HEALTH INSPECTION SUMMARY JULY 2019

AUG 0 6 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
The state of the second	
POOR	30 or more demeri

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

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

➤ Helotes City Hall Movie Night 7/19/2019

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

Establishment: Oolong Chines BismeLic	ense # RC: Date: 7/28/19
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
 {A} Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time 2. Hot holding temperatures / time 3. Cooking temperatures / time 4. Proper cooling of foods / time 5. Rapid reheating of foods (temperature and time) 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact 9. Foods from approved sources / labeling 10. Foods protected from contamination 11. Other: 	{C} Management and Personnel (4 pts) 23. Manager on duty currently certified? 24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded 26. Proper hand washing demonstrated 27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed {D} Non-Critical (3 pts) 29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair 31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean 33. Garbage / solid waste storage 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other
	{E} Corrections / Improvements Made / Comments:
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 (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, 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

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

HACCI	P Compliance Score =
	apply to consultations or follow-up visits)
1	Melayon
	Person In Charge / Manager / Owner
	74/1/
	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

AUG 0 6 2019

RECEIVED

CITY OF HELOTES

Establishment: Mone's 6:225 Lice	ense # RC:3 Date:7/28 /19
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
(A) C-4 -1 E - 1 C-f. to Control (5 - to)	(C) Management and Dangennel (Ants)
{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
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:
	(E) Corrections / improvements wade / Comments.
Cuitical Town anature Varification	1 1 1 1
Critical Temperature Verification: Food Item and Process Temp (F°)	1 / 7
Secretary Co. State of the Control o	Lis Olea 1 c
Clethin 42 Welkin 18	
Pry Cooler 429/409/401/36°	
Men Sells 193	
{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 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	f employees to conduct a 20 second hand wash prior to starting work,
after handling raw products or visiting the restroom and that failure	
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				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

B
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

	3 7/- /-
Establishment: Lic	ense # RC: Date:
Purpose of Visit: \square Compliance Inspection \square Consultation	Complaint Illness Investigation Other:
(A) Cuitical Food Sofety Controls (5 mts)	(C) Management and Davsannel (4 nts)
 {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?
2. Hot holding temperatures / time	24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded
Cooking temperatures / time	
4. Proper cooling of foods / time	26. Proper hand washing demonstrated 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	
{ } cutting boards { } meat slicer { } food grinder	{D} Non-Critical (3 pts)
7. Potential for cross-contamination to occur	29. Food equipment construction / repair —
	30. Facility construction (floors / walls) / repair
	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:	Locks Good.
Food Item and Process Temp (F°)	20011) 0001
Frida 400 Pro Coolor 100	
Freezer 10° Chill: 176°	
111030 10: COSTI, 1/0	
{B} Facilities, Equipment and Food Storage (3 pts)	
12. Hand washing stations supplied and clean	
13. Dishwashing / sanitizing (300 ppm/Temp.)	
14. Food storage area meets code	
15. Storage and use of toxic items	
16. Evidence of insects or rodents / infestation	
17. Sewage disposal / Grease trap	
18. Thermometers provided / used	
19. Plumbing / no cross-connections	
20. Water supply / hot water	
21. Sewage disposal meets code	
22. Other	
zz. onei	
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,
	e to manage required temperature and time controls have a high risk
of causing food-borne illness. I agree to implement corrective actions	
Non-Critical Food Safety Rating √	
Area Superior Above Average Minimal	TYLOGD G II G
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	X lather low

Housekeeping Equipment

Construction
Overall Rating

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: 590-500Ks Lice	ense # RC: Date: 7/28/19
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?
 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
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:
	(b) Corrections / Improvements Made / Comments.
Critical Temperature Verification:	(good Dos
Food Item and Process Temp (F°)	0000
Files 36° 140° Fierm 10°	
1:11 360	
1: Fred 366/400 1200/406	
211. 1418 30/10/38/10	
{B} Facilities, Equipment and Food Storage (3 pts)	
12. Hand washing stations supplied and clean	
13. Dishwashing / sanitizing (250 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	ible for food safety practices described in contians 220 162 (b) and
229.163 (c) of the Texas State Food Code. I understand that failure of	f employees to conduct a 20 second hand wash prior to starting work.
after handling raw products or visiting the restroom and that failure	

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			4
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

Establishment: Desi's Old Fishioned 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
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:	7 1 7 7
Food Item and Process Temp (F°)	hochs (Treat
(11/4 n 1/0" Feerza 0"	
Pre, Coche 40' /420 1-10"	
Chest Cool 40	
Ideian Beini 140°	
{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 o	f 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	1/			,
Restrooms	1 7	1		
Housekeeping	1			
Equipment	1111			
Construction	INA	/		
Overall Rating	TW	/		

HACCP Compliance Score =
(Does not apply to consultations or follow-up visits)
Muler
Person In Charge / Manager / Owner
4147114
Evaluation by Registered Sanitarian

Name of Booth: Boy Scors of Ame + Hoy	184	Event: Market Day Date: 7/19/19	
Person in charge of booth: 5Teve Lec	200	Phone #: 210 - 415 -2402	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited item:	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Wil	1601mm/62	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	NO		
Foods from approved sources / No products made in the home	1105	Cosí Co Jwalmer T	
Containers for wash/ rinse/ sanitize	NO		
Cold Foods maintained at 41 F or discarded in 4 hours.	NIA		
Hot foods maintained at 135 F or discarded in 4 hours.	NIA		
Sneeze protection provided (Sneeze guards or foods wrapped)	NIA	2	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	Y65	9	
Booth provided with overhead cover	V05		
Booth provided with floor as needed to control blowing dust / debris	y 15		
Waste disposal container provided	1/15		
Food service personnel using head covers	1/15		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NB	9	
Other:		STATE LANGUAGE CONTRACTOR OF THE CONTRACTOR OF T	
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 Event: Market Day Date: 7/19/19 Name of Booth: (7:50) Person in charge of booth: Dex Closs 815-323-8647 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 NO Foods from approved sources / No products 405 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 1/25 Booth provided with floor as needed to control 165 blowing dust / debris V 15 Waste disposal container provided 105 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)

Name of Booth: 5A Show: C		Event: Market Day Date: 7/19/19		
Person in charge of booth: Joe Vasque2	Phone #: 210-218-6806			
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk				
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)		
Temporary Food Vendor Requirements	Yes/No	6		
Hand washing station set up & supplied	1/25	Comments		
Foods from approved sources / No products made in the home	1/25	Showie State File		
Containers for wash/ rinse/ sanitize	1/25	7		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/05	Deep Freen		
Hot foods maintained at 135 F or discarded in 4 hours.	NIA			
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	Food Tout		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	1/15	6		
Booth provided with overhead cover	1/05	Twek		
Booth provided with floor as needed to control blowing dust / debris	40	Tivek Tivek		
Waste disposal container provided	y 15			
Food service personnel using head covers	V15			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIO			
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 November 2018 July 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.)

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	Compliance	Rating
Establishment	Score	
Lil cherubs day care	0	excellent
Little ceasars pizza	9	excellent
Schott's meat market	8	excellent
Marvelously made	0	excellent
Marcos' pizza	9	excellent

Other Activities - phone consultations with Schotts Meat market, Temporary event consultations with new market vendors. Inspected 2 movie night booths.

Lori Calzoncit, RS City Health Inspector

Name of Booth: SWELT DYLAMS		Event: Market Day Date: 7- (0-19		
Person in charge of booth: Xanthia Hernand Prione #: 2107241745				
Data Diel (D2 Medium Dick / P3)	ligher Risk	k		
Menu Risk: (circle one) HT LOW HISK / N2 Medium Risk / Issue R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (limited Items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)		
I CO UNIU	MP	SITOGITIES		
Temporary Food Vendor Requirements	Yes/No	Comments		
Hand washing station set up & supplied	Y .			
Foods from approved sources / No products made in the home	1	LeBatt Anoins		
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	NIA			
Sneeze protection provided (Sneeze guards or foods wrapped)	4			
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	X			
Booth provided with overhead cover	V			
Booth provided with floor as needed to control blowing dust / debris	1/			
Waste disposal container provided ,	1	у 2		
Food service personnel using head covers	Y			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Ý.			
Other:				
	14			
As the person in charge of booth operations I unders of employees and volunteers. (Signature	14	I am responsible for food safety practices		
A CONTRACTOR OF THE PARTY OF TH	11	7		

Name of Booth: USOSSNOW ONS.		Event: Market Day Date: 7 - 10		
Person in charge of booth: 150 Phone #: 210 592 397				
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	S			
Foods from approved sources / No products made in the home	1	Sams Way Mary HEB		
Containers for wash/ rinse/ sanitize	V			
Cold Foods maintained at 41 F or discarded in 4 hours.	4			
Hot foods maintained at 135 F or discarded in 4 hours.	NIF	+		
Sneeze protection provided (Sneeze guards or foods wrapped)	7			
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	У			
Booth provided with overhead cover	V			
Booth provided with floor as needed to control blowing dust / debris	4			
Waste disposal container provided	4			
Food service personnel using head covers	ý			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	V			
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: SadeS		Event: Market Day Date:
Person in charge of booth: JOE Stabls.		Phone #:
Dt Low Dick / P2 Medium Rick / R3 H	ligher Risk	
Menu Risk: (circle one) R1 Low Risk / H2 Medium Risk (limited items / H1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / S)	/ hot dogs) / F	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	Ý	Sams
Containers for wash/ rinse/ sanitize	V	
Cold Foods maintained at 41 F or discarded in 4 hours.	NIA	
Hot foods maintained at 135 F or discarded in 4 hours.	NA	9
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.	7	
Booth provided with overhead cover	V	
Booth provided with floor as needed to control blowing dust / debris	1	
Waste disposal container provided ,	V	s *
Food service personnel using head covers	V	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	4	
Other:	1	
As the person in charge of booth operations I underst of employees and volunteers.		am responsible for food safety practices

Name of Booth: Vincents fire toods	*	Event: Market Day	Date: 1-6-9.	
Person in charge of booth: MB Rangel		Phone #: 210	0.4142002	
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)	
oneactast ters, nacros go	addig	5		
Temporary Food Vendor Requirements	Yes/No	C	comments	
Hand washing station set up & supplied	u			
Foods from approved sources / No products made in the home	u	Sans	HEB Walna	
Containers for wash/ rinse/ sanitize	K			
Cold Foods maintained at 41 F or discarded in 4 hours.	H			
Hot foods maintained at 135 F or discarded in 4 hours.			VIII. 100	
Sneeze protection provided (Sneeze guards or foods wrapped)	Ü			
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.				
Booth provided with overhead cover	Image: Control of the			
Booth provided with floor as needed to control blowing dust / debris	R			
Waste disposal container provided	T			
Food service personnel using head covers	Hr.			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	R			
Other:				
As the person in charge of booth operations I underst	and that I a	am responsible for	food safety practices	
of employees and volunteers(Signature)	Lal	Douba C La	ingel	

Name of Booth: Chunusu Food		Event: Market Day Date: 7-6-19		
Person in charge of booth: Quivia Dia	Phone #	4805106		
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi			
H1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	hot dogs) T	R3 Higher Risk		
Temporary Food Vendor Requirements	Ves/No	KESON YU	Comments	
Hand washing station set up & supplied	(A		Comments	
Foods from approved sources / No products made in the home	u	HEB	COACO	
Containers for wash/ rinse/ sanitize				- X
Cold Foods maintained at 41 F or discarded in 4 hours.	91	**************************************		
Hot foods maintained at 135 F or discarded in 4 hours.	7		*	
Sneeze protection provided (Sneeze guards or foods wrapped)	d		3	1
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	4	,		
Booth provided with floor as needed to control blowing dust / debris	X			
Waste disposal container provided	V			
Food service personnel using head covers				
Electrical, gas, propane, charcoal devices approved by Fire Dept.	R			
Other:				
				Lagran Mary
As the person in charge of booth operations I understand employees and volunteers.	nd that I ar	m responsibl	e for food safety practices	S
(Signature)				

Temporary Food Vendor Checklist Name of Booth: Event: Market Day Date: Person in charge of booth: Phone #: 40 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 degs) / R3 Higher Risk (polutry / meats / PHFs) Weaktoot toos. **Temporary Food Vendor Requirements** Ves/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: 7- 0- 0 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 (Hmited 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 Nunderstand that I am responsible for food safety practices of employees and volunteers.

(Signature)

Name of Booth: LNNONCOL.		Event: Market Day Date: 7 100
Person in charge of booth:		Phone #: 725 8296
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	k
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited item	s / hot dogs) /	/ R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	()	Comments
Foods from approved sources / No products made in the home	B	Sams Walmart
Containers for wash/ rinse/ sanitize	11	
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.	MA	
Sneeze protection provided (Sneeze guards or foods wrapped)	14	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	14	
Booth provided with overhead cover	10	
Booth provided with floor as needed to control blowing dust / debris	14	
Waste disposal container provided	9	
Food service personnel using head covers	M	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	A.	
Other:	J	
	Ay Tale a	
As the person in charge of booth operations I understant of employees and volunteers.	and that I a	am responsible for food safety practices
(Signature)		

Temporary Food Vendor Checklist Name of Booth: VOVAOS 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) all ne o-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)

Name of Booth: Copers Philly Chook		Event: Market Day Date: 7-6-9	
Person in charge of booth: MSille Cond	r.	Phone #: 695 3466.	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 I	Higher Ris	sk	
** 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	4	Sams HEB R. Depot	
Containers for wash/ rinse/ sanitize	1		
Cold Foods maintained at 41 F or discarded in 4 hours.	- La		
Hot foods maintained at 135 F or discarded in 4 hours.	y		
Sneeze protection provided (Sneeze guards or foods wrapped)	4		ì
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	U		
Booth provided with floor as needed to control blowing dust / debris	4		
Waste disposal container provided	K		
Food service personnel using head covers	X		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	A		
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: Taske of (am hear)		Event: Market Day Date: 7-10-19
Person in charge of booth: Lovella Mo	nor	Phone #: 9043195559
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risk	<
The Low Hisk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Jerk chieren n'a	e De	neapple Oliden
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1	
Foods from approved sources / No products		2
nade in the home	H	SOME
Containers for wash/ rinse/ sanitize	l D	
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 nours.	1	
Sneeze protection provided (Sneeze guards or oods wrapped)	9	
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	(1)	-
Booth provided with floor as needed to control blowing dust / debris		*
Vaste disposal container provided	9	,
ood service personnel using head covers	A	
electrical, gas, propane, charcoal devices pproved by Fire Dept.	RI	
Other:	9	
As the person in charge of booth operations I understated femployees and volunteers. (Signature)	and that I ar	m responsible for food safety practices

Name of Booth: Boased Com		Event: Market Day Date: 7-69	
Person in charge of booth:		Phone #: 88 8 8098	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk			
HI LOW HISK (packaged items / drinks) / R2 Medium Risk (limited items	** 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	4		
Foods from approved sources / No products made in the home	Ý	HEB	
Containers for wash/ rinse/ sanitize	V		
Cold Foods maintained at 41 F or discarded in 4 hours.	X		
Hot foods maintained at 135 F or discarded in 4 hours.	M	-	
Sneeze protection provided (Sneeze guards or foods wrapped)	U		
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.	9	•	
Booth provided with overhead cover	Ú	•	
Booth provided with floor as needed to control blowing dust / debris	3		
Waste disposal container provided	V		
Food service personnel using head covers	W		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	W		
Other:	V.		
	,)		
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: Alat Dagon Filipinacion	ety.	Event: Market Day Date: 7-6-19		
Person in charge of booth: Tevesa Buti	Sta.	Phone #: 210 9005842		
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	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)		
Temporary Food Vendor Requirements	Yes/No	Comments		
Hand washing station set up & supplied	V	- 0 100°A		
Foods from approved sources / No products made in the home	Y	HEB COSTO Depot		
Containers for wash/ rinse/ sanitize	1/			
Cold Foods maintained at 41 F or discarded in 4 hours.	X			
Hot foods maintained at 135 F or discarded in 4 hours.	<i>y</i>	III .		
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.	7			
Booth provided with overhead cover	V			
Booth provided with floor as needed to control blowing dust / debris	Y			
Waste disposal container provided				
Food service personnel using head covers	V			
Electrical, gas, propane, charcoal devices approved by Fire Dept.	¥	-		
Other:		* X		
Y's '				
As the person in charge of booth operations (understand that I am responsible for food safety practices of employees and volunteers.				
(Signature)				

lame of Booth: Party Tyme Kettle Corn		Event: Market Day Date: 7-6-19	
Person in charge of booth: Charle Wheeler.		Phone #: 210.204 7155.	
Menu Risk: (circle one) R/I Low Risk / R2 Medium Risk / R3	Menu Risk: (circle one) RI 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	Tes/No	Comments	
Foods from approved sources / No products made in the home	4	Ace Mary / Cost Co.	
Containers for wash/ rinse/ sanitize	X		
Cold Foods maintained at 41 F or discarded in 4 hours.	MA		
Hot foods maintained at 135 F or discarded in 4 hours.	NIA		
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.	Y		
Booth provided with overhead cover	Y		
Booth provided with floor as needed to control blowing dust / debris	ý		
Waste disposal container provided	Y		
Food service personnel using head covers	Ý		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	Ý.		
Other:			
As the person in charge of booth operations lunderstand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			



lame of Booth: Jolie's Bultaco		Event: Market Day Date: 7-6-19.
Person in charge of booth: Die Daon Phone #: 830 480 950 (b.		
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 H		
** 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	V	
Foods from approved sources / No products made in the home	V	Rest Depot HEB
Containers for wash/ rinse/ sanitize	V	
Cold Foods maintained at 41 F or discarded in 4 hours.		
Hot foods maintained at 135 F or discarded in 4 hours.	4	
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.	\ 	
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	4	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	V.	
Other:	/	
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)		