

CITY OF HELOTES

**INVOICE
AUGUST 2019**

RECEIVED
SEP 05 2019
CITY OF HELOTES

September 1, 2019

**TO: City of Helotes
ATTN: Ernest Cruz, Development Services
P.O. Box 507
Helotes, TX 78023**

**FROM: MK Inspections, LLC
Monty McGuffin, R. S.**

PROFESSIONAL SERVICES FOR MONTH OF AUGUST 2019:

Professional health services as specified in Agreement with Helotes for on-site evaluation of food service facilities, temporary food service events, consultations on new businesses, and response to health related complaints.

**Professional fees to be paid monthly (\$650) to
MK Inspections
Monty McGuffin
351 CR 467
Stockdale, TX 78160.**

CITY OF HELOTES

HEALTH INSPECTION SUMMARY AUGUST 2019

RECEIVED
SEP 05 2019
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>
Bill Millers	0	EXCELLENT
Pho An	10	EXCELLENT
El Chaparral	28	ACCEPTABLE
Slim Chickens	N/A	C of O
B Daddy's	0	EXCELLENT
Dairy Queen	0	EXCELLENT
El Chaparral	N/A	Complaint Investigation
Oolong	N/A	Complaint Investigation

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:



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: Polong License # _____ RC: 3 Date: 8/4/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)

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

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

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

{E} Corrections / Improvements Made / Comments:

Complaint: Customer Stated They found bug's in The Fried Rice.

* No Insects found in Kitchen

* No Insects found in Fried Rice

* Kitchen was clean, no issue found

* Restaurant has monthly pest control

* Last pest control visit was 7/27/19

* No Issues Found

Complaint closed

[Signature] 8/4/19

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)

[Signature]
 Person In Charge / Manager / Owner

[Signature]
 Evaluation by Registered Sanitarian

CITY OF HELOTES

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

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

Retail Food Establishment Inspection Report

Establishment: El Chaparral License # _____ RC: _____ Date: 8/26/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)

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

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

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

{E} Corrections / Improvements Made / Comments:

Complaint:
Customer stated they saw
beaches in restaurant
customer also said there was
gum on straw that was
served with drink from the bar

Talked to Management. Both
events took place.
* They have weekly pest control and
have increased that
* They are looking at new menu
for dish washing at bar since

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

Non-Critical Food Safety Rating

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

HACCP Compliance Score =

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

[Signature]
 Person In Charge / Manager / Owner

[Signature]
 Evaluation by Registered Sanitarian

CITY OF HELOTES

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

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

Retail Food Establishment Inspection Report

Establishment: Dairy Queen License # _____ RC: 3 Date: 8/28/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<i>Walk-in 40° Walk-in 10°</i>	
<i>Fryer 20/200 Fry Cook 35°</i>	
<i>Fryer 150°</i>	

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

- {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:
Lacks Good

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

Non-Critical Food Safety Rating ✓

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

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

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

12530 Bandera Rd

CITY OF HELOTES

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

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

Retail Food Establishment Inspection Report

Establishment: Shin Chikens License # _____ RC: 3 Date: 8/28/19
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: C/O

- {A} Critical Food Safety Controls (5 pts)**
(Critical control violations must be corrected on the spot)
- 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°)
<u>Waffle 38°</u>	
<u>Waffle 0°</u>	

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

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

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

{E} Corrections / Improvements Made / Comments:

C/O Approved 8/28/19
[Signature]

* Repair Wall near Washroom

* Repair Flooring in Kitchen

60 Days To make need Repair

HACCP Compliance Score = 11/11
(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: El Chaparral License # _____ RC: 3 Date: 8/28/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____
#2 Provide for meat items
To be properly hot held
135° F min
Best 110° / Chicks 110°

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Walking 40° / Fry 45° / Fry 20°</u>	
<u>Frozen 20° Chics Cook 45°</u>	
<u>Warmer 165° / 150°</u>	
<u>Beans 140°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing (_____ ppm / 140 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:**
- #13 Provide for Dish to be properly washed / Rinsed / Sanitized
 - #19 Provide for plumbing issue to be fixed at Dish machine area
 - #20 Provide for Sweep + Paper towels at Bar Sink
 - #26 Provide for hand wash
 - #27 Provide for Paper hair Restriants
 - #32 Provide for Non-food Contact Surfs to be clean
 - #15 Provide for Toxic items to be properly labeled + stored
 - *follow-up Inspection in 10 Days

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

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 28
 (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

CITY OF HELOTES

Retail Food Establishment Inspection Report

Establishment: Pho An License # _____ RC: 3 Date: 8/28/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
- 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°)
<u>Hot hold 40'</u>	
<u>Hot hold 40'</u>	
<u>Fridge 40' Freezer 10'</u>	
<u>Freezer 0/10/10'</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean
 - Dishwashing / sanitizing (100 ppm / _____ Temp.)
 - Food storage area meets code
 - Storage and use of toxic items
 - Evidence of insects or rodents / infestation
 - Sewage disposal / Grease trap
 - Thermometers provided / used
 - Plumbing / no cross-connections
 - Water supply / hot water
 - 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				

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

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

{E} Corrections / Improvements Made / Comments:

#32 Hand wash for Manager Control
Surface to be cleaned

#12 Hand wash for Server + Paper Towel
at Hand Sink

#26 Hand wash for Paper handwipes

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

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

CITY OF HELOTES

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

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

Retail Food Establishment Inspection Report

RECEIVED
SEP 05 2019
CITY OF HELOTES

Establishment: Bill Miller's License # _____ RC: 3 Date: 8/30/19
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
(Critical control violations must be corrected on the spot)
- Cold holding temperatures / time ✓
 - Hot holding temperatures / time ✓
 - Cooking temperatures / time ✓ *Food Chilled 170°*
 - Proper cooling of foods / time ✓
 - Rapid reheating of foods (temperature and time) ✓
 - Food control surfaces clean and sanitized ✓
{ } cutting boards { } meat slicer { } food grinder
 - Potential for cross-contamination to occur ✓
 - RTE foods / no direct hand contact ✓
 - Foods from approved sources / labeling ✓
 - Foods protected from contamination ✓
 - Other: _____

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

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

{E} Corrections / Improvements Made / Comments:

Looks Good!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<i>Walk-in 42° Beans 160° / Biscuits 140°</i>	
<i>Chop 160°/160° Corn Cakes 150°/160°</i>	
<i>Potato Salad 40° Subs 150°</i>	
<i>Chicken 140°</i>	

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

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

Non-Critical Food Safety Rating ✓

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

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

[Signature]
Person In Charge / Manager / Owner

[Signature]
Evaluation by Registered Sanitarian

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

November 2018

August 2019

PART ONE--FOOD SAFETY REPORT



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

Pet

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

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

For ease a rating system would be

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

Name of Establishment

Compliance Score

Rating

Other Activities – phone consultations with Schotts Meat market, Plan review. Temporary event consultations with new market vendors.

Inspected 15 market day booths and 2 movie night booths.

Lori Calzoncit, RS
City Health Inspector

OCT 03 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: Lil Cherubs Daycare **License #** _____ **RC:** 2 **Date:** 8-5-19
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

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

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

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

{E} Corrections / Improvements Made / Comments:

*Great job
NO VIOLATIONS*

Critical Temperature Verification:

Food Item and Process	Temp (F°)

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

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

Non-Critical Food Safety Rating ✓

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

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

K. Usha
 Person In Charge / Manager / Owner

Shaw Chennault
 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: Marcos Pizza License # _____ RC: _____ Date: 8-28-19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)

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

repair leaking faucet at 3 comp sink.

clean gaskets on reach-in

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 = 91
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

Jenifer Calhoun
 Evaluation by Registered Sanitarian

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

Establishment: Little Ceasars License # 40666 RC: 2 Date: 8.28.19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
- 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 Labels.
 - 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 strips.
 - Garbage / solid waste storage
 - Consumer advisories posted
 - Inspection report displayed for public
 - Other _____

{E} Corrections / Improvements Made / Comments:

label all spray bottles.

clean plastic strips at walk in cooler doors

clean wall behind 3comp sink

clean gaskets on coolers

clean ceiling/vent - dust buildup.

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 = 91
 (Does not apply to consultations or follow-up visits)

Kevin S
 Person In Charge / Manager / Owner

Halmonet
 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: Marvelously Made License # _____ RC: 21 Date: 8-28-19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

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

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

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

{E} Corrections / Improvements Made / Comments:

no problems found
at 3 buildings.

Passed
inspection

Critical Temperature Verification:

Food Item and Process	Temp (F°)

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

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

Non-Critical Food Safety Rating ✓

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

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

Jennifer McCall
 Person In Charge / Manager / Owner

Bob Calmon
 Evaluation by Registered Sanitarian

Monday Night

Temporary Food Vendor Checklist

Name of Booth: *Showies Sno Cones* Event: Market Day Date: *8/7/19*
 Person in charge of booth: *Joe Vasquez* Phone #: *210 218 6806*
 Menu Risk: (circle one) **R1 Low Risk** / R2 Medium Risk / R3 Higher Risk
 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)
SNO CONES

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

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