 45° Stir

#14 Provide. for proper food storage

#27 Provide. That all staff have proper hand restraints & cold hold products need to diff. units or hot or ice bath.

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

**Non-Critical Food Safety Rating** ✓

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

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

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

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

## Temporary Food Vendor Checklist

Name of Booth: Home Ice Event: Market Day Date: 8/17/18

Person in charge of booth: Mrs. Natasha Phone #: 337-287-2868

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)

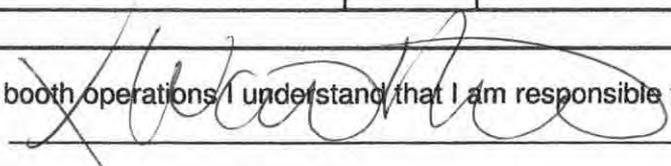
Should Ice

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	Home
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	—	Ice
Hot foods maintained at 135 F or discarded in 4 hours.	—	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	Truck
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	Truck
Booth provided with overhead cover	Yes	Truck
Booth provided with floor as needed to control blowing dust / debris	Yes	Truck
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. Mrs. Madison Xeon

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <i>Wally's Deli</i>		<i>Case Truck</i> Event: <b>Market Day</b> Date: <i>8/17/18</i>
Person in charge of booth: <i>Walter Pascurite</i>		Phone #: <i>875-9647</i>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Philly / Burgers / Cold Sandwich</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>Prep Co</i>
Hot foods maintained at 135 F or discarded in 4 hours.		<i>Make to order</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	<i>Truck</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>	<i>Truck</i>
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	<i>Truck</i>
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center; margin-top: 10px;">  </div> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

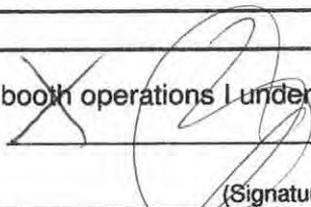
Name of Booth: <i>Dona Kiki's</i>	Event: <i>CASA event</i> Market Day Date: <i>8/17/14</i>	
Person in charge of booth: <i>Alme Godoy</i>	Phone #: <i>210-815-5685</i>	
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<i>Tacos + Burritos</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>Restaurant Recipe</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Freeze 10" fully still cold down</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Beans 135"</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	<i>Trailer</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>	<i>Trailer</i>
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	<i>Trailer</i>
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>NO</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <i>[Signature]</i></p> <p>(Signature)</p>		

*\* Vendor does NOT have current Halal Permit  
- Need Permit to vend in Halal*

## Temporary Food Vendor Checklist

Name of Booth: <i>Serial Grillers</i>		<i>CASA Truck</i> Event: <del>Market Day</del> Date: <i>8/17/14</i>
Person in charge of booth: <i>Jeff DillaLenti</i>		Phone #: <i>210-834-3456</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>Bisket / Sausage / Beans / Potato Salad</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>SAM'S / Rust Root Dips</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Freezer 20° fridge not in use</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>oven warmer 150°</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<i>Yes</i>	<i>Trailer</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>	<i>Trailer</i>
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	<i>Trailer</i>
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>Jeff DillaLenti</i></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <i>LA Mina Tacos + Burgers</i>		<i>CASA Truck Night</i> Event: <i>Market Day</i> Date: <i>8/17/18</i>
Person in charge of booth: <i>Servio Villegomez</i>		Phone #: <i>210-669-4932</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>Beef + Chicken Tacos / Burgers</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	
Foods from approved sources / No products made in the home	✓	<i>HEB + Restaurant Dept</i>
Containers for wash/ rinse/ sanitize	✓	
Cold Foods maintained at 41 F or discarded in 4 hours.	✓	<i>Freezer 0° Fridge 45°</i>
Hot foods maintained at 135 F or discarded in 4 hours.	✓	<i>Chicken 160° Beef 150°</i>
Sneeze protection provided ( Sneeze guards or foods wrapped)	✓	<i>Trailer</i>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	✓	
Booth provided with overhead cover	✓	<i>Trailer</i>
Booth provided with floor as needed to control blowing dust / debris	✓	<i>Trailer</i>
Waste disposal container provided	✓	
Food service personnel using head covers	✓	
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="text-align: right; margin-right: 100px;">                       _____                      (Signature)                 </div>		

*\* Does not have current food permits  
- Just get current food permit from city to vend.*

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

August 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**

Lil Cherubs day care  
Marvelously Made  
Barbell Sweets  
Great Harvest

0  
0  
Approved for licensing  
joint inspection with Code and Fire

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

Phone consultations with Great Harvest representatives on 6 occasions

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  
 SEP 19 2010  
 CITY OF HELOTES

Establishment: Barbell Sweets License # \_\_\_\_\_ RC: 2 Date: 8-6  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

*Approved for  
licensing.*

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

Area	Superior	Above Average	Average	Minimal
Training	1			
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  
*Howie Calhoun* RS 3235  
 Evaluation by Registered Sanitarian

**CITY OF HELOTES**

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

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

**Retail Food Establishment Inspection Report**

RECEIVED  
SEP 19 2010  
CITY OF HELOTES

Establishment: Marvelously Made License # \_\_\_\_\_ RC: 2 Date: 8-6-10  
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)**
23. Manager on duty currently certified?
  24. Manager demonstrates proper use of thermometer
  25. Personnel with infections restricted / excluded
  26. Proper hand washing demonstrated
  27. Good hygienic practices observed
  28. Written HACCP Plans / SOPs as needed

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

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

Great Job!

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 9 / 100  
(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: Mil Cherubs License # 598 RC: 2 Date: 8-6-18  
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: \_\_\_\_\_

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

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

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

Great Job!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
cooler	40°F
freezer	30°F

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

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

Non-Critical Food Safety Rating

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

HACCP Compliance Score =  = 100  
(Does not apply to consultations or follow-up visits)

K. Vike  
Person In Charge / Manager / Owner

Alcalonca  
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: Great Harvest License # \_\_\_\_\_ RC: 3 Date: 8-11-19  
 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°)

- {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:**

operating without health permit.

no handwashing available

no commercial kitchen equipment in place.

cease operations immediately

Obtain 10% license before opening

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

**Non-Critical Food Safety Rating** ✓

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

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

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

\_\_\_\_\_  
 Evaluation by Registered Sanitarian  
Lori Calzavara RS

Blawie

360 onlinetraining

# 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: Produce Harvest License # \_\_\_\_\_ RC: 3 Date: 8-11-18

Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: C/O

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

(Critical control violations must be corrected on the spot)

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

### Critical Temperature Verification:

Food Item and Process	Temp (F°)

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

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

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

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

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

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

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

All equipment must be operable  
Refrigeration units must be 41°F  
Hand wash stations must be  
operable, easily cleanable, and  
and in good repair.  
Install a compartment sink with hot  
and running water and drain  
Hand sinks with hot and cold water must  
be available in all food prep areas and  
restrooms.  
Install mop sink with hot running water.  
Restrooms must have working fixture  
between hot and cold water supply  
and drain pipes.  
All construction supplies must be removed

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

### Non-Critical Food Safety Rating √

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

HACCP Compliance Score = 10/15  
(Does not apply to consultations or follow-up visits)

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

Lari Calzonetti, KS.

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

September 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>
Wal Mart	6	Excellent
CVS	3	Excellent
Helotes Country Club	0	Excellent

**Other Activities – phone consultations with Great Harvest (2), Whimsical Annies, and Barbell Sweets (3). Plan review. Temporary event consultations with new market vendors.**

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  
 OCT 17 2018  
 CITY OF HELOTES

Establishment: Walmart License # \_\_\_\_\_ RC: 3 Date: 9-29-18  
 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: \_\_\_\_\_

- {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:**

30 Repair hole in wall in bakery.  
32 Clean racks in deli area.

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 94  
 (Does not apply to consultations or follow-up visits)

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

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

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

RECEIVED  
 OCT 17 2018  
 CITY OF HELOTES

Establishment: CVS License # \_\_\_\_\_ RC: 2 Date: 9-29-18  
 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:**

32 Clean floors, shelves in walk-in coolers.

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 = 97  
 (Does not apply to consultations or follow-up visits)

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

Dea Porat  
 Evaluation by Registered Sanitarian



Received 12/10/18  
EC

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY September 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	N/A	COMPLAINT
Gas Go Market	0	EXCELLENT
Burger King	0	EXCELLENT
Kwik Chek	3	EXCELLENT
Valley Mart	3	EXCELLENT
Finks Cigars	0	EXCELLENT
Dollar Tree	0	EXCELLENT
Panthers Country Café	N/A	C of O
Rio's Barbecoa	N/A	C of O

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

- 
- 

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

OCT 10 2018

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

CITY OF HELOTES

Establishment: El Chaparral License # RC: 3 Date: 9/30/18
Purpose of Visit: [ ] Compliance Inspection [ ] Consultation [x] Complaint [ ] Illness Investigation [ ] Other:

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

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

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

{E} Corrections / Improvements Made / Comments:

Complaint: Nutballs in Play Ground
Made inspection of Playground. No Nutballs present. They had all been removed.
Management is aware that Nutballs are not to be placed outside in play area.
Complaint Closed

Critical Temperature Verification:

Table with 2 columns: Food Item and Process, Temp (F°)

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

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

Non-Critical Food Safety Rating

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

HACCP Compliance Score = 100
(Does not apply to consultations or follow-up visits)
Person In Charge / Manager / Owner
Evaluation by Registered Sanitarian

Received 10/11/18

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

Establishment: Gas Go Market License # \_\_\_\_\_ RC: 2 Date: 9/15/14  
 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:**

#12 provided for hand sink  
 to be supplied  
 "4 Soap + Paper Towels"

650

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 45°	

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

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

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

**Non-Critical Food Safety Rating ✓**

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

HACCP Compliance Score = 0

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

Jordan Holmsted  
 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: Burger King License # \_\_\_\_\_ RC: 3 Date: 9/15/18  
 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!

650

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38° Walk-in 0°</u>	
<u>Hot Box 0°</u>	
<u>Chicken 170° / Beef 150°</u>	
<u>Cooker 40°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (300 ppm/ \_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17. Sewage disposal / Grease trap ✓
  18. Thermometers provided / used ✓
  19. Plumbing / no cross-connections ✓
  20. Water supply / hot water 120° ✓
  21. Sewage disposal meets code ✓
  22. Other \_\_\_\_\_

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

Non-Critical Food Safety Rating ✓				
Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 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: Quick Check License # \_\_\_\_\_ RC: 2 Date: 9/15/18  
 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: \_\_\_\_\_

- {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:**

#32 Non-food contact  
surface to be clean  
x Gasket on Moley

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 42°</u>	
<u>Freezer 0°</u>	
<u>Water 140°</u>	

- {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 120°
  - Sewage disposal meets code
  - Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 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: Volley Point License # \_\_\_\_\_ RC: 3 Date: 9/15/14  
 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:**

#12 Provided for Soap & Paper Towels at Hand:

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38°</u>	
<u>Freezer Walk-in 0°</u>	
<u>Dry Cooler 34°</u>	

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

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

**Non-Critical Food Safety Rating** ✓

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

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

Christa Ferguson  
 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: Panther's Country Cafe License # \_\_\_\_\_ RC: 3 Date: 9/15/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: CFO

- {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:**

CFO Approved  
Health  
9/15/18

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 100%  
 (Does not apply to consultations or follow-up visits)  
Thomas Calhoun  
 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: Rio's Barbecue License # \_\_\_\_\_ RC: 3 Date: 9/9/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: c/o

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Steam Table 140°	
Washer 135°	
Fridge 40°	

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

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

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

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

c/o Approved  
9/9/18

[Signature]

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

**Non-Critical Food Safety Rating ✓**

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

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

[Signature]  
Person In Charge / Manager / Owner

[Signature]  
Evaluation by Registered Sanitarian