HEALTH INSPECTION SUMMARY January 2019

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

Name of Establishment	Compliance Score*	Rating
Helotes Country Store	3	EXCELLENT
Burger King	0	EXCELLENT
Valley Mart	6	EXCELLENT
Kwik Check	0	EXCELLENT
Finak Cigars	0	EXCELLENT
Dollar Tree	0	EXCELLENT
Subway	N/A	Complaint

FEB 1 9 2019 CITY OF HELOTES

PART TWO--OTHER ACTIVITIES/SERVICES REPORT PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS: ➤ Market Days 1/5/2019

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

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

Retail Food Establishment Inspection Report

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rurpose of visit:	Complaint mness investigation Other:		
(Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time 2. Hot holding temperatures / time 3. Cooking temperatures / time 4. Proper cooling of foods / time 5. Rapid reheating of foods (temperature and time) 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact 9. Foods from approved sources / labeling 10. Foods protected from contamination 11. Other:	{C} Management and Personnel (4 pts) 23. Manager on duty currently certified? 24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded 26. Proper hand washing demonstrated 27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed {D} Non-Critical (3 pts) 29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair 31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean 33. Garbage / solid waste storage 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other {E} Corrections / Improvements Made / Comments:		
Critical Temperature Verification: Food Item and Process Temp (F°) (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	#12 Provid. for Socje + Poper Tweld		

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.

Area	Superior	Above Average	Average	Minima
Training				1371
Restrooms				1, 1
Housekeeping		1		70
Equipment		1	11 32	
Construction		1		18 ==
Overall Rating				

HACCP Compliance Score = (Does not apply to consultations or follow	y-up visits)
Person In Charge / Manager	/ Owner

Evaluation by Registered Sanitarian

Establishme		B	uger King		Li	icense # RC: Date:
Purpose of Vi	sit:	Con	ipliance Ins	pection 🔲	Consultation	Complaint Illness Investigation Other:
(A) C-221	177	1 6-6-4-	· C41 (/	F 4-X		1000
(Critical control			Controls (a cnot)	{C} Management and Personnel (4 pts)
			atures / time		z spot)	23. Manager on duty currently certified?
			tures / time	/		24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded
			s / time			26. Proper hand washing demonstrated
			ods / time			27. Good hygienic practices observed
			ods (tempera	ature and ti	me)	28. Written HACCP Plans / SOPs as needed
			s clean and s		,	
			} meat slice		grinder	(D) Non-Critical (3 pts) 29. Food equipment construction / repair
			ntamination			30. Facility construction (floors / walls) / repair
8. RTE foo	ds/i	no direc	t hand contac	ct	*	31. Housekeeping contributes to infestation
			l sources / la			32. Non-food contact surfaces clean
10. Foods pr	otect	ed from	contaminati	ion		33. Garbage / solid waste storage
11. Other: _			m - m		100	34. Consumer advisories posted
		19			- 0-17-b	35. Inspection report displayed for public
-0.75 E						- 36. Other
						{E} Corrections / Improvements Made / Comments:
7,4			100		La Vät	(2) SERVEDINE PROPERTY INVESTIGATION OF THE PROPERTY OF THE PR
				- 20		
Critical Tem	рега	ture V	erification:	W III	- T- T- 1	
Food Item					Temp (F°)	
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Beat	14	0"		FICE.	20- O°	
Chicker	1	350				
{B} Facilitie					pts)	
12. Hand wa						
13. Dishwasi					emp.)	
14. Food sto						
15. Storage a						
16. Evidence						
17. Sewage o						
18. Thermon						
19. Plumbing				E-Van		
20. Water su						
21. Sewage of 22. Other			is code			
ZZ. Other						
As the person is	n cha	irge of	this facility,	I understan	d I am respon	nsible for food safety practices described in sections 229.163 (b) and
after handling r	e rez	roducte	or visiting th	a restroom	end that failure	of employees to conduct a 20 second hand wash prior to starting work, re to manage required temperature and time controls have a high risk
of causing food-	borne	illness.	I agree to in	plement co	rrective action	is described in Part E to reduce the risk of food-borne illness.
			ety Rating V			The state of the s
Area	Sup	erior	Above	Average	Minimal	
3 3		1000	Average	0 1		HACCP Compliance Score =
Training					1, 12	(Does not apply to consultations or follow-up visits)
Restrooms						X
Housekeeping						Person In Charge/ Manager / Owner
Equipment	-		301	/TLK:		
Construction						
						Evaluation by Registered Sanitarian
Overall Rating						7.0

Establishment: Lie	cense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
1. Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
6. Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
The second of th	(D) Corrections / Improvements Wade / Comments.
Critical Temperature Verification:	#12 Provid- for Son, cT
Food Item and Process Temp (F°)	handsink
Aug Coole 32°	
Wolkin 36°	1/20 / / /
Welkie C	Ada Movil. For Door Gaske
	To be received on restord
(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 /2	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility. I understand I am respon	sible 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	re to manage required temperature and time controls have a high risk
of causing food-borne illness. I agree to implement corrective action	described in Part E to reduce the risk of food-borne illness.
Non-Critical Food Safety Rating √	
Area Superior Above Average Minimal	
Ayerage	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	& Christiansush
Housekeeping	Person In Charge / Manager / Owner
Equipment	NYINI
Construction	Evaluation by Bosistand Control
	Evaluation by Registered Sanitarian
Overall Rating	2

Establishment: Ku: K Check License # RC: 2 Date: 1/5/19
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts) {C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot) 23. Manager on duty currently certified?
1. Cold holding temperatures / time 24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time 25. Personnel with infections restricted / excluded
3. Cooking temperatures / time 26. Proper hand washing demonstrated
4. Proper cooling of foods / time 27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time) 28. Written HACCP Plans / SOPs as needed
6. Food control surfaces clean and sanitized {D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder 29. Food equipment construction / repair
7. Potential for cross-contamination to occur 30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact 31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling 32. Non-food contact surfaces clean
10. Foods protected from contamination 33. Garbage / solid waste storage
11. Other: 34. Consumer advisories posted
35. Inspection report displayed for public
36. Other
{E} Corrections / Improvements Made / Comments:
Critical Temperature Verification:
Food Item and Process Temp (F°)
C/6/N-:- 40° De:11"
Com: 40 130111
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F166201 O
{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 /20
21. Sewage disposal meets code
22. Other
ZE. 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
29.163 (c) of the Texas State Food Code. I understand that failure of employees to conduct a 20 second hand wash prior to starting work,
fter 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 V
Area Superior Above Average Minimal
Average HACCP Compliance Score =
(Post att sunly to the little of City
Training Idan of
Restrooms
Housekeeping Person In Charge / Manager / Owner
Equipment
Construction Evaluation by Registered Sanitarian

Establishm	ent:	ak C:	50-5	Li	icense # RC: Date:
Purpose of V	isit: 🔽 Con	npliance Ins	pection 📮	Consultation	n Complaint Illness Investigation Other:
{A} Critica	I Food Safet	v Controls (5 nts)		{C} Management and Personnel (4 pts)
				e spot)	23. Manager on duty currently certified?
	Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time			o spot)	24. Manager demonstrates proper use of thermometer
	lding tempera				
	ig temperature				25. Personnel with infections restricted / excluded
					26. Proper hand washing demonstrated
	cooling of fo				27. Good hygienic practices observed
	eheating of fo			me)	28. Written HACCP Plans / SOPs as needed
	ontrol surface				{D} Non-Critical (3 pts)
	ting boards {			I grinder	29. Food equipment construction / repair
	al for cross-co				30. Facility construction (floors / walls) / repair
	ods / no direc				31. Housekeeping contributes to infestation
	from approve				32. Non-food contact surfaces clean
10. Foods	protected from	n contaminat	ion		33. Garbage / solid waste storage
11. Other:	+11			<u> </u>	- 34. Consumer advisories posted
					- 35. Inspection report displayed for public
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					- 36. Other
					- {E} Corrections / Improvements Made / Comments:
127					
Cuitical Ta	***************************************				
	mperature V			T (IBO)	
		•		Temp (F°)	Locks Oreal
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				4.3	
			THE PARTY OF		
	ies, Equipme			3 pts)	
12. Hand w	ashing station	ns supplied a	nd clean		
13. Dishwa	shing / sanitiz	ing (p	pm/T	emp.)	
	orage area me				
	and use of to				
	ce of insects of		festation		
	disposal / Gr		itobiation		
	meters provid				
	ng / no cross-				
	upply / hot w				
	disposal mee	us code			
22. Other _	100	-14			
v	1 //				
As the person	in charge of	this facility,	I understar	d I am respo	onsible for food safety practices described in sections 229.163 (b) and
229.163 (c) of 1	he Texas State	e Food Code.	I understa	nd that failure	e of employees to conduct a 20 second hand wash prior to starting work,
after handling	raw products	or visiting th	ie restroom	and that failu	ure to manage required temperature and time controls have a high risk
			npiement co	rrective action	ns described in Part E to reduce the risk of food-borne illness.
Area	Superior	Above	Avonces	Minimal	
Alta	Superior		Average	Minimal	HACCD Compliance Seems
		Average		-	HACCP Compliance Score =
Training		of Sallows		1 47 EL W	(Does not apply to consultations or follow-up visits)
Restrooms		227/1111		77/A 77 557	1 un gobres
Housekeeping			and the same		Person In Charge / Manager / Owner
Equipment					MININ
Construction		154.155		(F)	Production by the interior
Overall Rating		2 111/2017			Byaluation by Registered Sanitarian

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

Establishment: Sollar Head Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	
{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	{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
9. Foods from approved sources / labeling 10. Foods protected from contamination 11. Other:	31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean 33. Garbage / solid waste storage 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other [E] Corrections / Improvements Made / Comments:
Critical Temperature Verification: Food Item and Process Temp (F°) **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	Locks Good 1
As the person in charge of this facility, I understand I am responsi 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions of Non-Critical Food Safety Rating Area Superior Above Average Minimal	employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk
Training Restrooms	That apply to consultations of follow-up visits)
Housekeeping	Person In Charge / Manager / Owner
Equipment	
Construction	Evaluation by Registered Senitarian

Overall Rating

Establishme	nt: <u>50</u> ,	Sweif	4	Li	icense # RC: Date:
Purpose of Vi	sit: Con	apliance Ins	pection 🗌	Consultation	n Complaint Illness Investigation Other:
{A} Critical	Food Safety	Controls (5 nte)		{C} Management and Personnel (4 pts)
	cal Food Safety Controls (5 pts) atrol violations must be corrected on the spot)		spot)	23. Manager on duty currently certified?	
	d holding temperatures / time		, cpct,	24. Manager demonstrates proper use of thermometer	
	ling tempera				25. Personnel with infections restricted / excluded
	temperature				26. Proper hand washing demonstrated
	ooling of foo				27. Good hygienic practices observed
		oods (tempera	ature and tir	me)	28. Written HACCP Plans / SOPs as needed
		s clean and s			
		} meat slice		grinder	{D} Non-Critical (3 pts)
		ontamination		8	29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair
		t hand contact		4-000	31. Housekeeping contributes to infestation
		i sources / la			32. Non-food contact surfaces clean
10. Foods pr					33. Garbage / solid waste storage
11. Other: _					- 34. Consumer advisories posted
	т =				- 35. Inspection report displayed for public
					- 36. Other
				1 1	- {E} Corrections / Improvements Made / Comments:
10 10 100		H 30 00	3	1,800	(E) Corrections / Improvements Made / Comments:
1		L. WEST	(190)		* Compleint & Person STOTAL
Critical Tem					That STONE and Kesting
Food Item	and Process		7	Гетр (F°)	11111 1:11
1	A market market			100	
		SAU UF S		15	AT The Time of The
(B) Facilitie	s, Equipme	nt and Food	Storage (3	pts)	inserving The Education
12. Hand wa	shing station	s supplied at	nd clean	7	1 1 -1 1- 1 1-
13. Dishwas				emp.)	Packed. The Store + 196 slovens We
14. Food sto	rage area me	ets code			found To be in acceptable
15. Storage a	and use of to	xic items			Condition. No health Sick
16. Evidence	of insects o	r rodents / in	festation		1 1 1 - 1 - 1 - 1 - 1
17. Sewage of	disposal / Gr	ease trap			found at the line of inspection
18. Thermon					
19. Plumbing	g / no cross-o	connections			
20. Water su	pply / hot wa	ater			
21. Sewage of	lisposal mee	ts code			
22. Other					
As the person i	n charge of	this facility,	I understan	d I am respo	nsible for food safety practices described in sections 229.163 (b) and
229.163 (c) of th	e Texas State	Food Code.	I understan	d that failure	of employees to conduct a 20 second hand wash prior to starting work,
after handling r	aw products	or visiting th	e restroom	and that failu	are to manage required temperature and time controls have a high risk
	ical Food Saf		ipiement cor	recuve action	as described in Part E to reduce the risk of food-borne illness.
Area	Superior	Above	Average	Minimal	11/1/
	2-174.101	Average	TTIOTOGO	T. Settletight	HACCP Compliance Score
Training			1,01		(Does not apply to consultations or follow-up visits)
Training		S' Company			
Restrooms				- 1	Person In Charge (Mary of Care
Housekeeping					Person In Charge / Manager / Owner
Equipment			75		- 11/1/1/
Construction Overall Rating					Evaluation by Registered Sanitarian
Arright Lynnig					1000

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CITY OF HELOTES

Person in charge of booth: Phone #: 2/6 - 365 - 455 -	Name of Booth: Home Tern Hir Doge		Event: Market Day Date: 1/5/19					
Temporary Food Vendor Requirements Temporary Food Vendor Food Ven	Person in charge of booth:							
Temporary Food Vendor Requirements	Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk							
Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 hours. Hot foods maintained at 135 F or discarded in 4 hours. Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations bunderstand that I am responsible for food safety practices.	HT LOW HISK (packaged items / drinks) / nz medium nisk (ilmited items	s / hot dogs) / l	R3 Higher Risk (polutry / meats / PHFs)					
Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 hours. Hot foods maintained at 135 F or discarded in 4 hours. Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations bunderstand that I am responsible for food safety practices.	Temporary Food Vendor Requirements	Yes/No	Comments					
made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 hours. Hot foods maintained at 135 F or discarded in 4 hours. Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices.	Hand washing station set up & supplied	1/15	,					
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 throught use of plastic glovesk 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. As the person in charge of booth operations Junderstand that I am responsible for food safety practices		1/15	5A11/K: 1. S. n. HES					
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 throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices		1 / 1						
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 throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices	hours.	1/25						
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Lunderstand that I am responsible for food safety practices	hours.	/						
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Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices	Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	1/75						
Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices	Booth provided with overhead cover	Ves						
Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other:		 / 						
Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices	Waste disposal container provided	1/13						
Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations Junderstand that I am responsible for food safety practices	Food service personnel using head covers	1/05						
As the person in charge of booth operations Junderstand that I am responsible for food safety practices	Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA						
As the person in charge of booth operations Lunderstand that I am responsible for food safety practices	Other:							
As the person in charge of booth operations Lunderstand that I am responsible for food safety practices		HIMMS=FECA						
(Signature)								

PEB 19 2019

OTY OF HELOTES

Name of Booth: A Teste of The Constant		Event: Market Day Date: 1/5/19	
Person in charge of booth: Neucer		904 Phone #: 370 - 318 - 5548	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 ** R1 Low Risk (packaged Items / drinke) / R2 Medium Risk (limited Items	Higher Risi	k	
	s / hot dogs) /		
Temporary Food Vendor Requirements	Yea/No	Comments	
Hand washing station set up & supplied	Yes		
Foods from approved sources / No products made in the home	1/15	SANS	
Containers for wash/ rinse/ sanitize	VIS	n	
Cold Foods maintained at 41 F or discarded in 4 hours.	1/13		
Hot foods maintained at 135 F or discarded in 4 hours.	£ 1/15	1/13	
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	1	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.			
Booth provided with overhead cover	3/15		
Booth provided with floor as needed to control blowing dust / debris	va		
Waste disposal container provided	110		
Food service personnel using head covers	40		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NS		
Other:			
	T m =250=		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			

Name of Booth: /e-T./ Tyne Kittle Ka		Event: Market Day Date: 1/5/15
Person in charge of booth:		Phone #: 210- 204-7155
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 }	Higher Risi	K
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items *** K1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	i/ hot dogs) / i	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/75	
Foods from approved sources / No products made in the home	1/15	all mit forst 10
Containers for wash/ rinse/ sanitize	1/15	
Cold Foods maintained at 41 F or discarded in 4 hours.	NIA	55
Hot foods maintained at 135 F or discarded in 4 hours.		Nede To odon
Sneeze protection provided (Sneeze guards or foods wrapped)	NIA	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	405	
Booth provided with overhead cover	40	
Booth provided with floor as needed to control blowing dust / debris	1/15	
Waste disposal container provided	Yes	
Food service personnel using head covers	1/15	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA	
Other:)
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)		

Name of Booth: Forcia Conessia		Event: Market Day Date: 1/5/19
Person in charge of booth:		Phone #: 310-544-8019
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	ligher Risi	K
** R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (Ilmited Items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Torkey les Fact les Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/25	
Foods from approved sources / No products made in the home	415	9
Containers for wash/ rinse/ sanitize	425	
Cold Foods maintained at 41 F or discarded in 4 hours.	yes	
Hot foods maintained at 135 F or discarded in 4 hours.	105	Bray of Try 15T:11 Cockf
Sneeze protection provided (Sneeze guards or foods wrapped)	ys	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	415	
Booth provided with overhead cover	V-15	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	yc5	
Food service personnel using head covers	VB	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NS	
Other:		
As the person in charge of booth operations suppliers and that any responsible for food safety practices of employees and volunteers. (Signature)		

Name of Booth: SA Sour		Event: Market Day Date: //5/19
Person In charge of booth: Jec + Dien		Phone #: 210-218-6866
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 } ** R1 Low Risk (packaged items / dripks) / R2 Medium Risk (limited items	Higher Risi	k
** R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (limited Items	i / hot dogs) i	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Ves	
Foods from approved sources / No products made in the home	/	STORE Frie Benkers Snewel
Containers for wash/ rinse/ sanitize	1/15	
Cold Foods maintained at 41 F or discarded in 4 hours.	1/05	
Hot foods maintained at 135 F or discarded in 4 hours.	,	
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	1/25	
Booth provided with overhead cover	1/25	
Booth provided with floor as needed to control blowing dust / debris	yrs	
Waste disposal container provided	1115	
Food service personnel using head covers	yrs	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NS	
Other:		
	i ::::::::::::::::::::::::::::::::::::	
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)		

Name of Booth: A 5 Bb		Event: Market Day Date: 1/5/19
Person in charge of booth: 5-/2		Phone #: 83u - 48u - 5956
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 I	Higher Ris	k
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	hot dogs)	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/25	
Foods from approved sources / No products made in the home	yes.	HEB/Rest-Dys
Containers for wash/ rinse/ sanitize	1/15	=
Cold Foods maintained at 41 F or discarded in 4 hours.	Y15	
Hot foods maintained at 135 F or discarded in 4 hours.		57:11 Sotty in
Sneeze protection provided (Sneeze guards or foods wrapped)	Y 13	57:11 Sotty op
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	yes	
Booth provided with overhead cover	413	
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.	NIB	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)		

Name of Booth: WakuTa's Suda		Event: Market Day Date: 1/5/15	
Person in charge of booth:		Phone #:	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk "R1 Low Risk (packaged items / drinks) / R2 Medium Risk (ilmited items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) R2 T/L L/L L/L Sode			
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	NIA		
Foods from approved sources / No products made in the home	415	5Am'l	
Containers for wash/ rinse/ sanitize	NA		
Cold Foods maintained at 41 F or discarded in 4 hours.		On Ice	
Hot foods maintained at 135 F or discarded in 4 hours.	NIX		
Sneeze protection provided (Sneeze guards or foods wrapped)	1175		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	NA		
Booth provided with overhead cover	1/25		
Booth provided with floor as needed to control blowing dust / debris	NIA		
Waste disposal container provided	1/25		
Food service personnel using head covers	1/25		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA		
Other:			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: Ellis Rues T. A Ken	~	Event: Market Day Date: 1/5/19	
Person in charge of booth: Illic Phone #: 882-8698			
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	k	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1/15	Oomments	
Foods from approved sources / No products made in the home	1/25	Catalining	
Containers for wash/ rinse/ sanitize	1/05		
Cold Foods maintained at 41 F or discarded in 4 hours.	NA		
Hot foods maintained at 135 F or discarded in 4 hours.		Buste	
Sneeze protection provided (Sneeze guards or foods wrapped)	1/05		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	yes		
Booth provided with overhead cover	1/15		
Booth provided with floor as needed to control blowing dust / debris	NA		
Waste disposal container provided	1/05		
Food service personnel using head covers	1/25		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA		
Other:			
	. 0- 3- 8		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			

Name of Booth: Capers		Event: Market Day Date: 1/5/19	
Person in charge of booth: Coupcy		Phone #: 1/U- 695-3466	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3)	Higher Ris	k	
** R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (limited Items			
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1/05	Commence	
Foods from approved sources / No products made in the home	715	Rist 145/SANI/HER	
Containers for wash/ rinse/ sanitize	1125	2	
Cold Foods maintained at 41 F or discarded in 4 hours.	110		
Hot foods maintained at 135 F or discarded in 4 hours.		And To order	
Sneeze protection provided (Sneeze guards or foods wrapped)	NO		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	yes		
Booth provided with overhead cover	403		
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	Yes		
Food service personnel using head covers	Yes		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	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)			

Name of Booth: Tim: Tague Tes		Event: Market Day Date: 1/5/19		
Person in charge of booth: Phone #: 210-780-1976				
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk			
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items		The state of the s		
Temporary Food Vendor Requirements	Yes/No	Comments		
Hand washing station set up & supplied	1/75			
Foods from approved sources / No products made in the home	1125	HEB		
Containers for wash/ rinse/ sanitize	1/25			
Cold Foods maintained at 41 F or discarded in 4 hours.	1/25			
Hot foods maintained at 135 F or discarded in 4 hours.		STill Couky		
Sneeze protection provided (Sneeze guards or foods wrapped)	NH			
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Ye5			
Booth provided with overhead cover	405			
Booth provided with floor as needed to control blowing dust / debris	DNO			
Waste disposal container provided	1/15			
Food service personnel using head covers	1/05			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA			
Other:	A			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.				
(Signature)				

Name of Booth: Wills Havein Fries	1 hic	Event: Market Day Date: 1/05/18	
Person in charge of booth: (//		Phone #: 210-347-7785	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 I	Higher Ris	ik	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	// hot dogs) /	/R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1/75		
Foods from approved sources / No products made in the home	1/15	HEB/ Cost-Ca	
Containers for wash/ rinse/ sanitize	1/15	2h	
Cold Foods maintained at 41 F or discarded in 4 hours.	1/25		
Hot foods maintained at 135 F or discarded in 4 hours.		STill cocky	
Sneeze protection provided (Sneeze guards or foods wrapped)	1/75		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	yrs		
Booth provided with overhead cover	Yes		
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	405		
Food service personnel using head covers	1/05		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	vi		
Other:			
As the person in charge of booth operations funderstand that I am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: Punplie + Rongon Boots	7	Event: Market Day Date:		
Person in charge of booth: De: Oviaxia Phone #: 210-480-5106				
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi	(
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	i / hot dogs) /	R3 Higher Risk (polutry / meats / PHFa)		
Temporary Food Vendor Requirements	Yes/No	Comments		
Hand washing station set up & supplied	V 65	Comments		
Foods from approved sources / No products made in the home	1/25	HEB/COSTCO		
Containers for wash/ rinse/ sanitize	1/75	,		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/75	one ice for		
Hot foods maintained at 135 F or discarded in 4 hours.		Acd- To ordy		
Sneeze protection provided (Sneeze guards or foods wrapped)	No			
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	723			
Booth provided with overhead cover	VIS			
Booth provided with floor as needed to control blowing dust / debris	yes			
Waste disposal container provided	715			
Food service personnel using head covers	yes,			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	16			
Other:				
As the person in charge of booth operations I understand that I am-responsible for food safety practices of employees and volunteers. (Signature)				

Name of Booth: Filipinolicious		Event: Market Day Date: 1/5/18	
Person in charge of booth: Terresa		Phone #: 210-900-5842	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi	k	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1185		
Foods from approved sources / No products made in the home	1115	HUB/Cost Co	
Containers for wash/ rinse/ sanitize	1/25		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/65		
Hot foods maintained at 135 F or discarded in 4 hours.	/	Ach To order	
Sneeze protection provided (Sneeze guards or foods wrapped)	NIA		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	1/05		
Booth provided with overhead cover	Yes		
Booth provided with floor as needed to control blowing dust / debris	VES		
Waste disposal container provided	1/ =5		
Food service personnel using head covers	1125		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA		
Other:			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)			

HEALTH INSPECTION SUMMARY January 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 retaLil il 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 GOOD 0-10 demerits 11-20 demerits 21-29 demerits

ACCEPTABLE POOR

29 or more demerits

Name of	<u>Compliance</u> <u>Ra</u>		
Establishment	<u>Score</u>		
Simply Raw	5	excellent	
Cracked mug	18	good	

Other Activities - phone consultations with gigi's . Inspected vendors at Market Days.

Lori Calzoncit, RS City Health Inspector

MAR 0 4 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 12019

Establishment: Lic Purpose of Visit: Compliance Inspection Consultation	cense # RC: Date: 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
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	(D) Lunch meat was at 600 - must be in cooler - met sitting at ap cooler mest be date labeled to show date invide of discard ande. 13. All implances must be certified food harvilles. 17. Emplance must wear hour restrain
229.163 (c) of the Texas State Food Code. I understand that failure of	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work, e 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.

Area	Superior	Above Average	Average	Minimal
Training			1	3 / 111
Restrooms		V		
Housekeeping		V		
Equipment		1		
Construction		./		
Overall Rating			1	

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

MAR 0 4 2019

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: Simply Raw Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	☐ Complaint ☐ Illness Investigation ☐ Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
 Foods from approved sources / labeling Foods protected from contamination 	32. Non-food contact surfaces clean
11. Other:	33. Garbage / solid waste storage
1 Isl scopps with handle	34. Consumer advisories posted
	35. Inspection report displayed for public 36. Other
to disconstant	{E} Corrections / Improvements Made / Comments:
100000000000000000000000000000000000000	(E) Corrections / Improvements Made / Comments:
- torretto	
Critical Temperature Verification:	
Food Item and Process Temp (F°)	
The state of the s	
A COURT OF THE PARTY OF THE PAR	
(B) Facilities, Equipment and Food Storage (3 pts)	
Hand washing stations supplied and clean 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	
	sible for food safety practices described in sections 229.163 (b) and
229.163 (c) of the Texas State Food Code. I understand that failure o	f employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk
arter manuffig raw products or visiting the restroom and that failure	to manage required temperature and time controls have a mgn risk

Area	Superio	Above Average	Average	Minimal
Training	1			1
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating			7	

	CCP Compliance Score = 95
(Does	not apply to consultations or follow-up visits)
	Person In Charge / Manager / Owner
	Evaluation by Registered Sanitarian

Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 h	ligher Ris	k .
* R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	VI	5000 MDC - 501 Hot
Foods from approved sources / No products made in the home	y	Wal Man HEB.
Containers for wash/ rinse/ sanitize		
Cold Foods maintained at 41 F or discarded in 4 hours.	7	
Hot foods maintained at 135 F or discarded in 4 hours.	7	1
Sneeze protection provided (Sneeze guards or foods wrapped)	11	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	V	
Booth provided with overhead cover	V	
Booth provided with floor as needed to control blowing dust / debris	V	
Waste disposal container provided	V	
Food service personnel using head covers	7	ANEDWOOD -
Electrical, gas, propane, charcoal devices approved by Fire Dept.	1.	
Other:		

Temporary Food Vendor Checklist Name of Booth: Event: Market Day Date: Phone #: 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 (polutry / meats / PHFs) **Temporary Food Vendor Requirements** Comments Yes/No Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 hours. Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other: As the person in charge of booth operations I understand that Lam responsible for food safety practices employees and volunteers. of employees and volunteers.

(Signature)

Name of Booth:	1 au	Event: Market Day Date:			
Person in charge of booth: Tana Siguilla. Phone #: 5161-350 516					
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk					
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items					
aumpelies.	Bucc	VX			
Temporary Food Vendor Requirements	Yes/No	Comments			
Hand washing station set up & supplied	V				
Foods from approved sources / No products made in the home	V	maestro, HEB			
Containers for wash/ rinse/ sanitize	V				
Cold Foods maintained at 41 F or discarded in 4 hours.	V				
Hot foods maintained at 135 F or discarded in 4 hours.	X				
Sneeze protection provided (Sneeze guards or foods wrapped)	V				
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	4				
Booth provided with overhead cover	1				
Booth provided with floor as needed to control blowing dust / debris	V				
Waste disposal container provided	V				
Food service personnel using head covers	V				
Electrical, gas, propane, charcoal devices approved by Fire Dept.	1				
Other:	- /				
	16 11697				
As the person in charge of booth operations I understant of employees and volunteers.	and that h	am responsible for food safety practices			
(Signature)	1	\cup			

Name of Booth: 15000 FOVOY		Event: Market Day Date:		
Person in charge of booth:		Phone #: 808 3427299		
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk				
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/hot dogs)/	R3 Higher Risk (polutry / meats / PHFs)		
Temporary Food Vendor Requirements	Yes/No	Comments		
remporary rood vendor nequirements	Tes/No	Comments		
Hand washing station set up & supplied	Y			
Foods from approved sources / No products made in the home	ý	HEB REST DEPOT		
Containers for wash/ rinse/ sanitize	V			
Cold Foods maintained at 41 F or discarded in 4 hours.	V			
Hot foods maintained at 135 F or discarded in 4 hours.	V			
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.				
Booth provided with overhead cover	()			
Booth provided with floor as needed to control blowing dust / debris	V			
Waste disposal container provided	V			
Food service personnel using head covers	V			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y			
Other:	, 1			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)				

Person in charge of booth:).].	Phone #: (1) (1) (1)
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited-items		
\mathcal{O}) do	951
Temporary Food Vendor Requirements	Yes/No	U Comments
Hand washing station set up & supplied	U	
Foods from approved sources / No products made in the home	4	Sams HEB
Containers for wash/ rinse/ sanitize	9	,
Cold Foods maintained at 41 F or discarded in 4 hours.	H	
Hot foods maintained at 135 F or discarded in 4 hours.	U	
Sneeze protection provided (Sneeze guards or foods wrapped)	H	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	4	
Booth provided with overhead cover	M	*
Booth provided with floor as needed to control blowing dust / debris	4	
Waste disposal container provided	4	
Food service personnel using head covers	W	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N	4-
Other:		
As the person in charge of booth operations I understoof employees and volunteers.	and that I	am responsible for food safety practices

Name of Booth: Taste of Brobean		Event: Market	Day Date: -69	
Person in charge of booth: Lulla Mener		Phone #:	210 478 3185	
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 (pol	lutry / meats / PHFs)	
Smoothles Jerku	Mala	1, DONN	10 n 05	
Temporary Food Vendor Requirements	Yes/No		Comments	
Hand washing station set up & supplied	Y			
Foods from approved sources / No products made in the home	4	Sams		
Containers for wash/ rinse/ sanitize	V			
Cold Foods maintained at 41 F or discarded in 4 hours.	Y			
Hot foods maintained at 135 F or discarded in 4 hours.	V			
Sneeze protection provided (Sneeze guards or foods wrapped)	V			
Direct hand contact with ready to eat foods	7			
avoided throught use of plastic glovesk and the				
use of utensils.	V			
Booth provided with overhead cover				
Booth provided with floor as needed to control blowing dust / debris	X			
Waste disposal container provided	X			
Food service personnel using head covers	4			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	ý			
Other:	/			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.				
(Signature)	V.			

HEALTH INSPECTION SUMMARY February 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 retaLil il 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	
46 th st pizzeria	12	good	
Petes Place	3	excellent	
Wine 101	100	excellent	

Other Activities – consultation with Mr. Dempsey about plans for food truck park. Inspected 9 vendors at Market Days.

Lori Calzoncit, RS City Health Inspector

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

MAR 0 4 2019

Retail Food Establishment Inspection Report

CITY OF HELOTES

Establishment: 4015 1122en a. License # 544 RC: 5 Date: 527. Pl						
Purpose of Visit: Compliance Inspection Consultation						
[A] Critical Food Safety Controls (5 ptc)	(C) Management and Demonral (4 -ts)					
{A} <u>Critical Food Safety Controls</u> (5 pts) (Critical control violations must be corrected on the spot)	{C} Management and Personnel (4 pts)					
Cold holding temperatures / time	23. Manager on duty currently certified? 24. Manager demonstrates proper use of thermometer					
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded					
3. Cooking temperatures / time	26. Proper hand washing demonstrated					
4. Proper cooling of foods / time	27. Good hygienic practices observed					
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed					
6. Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)					
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair					
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair					
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation					
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean					
10. Foods protected from contamination	33. Garbage / solid waste storage					
11. Other:	34. Consumer advisories posted					
- Note town Book in wall in	35. Inspection report displayed for public					
- DEFECTION TO THE TOTAL OF	36. Other 101010 010118					
	{E} Corrections / Improvements Made / Comments:					
	The second secon					
G LU LE	remove hardboard from floor.					
Critical Temperature Verification:						
Food Item and Process Temp (F°)	LOIDING MOTOS MUST DE CAL					
	tanifizer when not in use					
	23 All amployers must be					
{B} Facilities, Equipment and Food Storage (3 pts)	Carliffed The bandous					
12. Hand washing stations supplied and clean	Certifica to a larger 5.					
13. Dishwashing / sanitizing (ppm/Temp.)						
14. Food storage area meets code	6. Do not line Cooler w 10 10ths.					
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 respons 229.163 (c) of the Texas State Food Code. I understand that failure o						
after handling raw products or visiting the restroom and that failure						
of causing food-borne illness. I agree to implement corrective actions						
Non-Critical Food Safety Rating √						
Area Superior Above Average Minimal	00 1161					

Non-Critical Food Safety Rating √

Area Superior Above Average Minimal

Training

Restrooms

Housekeeping

Equipment

Construction

Overall Rating

HACCP Compliance Score = 80
(Does not apply to consultations or follow-up visits)
CHEST
Person In Charge / Manager / Owner
1 XCalm By Cel
Evaluation by Registered Sanitarian

210.3933982

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

Retail Food Establishment Inspection Report

Establishmer	n Pe	tes Place	20	Li	icens	se#		RC.	3	Dat	. 0	2-27	19
Purpose of Vis		pliance Insp	pection [Consultation	n 🔲	Compl	aint 🗌 I	Illness I	nvestiga	ation [Other	:	
 Hot hold Cooking Proper co Rapid rel Food corn cutting 	I violations a ding temperation temperature cooling of footesting of footesting of footesting of footesting of footesting boards { for cross-cools / no direction approved otected from	must be correctures / time ures / time ures / time ds / time ods (tempera clean and sa) meat slice ntamination thand contact sources / lal contaminati	ature and time antized for { } food to occur extractions	ne)	4	23. Ma 24. Ma 25. Per 26. Pro 27. Goo 28. Wr 10} Noi 29. Foc 30. Fac 31. Hot 32. Noi 33. Gar 34. Cor 35. Insp 36. Oth	nagement nager on nager der sonnel was per hand od hygier itten HAC n-Critica od equipment of the consuse of th	duty cu monstra rith infect washin nic prac CCP Pla al (3 pts ment con struction ng contract su blid was dvisorie eport dis	arrently of the properties properties obsans / SO: s) nstruction (floors ributes to the storage of the storage of the sported splayed in the properties of the storage of	certified er use of stricted astrated served Ps as no n / repa / walls o infesta lean e for pub	f therm / exclu eeded ir) / repai ttion	r	474-2 2 gales
Residence 17. Sewage data. Thermony	s, Equipmer shing station aing / sanitizing area mend use of too of insects or lisposal / Gre	nt and Food s supplied ar ing (p] ets code kic items r rodents / in ease trap	Storage (3 and clean pm/To			15 (abel o XIC mm	5	od	bore equ	tles awa	of py next	
19. Plumbing 20. Water sup 21. Sewage d 22. Other	, / no cross-copply / hot wa isposal meet	onnections tter ts code											
229.163 (c) of the after handling ra of causing food-b	aw products	or visiting th	e restroom a	and that failu	ire to	manage	required	d temper	rature ar	d time	controls	have a hi	
	cal Food Saf		piement cor	recuve action	des	Cribeu I	II TALLE	o reduc	e the risk	V 01 1000	-borne	miless.	
Area	Superior	Above Average	Average	Minimal			CCP Co		N		97		
Training				No.		(Does	not apply	y to cons	ultations	or follo	w-up vis	its)	

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

Restrooms

Housekeeping
Equipment
Construction

Overall Rating

RECEIVED

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

MAR 0 4 2019

Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
tical control violations must be corrected on the spot) Cold holding temperatures / time	23. Manager on duty currently certified?
	24. Manager demonstrates proper use of thermometer
Hot holding temperatures / time	25. Personnel with infections restricted / excluded
Cooking temperatures / time	26. Proper hand washing demonstrated
Proper cooling of foods / time	27. Good hygienic practices observed
Rapid reheating of foods (temperature and time) Food control surfaces clean and sanitized	28. Written HACCP Plans / SOPs as needed
{ } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
Potential for cross-contamination to occur	29. Food equipment construction / repair
RTE foods / no direct hand contact	30. Facility construction (floors / walls) / repair
Foods from approved sources / labeling	31. Housekeeping contributes to infestation
). Foods protected from contamination	32. Non-food contact surfaces clean
Other:	33. Garbage / solid waste storage
	 34. Consumer advisories posted 35. Inspection report displayed for public
	— 36. Other
	- {E} Corrections / Improvements Made / Comments:
	- \{E\} \(\corrections \(\) improvements wade \(\) comments.
ritical Temperature Verification:	
Food Item and Process Temp (F°)	TURDA
rood item and riocess	- MILLO
	The state of the s
} 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	
3. Thermometers provided / used	
Plumbing / no cross-connections	
). Water supply / hot water	
. Sewage disposal meets code	
. Other	

of causing food-borne illness. I agree to implement corrective actions described in Part E to reduce the risk of food-borne illness.

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

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

Name of Booth: COOKS	Event: Market Day Date: 2.2.19.			
Person in charge of booth: Priscilla (m)	ex	Phone #:		
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	k)		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	Xhot dogs) /	R3-Higher Risk (polutry / meats / PHFs)		
		*		
Temporary Food Vendor Requirements	. Yes/No	Comments		
Hand washing station set up & supplied	Y.			
Foods from approved sources / No products	1	D-10-01 52 mas 1/TR		
made in the home	-V	Rest Depot, Sams, HEB		
Containers for wash/ rinse/ sanitize				
Cold Foods maintained at 41 F or discarded in 4				
hours. Hot foods maintained at 135 F or discarded in 4	- y -			
hours.	У			
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	\1			
use of utensils.				
Booth provided with overhead cover	ý			
Booth provided with floor as needed to control	<.			
blowing dust / debris	X			
Waste disposal container provided ,				
Food service personnel using head covers	V			
Electrical, gas, propane, charcoal devices	()			
approved by Fire Dept.	4			
Other:	/			
		* 1 - ¥ 1		
As the person in charge of booth operations I understa	and that I a	am responsible for food safety practices		
	110			
(Signature)	-()			

Name of Booth: Party Tyme.		Event: Market D	lay Date: 2-8	7-19.
Person in charge of booth: Charlie 10 Nel	ler.	Phone #:	210 204 -	7195
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risl	(•	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polu	try / meats / PHFs)	
VOV	COM	, 		
Temporary Food Vendor Requirements	Yes/No		Comments	132 1
Hand washing station set up & supplied	A	^		
Foods from approved sources / No products made in the home	Y'	Costco	AceMa	UA
Containers for wash/ rinse/ sanitize	V	·		
Cold Foods maintained at 41 F or discarded in 4 hours.	LIN			
Hot foods maintained at 135 F or discarded in 4 hours.	MIL			
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	V			
Booth provided with floor as needed to control blowing dust / debris	X			
Waste disposal container provided ,	Y			
Food service personnel using head covers	×			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	¥			
Other:	/	=		
As the person in charge of booth operations I understated of employees and volunteers. (Signature)	and that I a	m responsible fo	or food safety prac	otices

Name of Booth: Thut Cups/ Aquas these	CUS	Event: Market Day Date: 2-2-9.
Person in charge of booth: JLS/104 Card	G.	Phone #: (210) 5448019
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Rist	k
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	11 cus).
remporary rood vendor requirements	. Yes/No	Comments
Hand washing station set up & supplied	11	
Foods from approved sources / No products	0 0	1100
made in the home	Ч	HEB Sams.
Containers for wash/ rinse/ sanitize	И	4
Cold Foods maintained at 41 F or discarded in 4		
hours.	9	Ŧ
Hot foods maintained at 135 F or discarded in 4 hours.	K	
Sneeze protection provided (Sneeze guards or	10	
foods wrapped)	4	
Direct hand contact with ready to eat foods		
avoided throught use of plastic glovesk and the use of utensils.	4	4
Booth provided with overhead cover	K -	
Booth provided with floor as needed to control blowing dust / debris	Y	
Waste disposal container provided ,	M I	
Food service personnel using head covers	9	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	H	
Other:),	
As the person in charge of booth operations I understand employees and volunteers. (Signature)	nd that I ar	m responsible for food safety practices

Name of Booth: Willy walles / DONU	5.	Event: Market Day Date:
Person in charge of booth: SA Showle.		Phone #: 210 218 6806
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 I	Higher Ris	k
** R1 Low Risk (packaged items (drinks) / B2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
MONITS WALL	7	
Temporary Food Vendor Requirements	. Yes/No	Comments
Hand washing station set up & supplied	V	
Foods from approved sources / No products	1	State Fair, Shara.
made in the home	4	JUGGETAN, STORA.
Containers for wash/ rinse/ sanitize	У	•
Cold Foods maintained at 41 F or discarded in 4 hours.	ý	,
Hot foods maintained at 135 F or discarded in 4 hours.	V	
Sneeze protection provided (Sneeze guards or foods wrapped)	V	
Direct hand contact with ready to eat foods	7	
avoided throught use of plastic glovesk and the		
use of utensils.	y	
Booth provided with overhead cover	V	,
Booth provided with floor as needed to control blowing dust / debris	Ý	
Waste disposal container provided ,		
Food service personnel using head covers	V	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	у.	
Other:		
As the person in charge of booth operations I understate of employees and volunteers. (Signature)	and that I a	m responsible for food safety practices
	×	

Name of Booth:		Event: Market Day Date: 2.7. 8.
Person in charge of booth: Dil Dan		Phone #: 8304805994
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3/1	ligher Risk	
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs)/	R3 Higher Risk (polutry / meats / PHFs)
Muciel	nurg	CIS. IIDOON TITLES SONSO
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Y	
Foods from approved sources / No products	1/	2001 Devon 1/02
made in the home	<u> </u>	KISTINGHUT HED
Containers for wash/ rinse/ sanitize	Y	*
Cold Foods maintained at 41 F or discarded in 4	ý	
hours. Hot foods maintained at 135 F or discarded in 4		
hours.	X	
Sneeze protection provided (Sneeze guards or		
foods wrapped)		
Direct hand contact with ready to eat foods		1
avoided throught use of plastic glovesk and the	V	
use of utensils.		
Booth provided with overhead cover	X	
Booth provided with floor as needed to control	\'.	
blowing dust / debris	<u> </u>	
Waste disposal container provided ,	X	
Food service personnel using head covers	\ <u>\</u>	
Electrical, gas, propane, charcoal devices	1	
approved by Fire Dept.	V.	
Other:	1.	
	7	
As the person in charge of booth operations I understa of employees and volunteers.	nd that I a	m responsible for food safety practices
(Signature)	(ll	the

Temporary Food Vendor Checklist Name of Booth: Event: Market Day Date: Person in charge of booth: Phone #: Menu Risk: (circle one) R1 Low Risk / R2 Medjum Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) SONGS Temporary Food Vendor Requirements Comments Yes/No Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4 Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or foods wrapped) Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided Food service personnel using head covers Electrical, gas, propane, charcoal devices approved by Fire Dept. Other:

As the person in charge of booth	operations Lunderstand th	hat I am responsible for food safety practices
of employees and volunteers.	73/00tt	hat I am responsible for food safety practices

(Signature)

Name of Booth: VINCENBING COOS		Event: Market Day Date:
Person in charge of booth: MB, Rangel		Phone #: 010258 5135
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 I	Higher Ris	k)
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
UVALTUS TALOS	Su	Wage
Temporary Food Vendor Requirements	. Yes/No	Comments
Hand washing station set up & supplied	U	
Foods from approved sources / No products made in the home	les	Sams FB.
Containers for wash/ rinse/ sanitize	G	,
Cold Foods maintained at 41 F or discarded in 4 hours.	U	
Hot foods maintained at 135 F or discarded in 4 hours.	b	
Sneeze protection provided (Sneeze guards or foods wrapped)	G	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	4	
Booth provided with overhead cover	Ú	
Booth provided with floor as needed to control blowing dust / debris	4	
Waste disposal container provided ,	G	
Food service personnel using head covers	L.	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	y	
Other:	J	
As the person in charge of booth operations I understated of employees and volunteers. (Signature)	nd that I a	m responsible for food safety practices

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

(Signature)

Temporary Food Vendor Checklist Name of Booth: Event: Market Day Date: Person in charge of booth: Phone #: Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) Temporary Food Vendor Requirements Comments Yes/No Hand washing station set up & supplied Foods from approved sources / No products made in the home Containers for wash/ rinse/ sanitize Cold Foods maintained at 41 F or discarded in 4

nours.	
Hot foods maintained at 135 F or discarded in 4 hours.	H
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.	
Booth provided with overhead cover	4
Booth provided with floor as needed to control blowing dust / debris	8
Waste disposal container provided ,	Y .
Food service personnel using head covers	4
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Y,
Other:	
As the person in charge of booth operations I understand employees and volunteers.	ind that I am responsible for food safety practices
(Signature)	

CITY OF HELOTES RECEIVED MAR 07 2019 CITY OF HELOTES

FEBREUARY 2019

PART ONE--FOOD SAFETY REPORT



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

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

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

For ease a rating system would be

00.0	
EXCELLENT	0-10 demerits
GOOD	11-20 demerits
ACCEPTABLE	21-29 demerits
POOR	30 or more demerits

Name of	Compliance	Rating
Establishment	Score*	
Taco Bell	3	EXCELLENT
Sonic	3	EXCELLENT
Slim Chickens	3	EXCELLENT
Pizza Hut	0	EXCELLENT
Subway	0	EXCELLENT

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



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

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

MAR 0 7 2019

Retail Food Establishment Inspection Report

CITY OF HELOTES

stablishment: 5.5 Lice	ense # RC: Date:
urpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
Critical Food Safety Controls (5 pts) Printical control violations must be corrected on the spot) Cold holding temperatures / time Hot holding temperatures / time Cooking temperatures / time Rapid reheating of foods / time Rapid reheating of foods (temperature and time) Code 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 Cooking temperatures / time Rapid reheating of foods (temperature and time) Food control surfaces clean and sanitized A cutting boards { } meat slicer { } food grinder Foods for cross-contamination to occur RTE foods / no direct hand contact Foods from approved sources / labeling Cooking temperatures / time	C Management and Personnel (4 pts)
Critical Temperature Verification: Food Item and Process Walking 40° Walking 2° Friday 40° Jana 40°	{E} Corrections / Improvements Made / Comments:
{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 s the person in charge of this facility, I understand I am response	

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

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

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

Retail Food Establishment Inspection Report

Establishment:/ecc /Se//Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
4	
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
6. Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
Critical Temperature Verification:	#29 Forder In wit Not
Food Item and Process Temp (F°)	able To Dester Tomas
W. 1K-in 45° Welk-in 0°	4 1/ 1 1 - 1 - 1
France O'	A No fledor in the Vail
Chill: No. 160°	until it is repeired
Sevan 1600	
{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 / 30	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility, I understand I am respon	sible 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 failur of causing food-borne illness. I agree to implement corrective actions	e to manage required temperature and time controls have a high risk described in Part E to reduce the risk of food-borne illness.

Area	Superior	Above Average	Average	Minimal
Training				3
Restrooms				
Housekeeping				
Equipment			77-77-17-	
Construction				
Overall Rating				

HACCP Compliance Score =
(Does not apply to consultations or follow-up visits)
Newh
Person In Charge / Manager / Owner
1777
Evaluation by Registered Sanitarian

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

Retail Food Establishment Inspection Report

Establishment: Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
1. Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
	# 22 11 1 11 11
Critical Temperature Verification:	+32 Peril + Non-toll
Food Item and Process Temp (F°)	Center Surter To Se Clein
Walkin 40° Walkin 0°	
Fride 1/4 Fixezer 40	
pro lack to Meri Box do	
Ch://: 160°	
{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 / 20	
21. Sewage disposal meets code	
22. Other	
0 41.5 P 100 T 3 T 1 T	sible for food safety practices described in sections 220 162 (b) and
As the person in charge of this facility, I understand I am response	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work,
after handling raw products or visiting the restroom and that failure	e 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.

Area	Superior	Above Average	Average	Minimal
Training				3
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

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

Retail Food Establishment Inspection Report

Establishment: 5/im Chickers Lice	ense # RC:3 Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
 (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 Wade / Comments.
Critical Temperature Verification:	#32 Provide to Non-tend
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	Contest Section to Section
As the person in charge of this facility, I understand I am respon	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work,
after handling raw products or visiting the restroom and that failur	e 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 Minimal Average

Training

Restrooms

Housekeeping

Equipment

Construction

Overall Rating

HACCP Compliance (Does not apply to consultat	Score = 3
(Does not apply to consultat	ions of follow-up visits)
Person In Cha	rge / Manager / Owner
Evaluation by	Registered Sanitarian

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

Retail Food Establishment Inspection Report

Establishment: Pizza Hot Lice	ense # RC:3 Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
 (A) Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time 2. Hot holding temperatures / time 3. Cooking temperatures / time 4. Proper cooling of foods / time 5. Rapid reheating of foods (temperature and time) 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact 9. Foods from approved sources / labeling 10. Foods protected from contamination 11. Other: 	{C} Management and Personnel (4 pts) 23. Manager on duty currently certified? 24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded 26. Proper hand washing demonstrated 27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed {D} Non-Critical (3 pts) 29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair 31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean 33. Garbage / solid waste storage 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other [E] Corrections / Improvements Made / Comments:
Critical Temperature Verification: Food Item and Process Temp (F°) {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	sible for food safety practices described in sections 229.163 (b) and
220 163 (c) of the Texas State Food Code. I understand that failure	of employees to conduct a 20 second hand wash prior to starting work, the to manage required temperature and time controls have a high risk

Non-Crit	tical Food Sa	fety Rating V		
Area	Superior	Above Average	Average	Minimal
Training				1
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating			4	

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

HEALTH INSPECTION SUMMARY MARCH 2019

RECEIVED

APR 0 4 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

Name of	Compliance	Rating
Establishment	Score*	
Oolong Chinese Bistro	6	EXCELLENT
Rome's Pizza	0	EXCELLENT
Babe's Old Fashioned	3	EXCELLENT
Starbucks	0	EXCELLENT
Jugo Juicery	6	EXCELLENT

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:



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

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

Retail Food Establishment Inspection Report

APR 0 4 2019 CITY OF HELOTES

Establishment: Oalong Chianse Bistre Lice	ense # RC: 3 Date: 3/54/19
Purpose of Visit: Compliance Inspection Consultation	☐ Complaint ☐ Illness Investigation ☐ Other:
(A) Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
1. Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
3. Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
5. Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
Foods from approved sources / labeling	32. Non-food contact surfaces clean
Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
Critical Temperature Verification:	#32 Browing for Non-toll
Food Item and Process Temp (F°)	Control Suche To be Clank
U.1K .: - 38° / Wolk .: -0°	
Frida 120 Prog Cooler 160"	
	11.5 1 1 -1 - 11
Sovy 180	FIS Browner The Sishes
{B} Facilities, Equipment and Food Storage (3 pts)	wer Money Wester Kinsel / Sinitize
12. Hand washing stations supplied and clean	I I le En I han Side went
13. Dishwashing / sanitizing (ppm/ Temp.)	and deple her selves and ever
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 / 20	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility, I understand I am respon	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work,

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.

Area	Superior	Above Average	Average	Minimal
Training				1
Restrooms		1		
Housekeeping				17 11
Equipment				April 1
Construction				
Overall Rating		L		

HACCP Compliance Score =
(Does not apply to consultations or follow-up visits)
1 Milauman
Person In Charge / Manager / Owner
F. Miller Project Conference
Evaluation by Registered Sanitarian

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

Retail Food Establishment Inspection Report

Establishment: Aome's Pizze Lice	ense # RC: 3 Date: 3/24/19
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:
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	Locks Great!
229.163 (c) of the Texas State Food Code. I understand that failure after handling raw products or visiting the restroom and that failur of causing food-borne illness. I agree to implement corrective actions	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work, be to manage required temperature and time controls have a high risk section of the control
Non-Critical Food Safety Rating Area Superior Above Average Minimal Average Training	HACCP Compliance Score = (Does not apply to consultations or follow-up visits)

Area Superior Above Average Minimal

Training

Restrooms

Housekeeping

Equipment

Construction

Overall Rating

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

Retail Food Establishment Inspection Report

Establishment: Base's OID Festional Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
 (A) Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time 2. Hot holding temperatures / time 3. Cooking temperatures / time 4. Proper cooling of foods / time 5. Rapid reheating of foods (temperature and time) 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact 9. Foods from approved sources / labeling 10. Foods protected from contamination 11. Other: 	{C} Management and Personnel (4 pts) 23. Manager on duty currently certified? 24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded 26. Proper hand washing demonstrated 27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed {D} Non-Critical (3 pts) 29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair 31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean 33. Garbage / solid waste storage 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other [E] Corrections / Improvements Made / Comments:
Critical Temperature Verification: Food Item and Process Temp (F°) {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	#32 Provide for non-ford Contint Southern To be Claimed
229.163 (c) of the Texas State Food Code. I understand that failure of	sible for food safety practices described in sections 229.163 (b) and of employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk

Non-Cri	tical Food Sa	fety Rating \		
Area	Superior	Above Average	Average	Minimal
Training				1
Restrooms				
Housekeeping				
Equipment				Х
Construction				
Overall Rating	-			

HAC	CCP Compliance Score = 3
	not apply to consultations or follow-up visits)
/	This in Ind
	Person In Charge / Manager / Owner
	271111
,,	Evaluation by Registered Sanitarian

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

Retail Food Establishment Inspection Report

Establishment: 572,500 Kr Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
 Cold holding temperatures / time 	24. Manager demonstrates proper use of thermometer
Hot holding temperatures / time	25. Personnel with infections restricted / excluded
Cooking temperatures / time	26. Proper hand washing demonstrated
4. Proper cooling of foods / time	27. Good hygienic practices observed
Rapid reheating of foods (temperature and time)	28. Written HACCP Plans / SOPs as needed
Food control surfaces clean and sanitized	{D} Non-Critical (3 pts)
{ } cutting boards { } meat slicer { } food grinder	29. Food equipment construction / repair
7. Potential for cross-contamination to occur	30. Facility construction (floors / walls) / repair
8. RTE foods / no direct hand contact	31. Housekeeping contributes to infestation
9. Foods from approved sources / labeling	32. Non-food contact surfaces clean
10. Foods protected from contamination	33. Garbage / solid waste storage
11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
Critical Temperature Verification:	
Food Item and Process Temp (F°)	
Displa 38- 1 Frid 381/36 NO1450	
	7
Frida 36 138 134 / Freeze 10"	
{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 /20	
21. Sewage disposal meets code	
22. Other	
As the person in charge of this facility, I understand I am respons	sible 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	of employees to conduct a 20 second hand wash prior to starting work,
after nandling raw products or visiting the restroom and that failure	e 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.

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

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

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

Retail Food Establishment Inspection Report

Critical Food Safety Controls (5 pts) itical 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	{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
O. Foods protected from contamination 1. Other: Critical Temperature Verification: Food Item and Process Temp (F°)	33. Garbage / solid waste storage 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other {E} Corrections / Improvements Made / Comments:
Facilities, Equipment and Food Storage (3 pts)	Gasket To Be fixed

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

HACCP Compliance Score = (Does not apply to consultations or follow-up visits)
Person In Charge / Manager / Owner
13/1/1/
Evaluation by Registered Sanitarian