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 CITY OF HELOTES

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY October 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>
Sonic	3	EXCELLENT
Taco Bell	0	EXCELLENT
Slim Chickens	18	GOOD
Pizza Hut	3	EXCELLENT

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

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

- UTSA Engineering BBQ 22 booths 10/27/2018

**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: Sonic License # \_\_\_\_\_ RC: 3 Date: 10/27/18  
 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°)
Fresh 40° Fridge 20°	
Deep Cooler 40° Chiller 165°	
Hot Box 26°	
Walk-in 36° Walk-in 0	

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

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

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

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

# 32 Provided for Non-food Contact Surfaces To be Clean

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

**Non-Critical Food Safety Rating ✓**

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

HACCP Compliance Score = 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: Spin Chickens License # \_\_\_\_\_ RC: 3 Date: 10/27/18  
 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)
  6. Food control surfaces clean and sanitized COS  
 { } 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: \_\_\_\_\_  
#6 Sanitized!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38° Walk-in 0°</u>	
<u>Hot Cooler Water Sald 40°</u>	
<u>Hot Cooler 34°/42°/38°</u>	
<u>Freeze 32° Chicken and 150°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean
  13. 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 \_\_\_\_\_

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

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

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

#12 Provide for Paper Towels at Hand Sink

#13 Provide for Sanitizing Buckets

#32 Provide for Non-food Contact Surfs to be Clean

#26 Provide for Paper Handwashing

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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 18  
 (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: UTSA Engineering BBQ Event: ~~Market Day~~ Date: 10/27/14  
 Phone #: 210-508-9432

Person in charge of booth: Eric

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

Burger / ribs / chicken

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	✓	All
Foods from approved sources / No products made in the home	✓	All
Containers for wash/ rinse/ sanitize	✓	All
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.	✓	All
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.	✓	All
Booth provided with overhead cover	✓	All
Booth provided with floor as needed to control blowing dust / debris	○	
Waste disposal container provided	✓	All
Food service personnel using head covers	✓	All
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

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

\* All 22 Booths within Rule & Regs.

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

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

Retail Food Establishment Inspection Report

Establishment: Whimsical Apples License # RC: 2 Date: 10/4/18
Purpose of Visit: [X] Compliance Inspection [ ] Consultation [ ] Complaint [ ] Illness Investigation [ ] Other:

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

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

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

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

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

{E} Corrections / Improvements Made / Comments:
[Blank lines for notes]

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

Non-Critical Food Safety Rating
Table with 5 columns: Area, Superior, Above Average, Average, Minimal
Rows: Training, Restrooms, Housekeeping, Equipment, Construction, Overall Rating

HACCP Compliance Score = 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: Floores County Store License # \_\_\_\_\_ RC: 3 Date: 10/4/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

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

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

27. Cooks/preps must wear hair restraints.

30. Clean walls, repair holes/unfinished walls.

29. Replace damaged plastic spatulas.

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% - 90  
 (Does not apply to consultations or follow-up visits)

Adam May  
 Person In Charge / Manager / Owner

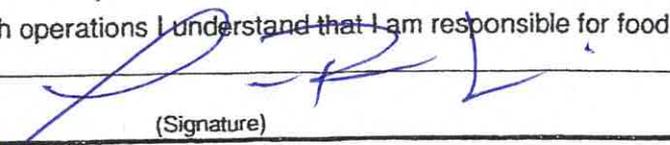
[Signature]  
 Evaluation by Registered Sanitarian

### Temporary Food Vendor Checklist

Name of Booth: <u>Pingo de Mel</u>	Event: Market Day Date: <u>10-6-18</u>
Person in charge of booth: <u>Tania Siqueira</u>	Phone #: <u>561-350-1916</u>
Menu Risk: (circle one) <u>R2</u> Medium Risk / R1 Low Risk / R3 Higher Risk	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	
<u>Brazilian bakery items</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>Maestrol</u>
Containers for wash/ rinse/ sanitize	<u>y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>y</u>	
Booth provided with overhead cover	<u>y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>y</u>	
Waste disposal container provided	<u>y</u>	
Food service personnel using head covers	<u>y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>y</u>	
Other:		

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

  
 (Signature)

### Temporary Food Vendor Checklist

Name of Booth: Joe Schell - Sodas Event: Market Day Date: 10-6-18

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)

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	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	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. Joe Schell

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Party Time Kettle Corn</u>	Event: <u>Market Day</u> Date: <u>Oct 6 '18</u>	
Person in charge of booth: <u>Charlie Wheeler</u>	Phone #: <u>210 204 7155</u>	
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>popcorn.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>Costco, Ace Mart</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>N/A</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>N/A</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:		
<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>Charlie Wheeler</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>SA Snowie - Mini Donuts</u>	Event: Market Day Date: <u>Oct 6 18</u>
Person in charge of booth: <u>Joe &amp; Diane Vasquez</u>	Phone #: <u>210 218 6806</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)	
<u>donuts</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>Ben &amp; Keith</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.		
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>Jolies d.</u>		Event: Market Day Date: <u>10-6-18.</u>
Person in charge of booth: <u>Jolie Jodon.</u>		Phone #: <u>8304809556.</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Chicken tater twisters.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Rest Depot HEB</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Jolie Jodon</u> (Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Funnel cakes / pizzas.</u>	Event: Market Day Date: <u>10/6.</u>
Person in charge of booth: <u>Pamela DeLaRosa.</u>	Phone #: <u>210 872 2915</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)

oncos, pickles

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. Pamela DeLaRosa

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Lisas Sno Cones</u>		Event: Market Day Date: <u>10.</u>
Person in charge of booth: <u>LISA [initials]</u>		Phone #: <u>2570135</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>sno cones, pickles, whistles</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	sams
Containers for wash/ rinse/ sanitize	X	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	X	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Taste of Caribbean</u>		Event: <u>Market Day</u> Date: <u>10-6-18</u>
Person in charge of booth: <u>Laurela Mercer</u>		Phone #: <u>904 318 5598</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>chicken rice com. principle</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied		
Foods from approved sources / No products made in the home		<u>Sams</u>
Containers for wash/ rinse/ sanitize		
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided ( Sneeze guards or foods wrapped)		
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.		
Booth provided with overhead cover		
Booth provided with floor as needed to control blowing dust / debris		
Waste disposal container provided		
Food service personnel using head covers		
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		
<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>Laurela Mercer</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Roasted Corn.</u>		Event: <u>Market Day</u> Date: <u>10.6</u>
Person in charge of booth: <u>Eliot Kieger</u>		Phone #: <u>882 8098.</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>roasted corn</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>HEB</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____</p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Vinents</u>	Event: Market Day Date: <u>10.6.18.</u>
Person in charge of booth: <u>Mrs Rangel</u>	Phone #: <u>210-2575135</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / <u>R2 Medium Risk</u> / <u>R3 Higher Risk</u>	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	
<u>appetites</u>	

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

*Y. Rangel*  
(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Coopers Philly Cheese</u>	Event: <u>Market Day</u> Date: <u>10.6-18</u>	
Person in charge of booth: <u>Priscilla Cooper</u>	Phone #: <u>6953466</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 fries</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Sams, Rest Depot</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u>Ashley Cooper</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

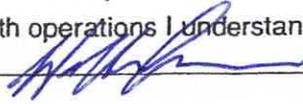
Name of Booth: <u>Men: Taguitos</u>	Event: Market Day Date: <u>06/18</u>
Person in charge of booth: <u>Velma Vargas</u>	Phone #: <u>2107801976</u>
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

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

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

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Hawaiian Fried Rice.</u>	Event: Market Day Date: <u>10-6-18.</u>	
Person in charge of booth: <u>Will Tameto</u>	Phone #: <u>210-3477785</u>	
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>fried rice.</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>HEB COSTCO.</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u></u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

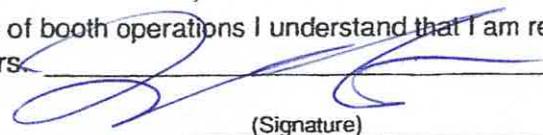
Name of Booth: <u>Lemonade</u>	Event: Market Day Date: <u>10-6-18.</u>	
Person in charge of booth: <u>Menchaca.</u>	Phone #: <u>210. 265-3500</u>	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	HEB, 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:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____</p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Sausage on stick.</u>	Event: Market Day Date: <u>10/6</u>
Person in charge of booth: <u>Dominique Sampedo</u>	Phone #: <u>210 3658598</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>Sausage on stick.</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>Jams</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Y</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:	<u>Y</u>	

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



(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Reynas Kitchen.</u>	Event: Market Day Date: <u>10.6.18.</u>
Person in charge of booth: <u>Reyna Robischeaux</u>	Phone #: <u>210 589 5637.</u>

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

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

### Temporary Food Vendor Checklist

Name of Booth: <u>Potstickers, Rangoons</u>	Event: Market Day Date: <u>10.6.</u>
Person in charge of booth: <u>Quinia Dal.</u>	Phone #: <u>210 4805106.</u>
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / R3 Higher Risk	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	
<u>Potstickers</u>	

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>HEB Asia Mkt.</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	x	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		

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

(Signature)

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY November 2018

RECEIVED  
DEC 12 2018  
CITY OF HELOTES

### 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 Chaperral	20	GOOD
Starbucks	0	EXCELLENT
Jugo Juicery	11	GOOD
Babe's Old Fashioned	7	EXCELLENT
Subway	6	EXCELLENT
Oolong	15	GOOD
Rome's Pizza	0	EXCELLENT

**PART TWO--OTHER ACTIVITIES/SERVICES REPORT**  
PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:  
➤ MARKET DAYS 11/3/2018

RECEIVED  
DEC 12 2018  
CITY OF HELOTES

**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**

**RECEIVED**  
**DEC 12 2018**  
**CITY OF HELOTES**

Establishment: El Chaperon License # \_\_\_\_\_ RC: 3 Date: 11/8/18  
 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: \_\_\_\_\_

#7 Potential for cross-contamination to occur from raw to finished product due to dirty hands  
#10 Provide for food items to be properly covered + stored

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40°	
Shoulder Chicken 150°/160°	
Chicken 140°/140°/150°	

**{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 \_\_\_\_\_

**{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:**

#14 Provide for proper food storage and clean shelves

#26 Provide for proper handwashing

#32 Provide for non-food contact surfaces to be cleaned

\* Investigate a complaint that persons became ill eating at restaurant  
\* Report made dish "Chicken Taco Soup"  
\* Food Process on dirty surface  
Boil / Hot Hold (Wet) / Steam Table

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 = 20  
 (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: Starbucks License # \_\_\_\_\_ RC: 3 Date: 11/24/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

Looks Great!

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Fridge 0°	
Fridge 35°/40°	
Hot Fridge 40°/38°/36°/40°	
Display 35°	

- {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: Jugo Juicery License # \_\_\_\_\_ RC: \_\_\_\_\_ Date: 11/24/18  
 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: \_\_\_\_\_

HT Provide that gloves are change prior to return back to work if Prep Station has been vacated.

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Display 38° Prep cooler 40°</u>	
<u>Freezer 10°</u>	
<u>Fridge 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 \_\_\_\_\_

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

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

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

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

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

#32 Provide for Non food contact Surfaces to be cleaned

#12 Provide for paper towels at Womens Restroom hand sink

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 = 11  
 (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: Babe's Old Fashioned License # \_\_\_\_\_ RC: 3 Date: 11/24/18  
 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:**

#26 Provided for proper hand washing soap  
Hot water / Soap / Towel

#19 Provided for Hot water  
to be used at  
Kitchen

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 38° / freezer 0°</u>	
<u>Pop cooler 40°/39°/40°</u>	
<u>Chest cooler 38°</u>	

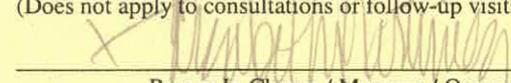
- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
  13. Dishwashing / sanitizing (\_\_\_\_\_ ppm/\_\_\_\_\_ Temp.) ✓
  14. Food storage area meets code ✓
  15. Storage and use of toxic items ✓
  16. Evidence of insects or rodents / infestation ✓
  17.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

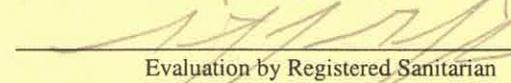
As the person in charge of this facility, I understand I am responsible for food safety practices described in sections 229.163 (b) and 229.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work, after handling raw products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

**Non-Critical Food Safety Rating** ✓

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

HACCP Compliance Score = 7  
 (Does not apply to consultations or follow-up visits)

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Subway License # \_\_\_\_\_ RC: 3 Date: 11/24/18  
 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:**

#16 Gaskets ~~in~~ in and around food product

#32 Provided for Name food contact surfaces to be cleaned

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 38° / Walk-in 10°	
Fridge 36° Tuna 40°	
Hot Ball Warming up 120°	

- {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 = 6  
 (Does not apply to consultations or follow-up visits)

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Oolong License # \_\_\_\_\_ RC: 3 Date: 11/24/18  
 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: #10 provide that foods are properly stored and protected during the cooling and thawing process  
\* No food Thawing on floor  
\* prevent cooling foods from contamination

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 40° / walk-in 0°</u>	
<u>Fridge 42° Prep cooler 38°</u>	
<u>Soap 180°</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:**

#19 Provide that plumbing leak at Hand sink and Prep sink are fixed

#27 Provide that personal drinks and food are not stored with customer food items

#13 Provide for Three Compartment Sink to be properly set up and used (Soapy water / Rinse water / Bleach water) Dishes that are washed in Three Compartment Sink only need to follow process.

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Romeo's Pizza License # \_\_\_\_\_ RC: 3 Date: 11/24/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

Looks Good

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 0°	
Prep Cook 38°/40°/38°/36°	
Freezer 0°	

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

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

**Non-Critical Food Safety Rating** ✓

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

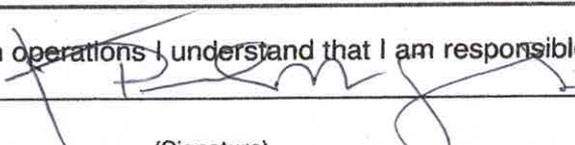
HACCP Compliance Score = 0  
 (Does not apply to consultations or follow-up visits)

TONY E. Caprath  
 Person In Charge / Manager / Owner

[Signature]  
 Evaluation by Registered Sanitarian

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 CITY OF HELOTES

### Temporary Food Vendor Checklist

Name of Booth: <u>Sweet Dream</u>		Event: Market Day Date: <u>11/3/18</u>
Person in charge of booth: <u>Renee Gonzalez</u>		Phone #: <u>210-672-2815</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>Produce / Pizza / bread / funnel cake</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>SANTIS + <del>REST DEPT</del></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>NA</u>	
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>Filipinylivins</u>		Event: Market Day Date: <u>11/3/11</u>
Person in charge of booth: <u>Teresa Bautista</u>		Phone #: <u>210-900-5840</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>Supper / Mini Supper</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>1/1</u>	
Foods from approved sources / No products made in the home	<u>1/1</u>	<u>HB / SA</u>
Containers for wash/ rinse/ sanitize	<u>1/1</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>1/1</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>1/1</u>	<u>Note for out</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>1/1</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>1/1</u>	
Booth provided with overhead cover	<u>1/1</u>	
Booth provided with floor as needed to control blowing dust / debris	<u><del>1/1</del> NO</u>	
Waste disposal container provided	<u>1/1</u>	
Food service personnel using head covers	<u><del>1/1</del></u>	
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> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30%;"></div> <div style="text-align: center;"> <p>(Signature)</p> </div> </div>		

## Temporary Food Vendor Checklist

Name of Booth: <u>AJ's BBQ</u>	Event: Market Day Date: <u>11/3/18</u>	
Person in charge of booth:	Phone #: <u>830-480-9556</u>	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Chicken on stick</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 / HED</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Tuile</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. <u>X Kelly Green</u> (Signature)		

## Temporary Food Vendor Checklist

Name of Booth: <u>ABC Vincent Fine Foods</u>		Event: Market Day Date: <u>11/3/14</u>
Person in charge of booth:		Phone #: <u>257-5135</u>
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Sandwiches / Tacos / Gorditas</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 + SAATS</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>	<u>150°</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>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>NO</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Golardo Chavez</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: Party Time Kettle Korn Event: Market Day Date: 11/3/18

Person in charge of booth: M. Wheeler Phone #: 710-204-7155

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>See Map</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>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>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.

M. Wheeler

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: Dakota Soda Event: Market Day Date: 11/3/14

Person in charge of booth: \_\_\_\_\_ Phone #: 210-380-2584

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)

Soda / water

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>N/A</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>SALT'S</u>
Containers for wash/ rinse/ sanitize	<u>N/A</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>Drinks on Ice</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>N/A</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:		

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: Ellie TS Rustic Kura Event: Market Day Date: 11/3/18

Person in charge of booth: \_\_\_\_\_ Phone #: 442-8098

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)

Rustic Kura

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

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

(Signature)

## Temporary Food Vendor Checklist

Name of Booth: <u>Latin American Cuisine</u>		Event: Market Day Date: <u>11/3/18</u>
Person in charge of booth: <u>Robislev</u>		Phone #: <u>210-589-563</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>Cholera / Hepatitis / Cholera</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>HEB + Costco</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
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>No</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: Smoothies Jerk Chicken Event: Market Day Date: 11/3/18

Person in charge of booth: Lucilla Nunez Phone #: 904-314-5548

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)

Smoothie / Jerk Shrimp + Chicken / Beef P.B.

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>SATI</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>on Ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>Grilled / Cook by</u>
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>NA</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>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>NA</u>	
Other:		

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

Jeffrey G. Nunez  
(Signature)

## Temporary Food Vendor Checklist AD 11/3/16

Name of Booth: Vargas Tacos Event: ~~Market Day~~ Date: ~~11/26/16~~

Person in charge of booth: \_\_\_\_\_ Phone #: 210 780-1976

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

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>SANTAS + 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>on-ICE</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>No</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>NO</u>	
Other:		

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

# Temporary Food Vendor Checklist

Name of Booth: Lemonaid

Event: Market Day Date: 11/3/18

Phone #: 210-269-3450

Person in charge of booth:

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)

Lemonaid

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>Wulms JHEB</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>NA</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:		

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: Will's Hawaiian Rice Event: Market Day Date: 11/3/14

Person in charge of booth: Will Phone #: 710-347-7785

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)

String Food

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

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

(Signature)

# Temporary Food Vendor Checklist

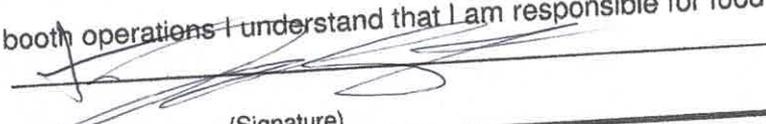
Name of Booth: Home Team Hot Dog Event: Market Day Date: 11/3/18  
 Phone #: 210-773-7068

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

Menu Risk: (circle one) **R1 Low Risk** / R2 Medium Risk / R3 **Higher Risk**  
 \*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
Hot Dog's / Sausage on Stick / Nachos / Fritolera

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	Kilobasa
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	40° / 10°
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Yes	Trailer
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA	
Other:		

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

  
(Signature)

# Temporary Food Vendor Checklist

Name of Booth: Island Flavor Event: Market Day Date: 11/3/14  
 Person in charge of booth: Rosario Phone #: 808-342-7299

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

Chicken on Stick / Lounge

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

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

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DEC 17 2018  
CITY OF HELOTES

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY November 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>
Great Harvest	Approved	
Keuntz ES	0	Excellent
OConnor HS	0	Excellent
Helotes ES	0	Excellent

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

**Lori Calzoncit, RS  
City Health Inspector**

DEC 17 2018

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

CITY OF HELOTES

Retail Food Establishment Inspection Report

Establishment: Helotes ES License # RC: 2 Date: 11-2-18
Purpose of Visit: [X] Compliance Inspection [ ] Consultation [ ] Complaint [ ] Illness Investigation [ ] Other:

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

- {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 of being proactive on work orders!!
Place sign to use alternate handsink until in operable one is repaired.
Thanks!
Great Job!

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 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)
Carol Board
Person In Charge / Manager / Owner
Evaluation by Registered Sanitarian

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

Establishment: O'Connor HS License # \_\_\_\_\_ RC: 2 Date: 11-12-18  
 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: \_\_\_\_\_

**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:**

*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 = 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: Keuntz ES License # \_\_\_\_\_ RC: 2 Date: 11-12-18  
 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 \_\_\_\_\_

**{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	1			
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score = 100 = 100  
 (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: Great Harvest License # \_\_\_\_\_ RC: 3 Date: 11-12-18  
 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 \_\_\_\_\_

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

install missing baseboards  
paper towel holders  
snap dispensers  
trash receptacles  
in restrooms.

clean floors thoroughly

install self closing devices on  
restroom doors.

paint / seal step at front counter.

approved for temporary %  
\$ license.

**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				

*Follow up by Dec 17.*

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

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

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

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY December 2018

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### PART ONE--FOOD SAFETY REPORT



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

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

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

For ease a rating system would be

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

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
B-Daddy's	6	EXCELLENT
El Chaparral	6	EXCELLENT
El Rodeo Mexican Grill	6	EXCELLENT
Rio's Barbacoa	3	EXCELLENT
Bill Millers	9	EXCELLENT
Pho Am	6	EXCELLENT

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

RECEIVED  
JAN 07 2019  
CITY OF HELOTES



**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**

RECEIVED  
 JAN 07 2019  
 CITY OF HELOTES

Establishment: B-Paddy's License # \_\_\_\_\_ RC: 3 Date: 12/23/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

#29 Walk-in Cooler  
Door gaskets need repair

#32 Clean Back Stove

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 38° Walk-in 0°	
Waffles 160/160° Fry 110°	
Potato Salad 40° Baked Bread 140°	
Green On 140°	

- {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 = 6  
 (Does not apply to consultations or follow-up visits)

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: El Chaparral License # \_\_\_\_\_ RC: 3 Date: 12/23/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

#12 Provided for Soap and paper towels at Bar Hand list

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Walk-in 40° Fridge 40°</u>	
<u>Lab mixer 140°/140° of Frozen 0°</u>	
<u>Beans 160° / Corn 635° 160</u>	
<u>Bunch Bin 160° Chex Cool 40°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
  13. Dishwashing / sanitizing (200 ppm / 180 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 <u>✓</u>				
Area	Superior	Above Average	Average	Minimal
Training				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: EL Rodeo Mexican Grill License # \_\_\_\_\_ RC: 3 Date: 12/23/14  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Stein T-66 160°/180°	
Fryer 45°/38°	
Wash 40°/38°	

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

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

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

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

#15 Provided for Proper Storage of Toxic Items

#32 Provided for Non-food Contact Surfaces To be Cleaned

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

Non-Critical Food Safety Rating ✓

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

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

*Bertina Morales*  
 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: 12/23/18  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

#19 Provid. This sink faucet is fixed

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
<u>Barbecue 140°/150°</u>	
<u>Worms 120° Fer. Mix</u>	
<u>Sauce 140°</u>	
<u>Fry 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
  21. Sewage disposal meets code
  22. Other \_\_\_\_\_

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

**Non-Critical Food Safety Rating** ✓

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

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

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Pho An License # \_\_\_\_\_ RC: 3 Date: 12/22/18  
 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°)
<u>Cup of hot in 45°</u>	
<u>Prep Cook 40°</u>	
<u>Fridge 40° Freezer 0°</u>	
<u>Freezer 10° / 10°</u>	

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

#16 Provided for Pest Control - Rodent Bait

#32 Provided for No food Contact Surfaces to be clean

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

Non-Critical Food Safety Rating

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

HACCP Compliance Score = 6

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

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

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

# CITY OF HELOTES

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

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

## Retail Food Establishment Inspection Report

Establishment: Bill Miller's License # \_\_\_\_\_ RC: 3 Date: 12/23/14  
 Purpose of Visit:  Compliance Inspection  Consultation  Complaint  Illness Investigation  Other: \_\_\_\_\_

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

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

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

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

#13 Provide for Paper towels at hand sink

#12 Provide for Paper Towels at hand sink

#32 Provide for Non-food Contact Surfaces to be clean

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)
Walk-in 40°	
Warms 140°/135°	
Egg's 140° Fried 40°	
Comm Caser 140°	

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

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

Non-Critical Food Safety Rating ✓

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

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

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

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

# CITY OF HELOTES

## HEALTH INSPECTION SUMMARY

december 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>
Panther Care	13	good
Childrens lighthouse	0	excellent
46 <sup>th</sup> st pizzeria	approved	

**Other Activities – phone consultations with Great Harvest. Inspected 18 vendors at Market Days.**

**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

MAR 04 2019

Retail Food Establishment Inspection Report

CITY OF HELOTES

Establishment: Panther Cafe. License # \_\_\_\_\_ RC: 3 Date: 12-6-18  
 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: Thawing - Thaw meat under running water or in refrigerator -

**Critical Temperature Verification:**

Food Item and Process	Temp (F°)

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

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

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

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

2. Menudo was only 127° - must be at least 135°F - reheat and hot hold at proper temp.

3. Wiping cloths must be kept in sanitizer solution when not in use.

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 = 87  
 (Does not apply to consultations or follow-up visits)

Maia Calmenard  
 Person In Charge / Manager / Owner

Jon Calmenard  
 Evaluation by Registered Sanitarian

MAR 04 2019

CITY OF HELOTES

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

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

CITY OF HELOTES

Retail Food Establishment Inspection Report

Establishment: Childrens Lighthouse License # RC: 2 Date: 12/6/18
Purpose of Visit: [X] Compliance Inspection [ ] Consultation [ ] Complaint [ ] Illness Investigation [ ] Other:

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

- {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:

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)

Signature of Person In Charge / Manager / Owner

Signature of Evaluation by Registered Sanitarian

MAR 04 2019

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

CITY OF HELOTES

Establishment: 46th St Pizzeria License # RC: 3 Date: 12/9/18
Purpose of Visit: [ ] Compliance Inspection [ ] Consultation [ ] Complaint [ ] Illness Investigation [X] Other: 190

- {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:

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 columns: Area, Superior, Above Average, Average, Minimal. Rows include 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

### Temporary Food Vendor Checklist

Name of Booth: <u>Velma's Mini Tacos</u>		Event: Market Day Date: <u>12-1-18.</u>
Person in charge of booth: <u>Vargas.</u>		Phone #: <u>210-409-6401.</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Mini taquitos</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HEB.
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u><i>Paul C. Vargas</i></u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

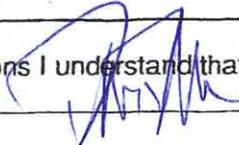
Name of Booth: ~~AAA~~ Hawaiian Fried Rice Event: Market Day Date: 12-18  
 Person in charge of booth: Will Tamaleo Phone #: 210-347-7785  
 Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk  
\*\* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)  
fried. rice

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Costco HEB</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	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>Lemonade</u>	Event: Market Day Date: <u>12-1-18.</u>	
Person in charge of booth: <u>Menchaca</u>	Phone #: <u>210-725-8296</u>	
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b>		
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	y	
Foods from approved sources / No products made in the home	y	<u>Walmart</u>
Containers for wash/ rinse/ sanitize	y	
Cold Foods maintained at 41 F or discarded in 4 hours.	y	
Hot foods maintained at 135 F or discarded in 4 hours.	y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	y	
Booth provided with overhead cover	y	
Booth provided with floor as needed to control blowing dust / debris	y	
Waste disposal container provided	y	
Food service personnel using head covers	y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"> (Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Puerta Rican Rico</u>	Event: Market Day Date: <u>12-1-18</u>
Person in charge of booth: <u>Reyna Robosheav</u>	Phone #: <u>210-589-5037</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>churros, cupcakes.</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>HERB COSTRO 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	X	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	X	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		

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

## Temporary Food Vendor Checklist

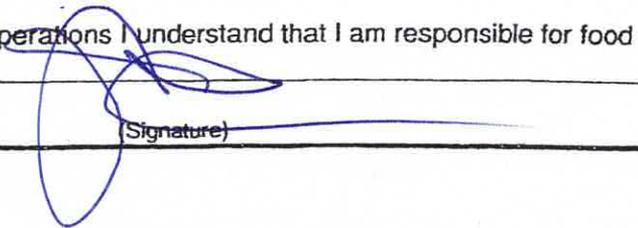
Name of Booth: <u>Island Flavor</u>	Event: Market Day Date: <u>12-1-18</u>
Person in charge of booth: <u>Joe Rosano</u>	Phone #: <u>808 342 7299</u>

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)

Lumpia, Chicken Pastich.

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

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

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

### Temporary Food Vendor Checklist

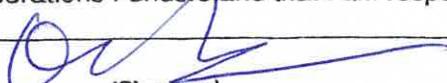
Name of Booth: <u>Dai dumplings</u>	Event: Market Day Date: <u>12-1-18</u>
Person in charge of booth: <u>Dai</u>	Phone #: <u>210 480 5106</u>

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

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	HEB ABIG MKT
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:		

always set  
 up buckets  
 & handwash  
 first

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>Chinchara Tacos</u>	Event: Market Day Date: <u>12/1/18</u>	
Person in charge of booth: <u>Blake Ferguson</u>	Phone #: <u>808-485-9091</u>	
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Korean Tacos</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	<u>HEB, Sam's</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	Y	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>The Honey Tree</u>	Event: Market Day Date: <u>12-1-10</u>
Person in charge of booth: <u>David Polok</u>	Phone #: <u>689-2476</u>

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

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

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

### Temporary Food Vendor Checklist

Name of Booth: <b>Party Time</b>		Person in charge of booth: <b>Charne Kneeler</b>	
Event: Market Day Date: <b>12-1-18</b>		Phone #: <b>204 7155</b>	
Menu Risk: (circle one) <b>R1 Low Risk / R2 Medium Risk / R3 Higher Risk</b> ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)			
Temporary Food Vendor Requirements		Yes/No	
Hand washing station set up & supplied	Y		
Foods from approved sources / No products made in the home	Y		
Containers for wash/ rinse/ sanitize	Y		
Cold Foods maintained at 41 F or discarded in 4 hours.	Y		
Hot foods maintained at 135 F or discarded in 4 hours.	Y		
Sneeze protection provided (Sneeze guards or foods wrapped)	Y		
Direct hand contact with ready to eat foods avoided through use of plastic glovesk and the use of utensils.	Y		
Booth provided with overhead cover	Y		
Booth provided with floor as needed to control blowing dust / debris	Y		
Waste disposal container provided	Y		
Food service personnel using head covers	Y		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y		
Other:	Y		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.			
_____ (Signature)			

Per Mart, Costco.

Kette Corn

### Temporary Food Vendor Checklist

Name of Booth: <u>Agua Frescas</u>		Event: Market Day Date: <u>10/01</u>
Person in charge of booth: <u>Jessica Garcia</u>		Phone #:
Menu Risk: (circle one) R1 Low Risk / <u>R2 Medium Risk</u> / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>agua frescas</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Y</u>	
Foods from approved sources / No products made in the home	<u>Y</u>	<u>HEB</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>NA</u>	
Sneeze protection provided ( Sneeze guards or foods wrapped)	<u>Y</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Y</u>	
Booth provided with overhead cover	<u>Y</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>Y</u>	
Waste disposal container provided	<u>Y</u>	
Food service personnel using head covers	<u>Y</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Y</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>Jessica Garcia</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Mini Donuts</u>		Event: Market Day Date: <u>12-1-18</u>
Person in charge of booth: <u>Lasquez</u>		Phone #: <u>210 2186806</u>
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>donuts</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	State Fair
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	NA	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Jolie's</u>	Event: Market Day Date: <u>12-1-19</u>
Person in charge of booth: <u>Jolie Dodon</u>	Phone #: <u>830 480-9556</u>

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

potatoes, burgers, brislet, chicken

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

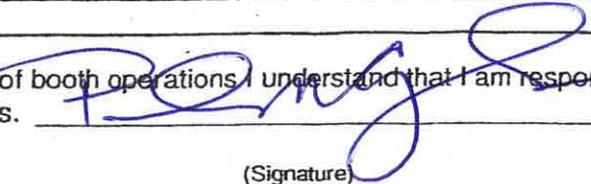
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. \_\_\_\_\_  
(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Pizza Funnel cakes</u>	Event: Market Day Date: <u>Mar. 18.</u>
Person in charge of booth: <u>Pam Gonzales, Delafosa</u>	Phone #: <u>210.872.2915</u>

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

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

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>Vincent's Fine Foods.</u>		Event: <u>Market Day</u> Date: <u>12-1-18</u>
Person in charge of booth: <u>Mrs. Rangel</u>		Phone #: <u>210-2570135</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>Quesadillas, Tacos, 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>Sams Costco Walmart</u>
Containers for wash/ rinse/ sanitize	<u>Y</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Y</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>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. <u>Gisela M Rangel</u></p> <p style="text-align: center;">(Signature)</p>		

## Temporary Food Vendor Checklist

Name of Booth: <u>Lisas Snowcones</u>	Event: Market Day Date: <u>12-1-18.</u>	
Person in charge of booth: <u>Angi Rangel</u>	Phone #: <u>210-257-9135</u>	
Menu Risk: (circle one) <u>R1</u> Low Risk / R2 Medium Risk / R3 Higher Risk		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)		
<u>sno cones pickles candy</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 Costco WalMart</u>
Containers for wash/ rinse/ sanitize	Y	
Cold Foods maintained at 41 F or discarded in 4 hours.	Y	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	Y	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Y	
Booth provided with overhead cover	Y	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided	Y	
Food service personnel using head covers	Y	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <u>Angie M Rangel</u></p> <p style="text-align: center;">(Signature)</p>		

### Temporary Food Vendor Checklist

Name of Booth: <u>Sodas.</u>	Event: Market Day Date: <u>12-1-18</u>
Person in charge of booth: <u>Mr. Stahls.</u>	Phone #: <u>210.380.2588</u>

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

Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products made in the home	Y	Sams
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided ( Sneeze guards or foods wrapped)	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. Mr. Stahls

(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Roasted Corn</u>	Event: Market Day Date: <u>12-1-18.</u>
Person in charge of booth: <u>Eliot Kieger.</u>	Phone #: <u>882 8098.</u>
Menu Risk: (circle one) <u>R1 Low Risk</u> / R2 Medium Risk / R3 Higher Risk	
<small>** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)</small>	

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

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



(Signature)

### Temporary Food Vendor Checklist

Name of Booth: <u>Josh's Empanadas</u>	Event: Market Day Date: <u>12-1-18</u>
Person in charge of booth: <u>Jennifer Mauer</u>	Phone #: <u>210.478.2410</u>

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

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

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

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

Jennifer Mauer  
(Signature)