HEALTH INSPECTION SUMMARY October 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

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

| Name of Establishment | <u>Compliance</u> Score* | <u>Rating</u> |
|--------------------------|-----------------------------|------------------|
| Taco Bell | 0 | EXCELLENT |
| Jugo Juicery | 6 | EXCELLENT |
| Subway002807 | 3 | EXCELLENT |
| Subway001104 | 3 | EXCELLENT |
| Sonic | 0 | EXCELLENT |
| KFC | 0 | EXCELLENT |
| Pizza Hut | 0 | EXCELLENT |
| Slim Chickens | 6 | EXCELLENT |

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

> Fall Festival 10/12/2019

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

NOV 0 8 2010

OITY 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

| MOL | | | |
|-----|--------------|--|--|
| | NOV 0 8 2019 | | |
| C/7 | YOF HELOTES | | |
| | HELOTES | | |

| | ense # RC: Date:D |
|--|--|
| Purpose of Visit: Compliance Inspection Consultation | Complaint Illness Investigation Other: |
| | |
| (A) <u>Critical Food Safety Controls</u> (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 | |
| 11. Other: | 33. Garbage / solid waste storage |
| | 34. Consumer advisories posted |
| | 35. Inspection report displayed for public |
| | 36. Other |
| | {E} Corrections / Improvements Made / Comments: |
| | 1 |
| 0.14.10 | -1-5-51 |
| Critical Temperature Verification: | |
| Food Item and Process Temp (F°) | Medis Ocen |
| Wolkin 40° Wolk-in 6° | |
| F1020 00 Pry Coola 40" | |
| Chilli Mex 160° Chiche 150° | |
| | |
| (B) Facilities, Equipment and Food Storage (3 pts) | |
| 12. Hand washing stations supplied and clean | |
| 13. Dishwashing / sanitizing (250 ppm/Temp.) | The second state of the second |
| 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 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 of causing food-borne illness. I agree to implement corrective actions | |
| or supposed rooms souther transcor, y abree to imblement conference actions | reserves and site to to reduce the risk of road-polite miles? |

Non-Critical Food Safety Rating
Area Superior Above Average Minimal Average

Training
Restrooms
Housekeeping
Equipment
Construction
Overall Rating

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

Person in Charge / Manager / Owner

Evaluation by Registered Santiarian

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

Retail Food Establishment Inspection Report

| Establishment: Lic Purpose of Visit: Compliance Inspection Consultation | ense # RC: Date: Date: 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 | |
| { } cutting boards { } meat slicer { } food grinder | {D} Non-Critical (3 pts) |
| 7. Potential for cross-contamination to occur | 29. Food equipment construction / repair |
| 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair |
| 9. Foods from approved sources / labeling | 31. Housekeeping contributes to infestation |
| 10. Foods protected from contamination | 32 Non-food contact surfaces clean |
| 11. Other: | 33. Garbage / solid waste storage |
| 11. Odici: | 34. Consumer advisories posted |
| | 35. Inspection report displayed for public |
| | 36. Other |
| | {E} Corrections / Improvements Made / Comments: |
| | |
| | |
| Critical Temperature Verification: | #14 Praid to Fred |
| Food Item and Process Temp (F°) | 15 () () |
| Disal 360 /360 | 3/600 2.43 |
| 17 6.1 11.5 | |
| 77.103 70 | |
| 00/10 | #22 // / |
| F111211 0/0 | TSL for. U. for facific |
| (B) Facilities, Equipment and Food Storage (3 pts) | To Be Claude |
| 12. Hand washing stations supplied and clean | |
| 13. Dishwashing / sanitizing (250 ppm/Temp.) | |
| 14. Food storage area meets code | The state of the s |
| 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 | and the Control of th |
| 20. Water supply / hot water 120 | |
| 21. Sewage disposal meets code | |
| 22. Other | |
| | |
| A AL | |
| 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 |
| ofter handling your products or sigiting the restroom and 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 |
| of causing food-borne illness. I agree to implement corrective actions | described in Port E to reduce the risk of food borne illness |
| Non-Critical Food Safety Rating √ | described in 1 art is to reduce the risk of rood-bot he liness. |
| Area Superior Above Average Minimal | |
| Average | HACCP Compliance Score = |
| | (Does not apply to consultations or follow-up visits) |
| Training | (2000 not appr) to consumations of tonow-up visits) |
| Restrooms | Jany Land |
| Housekeeping | Person In Charge / Manager / Owner |
| Equipment | 71111 |
| | 11/10/ |
| Construction | Fygluation by Dagistared Cantagian |

Overall Rating

002807

CITY OF HELOTES

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

Retail Food Establishment Inspection Report

| Establishment: Susual Lice | ense # RC: Date: |
|---|--|
| Purpose of Visit: Compliance Inspection Consultation | |
| {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 | |
| { } cutting boards { } meat slicer { } food grinder | {D} Non-Critical (3 pts) |
| 7. Potential for cross-contamination to occur | 29. Food equipment construction / repair |
| 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair |
| 9. Foods from approved sources / labeling | 31. Housekeeping contributes to infestation |
| 10. Foods protected from contamination | 32 Non-food contact surfaces clean |
| 11. Other: | 33. Garbage / solid waste storage |
| 11. Oulei. | 34. Consumer advisories posted |
| | 35. Inspection report displayed for public |
| | 36. Other |
| | {E} Corrections / Improvements Made / Comments: |
| | #32 Devide for Shely To |
| Critical Temperature Verification: | Be Clean |
| Food Item and Process Temp (F°) | De Crest |
| Welking 40° / wolking 0' | |
| First -411.01 | |
| Sov. 150 Tona 46' | |
| 1 | |
| {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 | A Company of the Comp |
| | |
| 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 responsi | ible 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 of Non-Critical Food Safety Rating √ | described in Part E to reduce the risk of food-borne illness. |
| | |
| Area Superior Above Average Minimal Average | HACCP Compliance Score = |
| | (Does not apply to consultations or follow-up visits) |
| Training Restrooms | |
| Housekeeping | Person In Charge / Manager / Owner |
| Equipment | 15/1/1 |
| Construction | Evaluation by Registered Sanitarian |
| Overall Rating | p |

| Establishme | nt: | phic | Voltage | Li | cense # RC: Date: |
|-------------------|----------------|---|---------------|----------------|--|
| Purpose of Vis | sit: E Con | npliance Insp | pection 🔲 | Consultation | Complaint Illness Investigation Other: |
| (A) C-WI | Engl Cafet | Cantuala (6 | e man | | [(C) Management and Day 100 (4 (4)) |
| (Critical control | | v Controls (5 | | enot) | {C} Management and Personnel (4 pts) |
| | | atures / time | | spoty | 23. Manager on duty currently certified? |
| | | tures / time | | | 24. Manager demonstrates proper use of thermometer 25. Personnel with infections restricted / excluded |
| | temperature | | | | |
| | ooling of fo | | | | 26. Proper hand washing demonstrated |
| | | oods (tempera | ature and tin | ne) | 27. Good hygienic practices observed |
| | | s clean and s | | iic) | 28. Written HACCP Plans / SOPs as needed |
| | | } meat slice | | orinder | {D} Non-Critical (3 pts) |
| | | ontamination | | grinder | 29. Food equipment construction / repair |
| | | t hand contact | | | 30. Facility construction (floors / walls) / repair |
| | | d sources / lai | | | 31. Housekeeping contributes to infestation |
| 10. Foods pr | | | | | 32. Non-food contact surfaces clean |
| 11. Other: | | | | | 33. Garbage / solid waste storage |
| Tr. Odici | | | | | 34. Consumer advisories posted |
| | | | | | 35. Inspection report displayed for public |
| | | | | | - 36. Other |
| | | | | | - {E} Corrections / Improvements Made / Comments: |
| 100 | | | | | - |
| (6) | | <u> </u> | | | |
| Critical Tem | | | T t | | Locks (reco |
| Food Item | and Process | | 7 | Temp (F°) | |
| Frid. 4 | 0° F1. | 1211 0 | | | |
| 0 | 1. Coal | 100 | CA: | 11: 150 | |
| wa/h= | ~ 36 | Wo/1 | 1-i- 0+ | | |
| Sac. | sec 150 | , " | Toward f | | |
| {B} Facilitie | s, Equipme | nt and Food | Storage (3 | pts) | |
| 12. Hand wa | | | | | |
| 13. Dishwasl | | | | emp.) | |
| 14. Food sto | | | | | |
| 15. Storage a | | | = | | |
| 16. Evidence | of insects of | r rodents / in | festation | | |
| 17. Sewage o | disposal / Gr | ease trap - | - | | |
| 18. Thermon | | | | | |
| 19. Plumbing | | | | | |
| 20. Water su | pply / hot w | ater/20 | | | |
| 21. Sewage o | | | | | |
| 22. Other | | 11250 | 4" | | |
| - 100 | | 1 | William To | | |
| As the newcon i | n shames of | this facility | I undoustan | J T ann magne | with factories and the state of |
| 220 163 (c) of th | o Tovos Stot | a Food Code | I understand | d that failure | nsible 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 r | aw products | or visiting th | e restroom | and that failu | re to manage required temperature and time controls have a high risk |
| of causing food- | borne illness. | I agree to im | plement cor | rective action | s described in Part E to reduce the risk of food-borne illness. |
| | | ety Rating √ | | | |
| Area | Superior | Above | Average | Minimal | |
| | | Average | 1 11 | | HACCP Compliance Score = |
| Training | | | | 1 | (Does not apply to consultations or follow-up visits) |
| Restrooms | | | | | An am |
| | | MAIN TO SEE | | | - July Williams |
| Housekeeping | | | 1000 | | Person In Charge / Manager / Owner |
| Equipment | | | | | |
| Construction | | | | | Evaluation by Registered Sanitarian |
| Overall Rating | 1 10 | | | | |

| Establishment: H/- Lic | cense # RC: Date: 10/20/19 |
|---|--|
| 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 8. RTE foods / no direct hand contact | 30. Facility construction (floors / walls) / repair |
| | 31. Housekeeping contributes to infestation |
| 9. Foods from approved sources / labeling 10. Foods protected from contamination | 32. Non-food contact surfaces clean |
| 11. Other: | 33. Garbage / solid waste storage |
| 11. Oulci. | 34. Consumer advisories posted |
| | 35. Inspection report displayed for public |
| | 36. Other |
| | {E} Corrections / Improvements Made / Comments: |
| · · · · · · · · · · · · · · · · · · · | |
| Colden Towns of the North Administration | |
| Critical Temperature Verification: Food Item and Process Temp (F°) | Loulis Orcali |
| | |
| Chick- 14011500 /1400 | |
| | |
| | |
| {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 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 | 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 Average Williams | HACCP Compliance Score = |
| | (Does not apply to consultations or follow-up visits) |
| Training | The state of the s |
| Restrooms | 1000 a (M) MUTO |
| Housekeeping | Person In Charge / Manager / Owner |
| Equipment | |
| Construction | Evaluation by Registered Sanitarian |
| Overall Paris | |

| Establishme | nt: | 220 1 | 401 | Li | icense # RC: Date: |
|-------------------|---------------|--|---------------|----------------|--|
| | | mpliance Ins | pection 🔲 | | n Complaint Illness Investigation Other: |
| | | | | | |
| | | ty Controls (| | | (C) Management and Personnel (4 pts) |
| (Critical control | | | | spot) | 23. Manager on duty currently certified? |
| | | ratures / time | | | 24. Manager demonstrates proper use of thermometer |
| | temperatur | atures / time | | | 25. Personnel with infections restricted / excluded |
| | ooling of fo | | | | 26. Proper hand washing demonstrated |
| | | foods (tempera | ature and tir | ne) | 27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed |
| | | es clean and s | | 110) | |
| | | () meat slice | | grinder | {D} Non-Critical (3 pts) |
| | | contamination | | 8 | 29. Food equipment construction / repair 30. Facility construction (floors / walls) / repair |
| | | ct hand conta | - | - 00 K | 31. Housekeeping contributes to infestation |
| 9. Foods fro | om approve | ed sources / la | beling | | 32. Non-food contact surfaces clean |
| 10. Foods pr | otected fro | m contaminati | ion | | 33. Garbage / solid waste storage |
| 11. Other: _ | | | | | - 34. Consumer advisories posted |
| | | | | | - 35. Inspection report displayed for public |
| | | | | | - 36. Other |
| 1 556 | | | | | - {E} Corrections / Improvements Made / Comments: |
| AL LIKE | | 100 | | | |
| | | | | | 1 , - // |
| Critical Tem | perature \ | Verification: | | | 17000 Des 1 |
| Food Item | | | 1 | Temp (F°) | |
| U.11. | - 40"/ | Welkie | . O° | | |
| | c/2 30 | | 120. 20 | , | |
| Friel | 100/36 | | | 1000 | |
| | - | School | B= 3 | 38 | |
| {B} Facilitie | s, Equipm | ent and Food | Storage (3 | pts) | |
| | | ons supplied a | | | |
| 13. Dishwasi | hing / saniti | izing (64/30p | pm/T | emp.)_ | |
| 14. Food sto | rage area m | neets code - | | | |
| 15. Storage a | | | - | _ | |
| | | or rodents / in | festation | | |
| 17. Sewage of | | | _ | | |
| 18. Thermon | | | 1 1/2 | | |
| | | -connections | | | |
| 20. Water su | | | * | | |
| 21. Sewage o | | | | | |
| 22. Other | 77 (7) | 200 | | | |
| | | | | | |
| As the person i | n charge of | this facility, | I understan | d I am respo | onsible for food safety practices described in sections 229.163 (b) and |
| 229.163 (c) of th | e Texas Sta | te Food Code. | I understan | d that failure | e of employees to conduct a 20 second hand wash prior to starting work, |
| after handling r | aw product | s or visiting th | e restroom | and that failu | ure to manage required temperature and time controls have a high risk |
| | | afety Rating V | ipiement cor | rective action | ns described in Part E to reduce the risk of food-borne illness. |
| Area | Superior | Above | Average | Minimal | |
| | | Average | 11.010.80 | | HACCP Compliance Score = |
| Training | | | | | (Does not apply to consultations or follow-up visits) |
| | | | | | |
| Restrooms | | solver of | | | |
| Housekeeping | | | | | Person In Charge / Manager / Owner |
| Equipment | | The state of the s | 15 | 100 | |
| Construction | | | | | Evaluation by Registered Sanitarian |
| Overall Rating | - 1 | | | | |

#001104

CITY OF HELOTES

| Establishment: 5,54c./ Lice | ense # RC: Date: 10/20/19 |
|--|---|
| Purpose of Visit: Compliance Inspection Consultation | |
| {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 | |
| 11. Other: | 33. Garbage / solid waste storage |
| | 34. Consumer advisories posted |
| | 35. Inspection report displayed for public |
| | 36. Other |
| | {E} Corrections / Improvements Made / Comments: |
| | |
| | \$12 Provid. to Paper lewels |
| Critical Temperature Verification: | at herdsick Book Sunt Augh |
| Food Item and Process Temp (F°) | |
| Fiel 40° Distly 45° | |
| Welkin 8º | |
| | |
| Walkin 36 | |
| (D) Facilities Francisco Al Francisco (2 nds) | |
| (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 | * Note. Hove disply Units |
| 19. Plumbing / no cross-connections | Checked, Staff States |
| 20. Water supply / hot water /20 | issue with Temp regulative |
| 21. Sewage disposal meets code | |
| 22. Other | |
| | |
| As the newspapin shows of this facility Y and and and Y are seen | |
| As the person in charge of this facility, I understand I am response 229.163 (c) of the Texas State Food Code. I understand that failure of the texas State Food Code. | sible for food safety practices described in sections 229.163 (b) and |
| | 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 √ | described in 1 art E to reduce the risk of 1000-001 he inness. |
| Area Superior Above Average Minimal | 2 |
| Average | HACCP Compliance Score = 5 |
| | (Does not apply to consultations or follow-up visits) |
| Training | (2000 not apply to consultations of follow-up visits) |
| Restrooms | 1 / Me free |
| Housekeeping | Person In Charge / Manager / Owner |
| Equipment | 1/1/1/1/ |
| | |
| Construction | Evaluation by Registered Sanitarian |
| 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

| Establishmer | nt: <u>5//</u> . | m C | Licker | Lie | icense #RC:Date: |
|-------------------|-----------------------------|----------------|--------------|----------------|--|
| Purpose of Vis | sit: Tompli | iance Insp | ection [| Consultation | n Complaint Illness Investigation Other: |
| {A} Critical | Food Safety C | ontrols (5 | pts) | | {C} Management and Personnel (4 pts) |
| (Critical contro | l violations mu | st be corre | ected on the | spot) | 23. Manager on duty currently certified? |
| | ding temperatur | | | - in Ed | 24. Manager demonstrates proper use of thermometer |
| | ing temperature | | | | 25. Personnel with infections restricted / excluded |
| | temperatures / | | | | 26. Proper hand washing demonstrated |
| | ooling of foods | | | | 27. Good hygienic practices observed |
| | heating of food | | ture and tin | ne) | 28. Written HACCP Plans / SOPs as needed |
| | trol surfaces cl | | | | {D} Non-Critical (3 pts) |
| | ng boards { } | | | grinder | |
| | for cross-conta | | | 8 | 29 Food equipment construction / repair |
| | ds / no direct ha | | | | 30. Facility construction (floors / walls) / repair |
| | om approved so | | - Andrew | | 31. Housekeeping contributes to infestation |
| | otected from co | | | | 32. Non-food contact surfaces clean |
| | otootou mom ot | | | | 33. Garbage / solid waste storage |
| Tr. Other | | | | 10.00 | 34. Consumer advisories posted |
| | | | | | 35. Inspection report displayed for public |
| | | | | | - 36. Other |
| | | | | | - {E} Corrections / Improvements Made / Comments: |
| | | | | | 420 1 |
| | | | | | #29 Provide to preceder chis |
| | perature Veri | fication: | | | To be Cland & Definited |
| Food Item a | and Process | | 1 | emp (F°) | |
| Wolk-in | 00/6/ | 1/hin | 38" | | #14 Provide for food : Tome |
| By Cook | 10.14 | " F | reezine | 200 | Eld blor. O. Lo. Lord : 1 cml |
| Friely | 38' (| hicke | 1650 | - | To be despet Stoned. |
| | - transferred | | 7,72 | 1000 | |
| {B} Facilitie | s, Equipment | and Food | Storage (3 | pts) | |
| | shing stations s | | | | |
| | ning / sanitizing | | | emp.) | |
| | rage area meets | | | | |
| | ind use of toxic | | - | | |
| | of insects or re | | | | |
| | lisposal / Greas | | | | |
| | neters provided | | | | Law I seek at the |
| | g / no cross-con | | | | |
| | pply / hot water | | | | The supplier of the supplier o |
| | lisposal meets of | | | | |
| | nsposar meets e | | | | |
| LL. Ollier | - 1 2 | | | | |
| | | | | | |
| As the person in | n charge of this | facility, | understand | i I am respoi | nsible for food safety practices described in sections 229.163 (b) and |
| 229.163 (c) of th | e Texas State Fo | ood Code. | I understan | d that failure | of employees to conduct a 20 second hand wash prior to starting work, |
| | | | | | ire to manage required temperature and time controls have a high risk |
| | | | piement cor | rective action | as described in Part E to reduce the risk of food-borne illness. |
| Area | ical Food Safety Superior A | | Augraga | Minimal | |
| Area | | bove verage | Average | Minimal | HACCP Compliance Sacra - |
| | A | ver age | 5 80 | | HACCP Compliance Score = |
| Training | | | | \$6 // 5se | (Does not apply to consultations or follow-up visits) |
| Restrooms | W | | | 4.45 | 15th |

Housekeeping Equipment Construction

Overall Rating

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian

NOV 0 8 2019 CITY OF HELOTES

Temporary Food Vendor Checklist Foll Fostind Name of Booth: Event: Manual Day Date: 10/12/15 Person in charge of booth: Phone #: 210 - 639-5082 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) Polled bork tomber, Cheese Ban **Temporary Food Vendor Requirements** Yes/No Comments Hand washing station set up & supplied 115 Foods from approved sources / No products 1/25 made in the home 54115 Containers for wash/ rinse/ sanitize 1105 Cold Foods maintained at 41 F or discarded in 4 1/05 Food Truk Cook Hot foods maintained at 135 F or discarded in 4 Sneeze protection provided (Sneeze guards or 1//1 foods wrapped) Direct hand contact with ready to eat-foods avoided throught use of plastic glovesk and the 1/05 use of utensils. Booth provided with overhead cover Booth provided with floor as needed to control blowing dust / debris Waste disposal container provided 1/25 Food service personnel using head covers 111 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 of employees and volunteers.

(Signature) (

| Name of Booth: Sausag Booth | | Event: Market Day Date: 10/13/15 | | | |
|---|-------------------|---|--|--|--|
| Person in charge of booth: | | Phone #: | | | |
| Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 "R1 Low Risk (packaged items / drinks) / R2 Medium Risk (ilmited items | Higher Risk | | | | |
| Se use a Wish packaged items / drinks) / Hz medium risk (imited items | s / not dogs) / I | H3 Higner Hisk (polutry / meats / PHFs) | | | |
| Temporary Food Vendor Requirements | Yes/No | Comments | | | |
| Hand washing station set up & supplied | Yes | | | | |
| Foods from approved sources / No products made in the home | 1105 | | | | |
| Containers for wash/ rinse/ sanitize | y15 | | | | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | 115 | Field | | | |
| Hot foods maintained at 135 F or discarded in 4 hours. | | <i>y</i> | | | |
| Sneeze protection provided (Sneeze guards or foods wrapped) | W NA | | | | |
| 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 | 125 | | | | |
| Booth provided with floor as needed to control blowing dust / debris | Yes | | | | |
| Waste disposal container provided | 1/65 | | | | |
| Food service personnel using head covers | 1115 | / | | | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | NN | | | | |
| Other: | | | | | |
| | | | | | |
| As the person in charge of booth operations understand that I am responsible for food safety practices of employees and volunteers. | | | | | |
| (Signature) | | | | | |

| Name of Booth: Jacu's | | Event: Market Day Date: 10/12/19 | | | |
|--|---------------------------|--|--|--|--|
| Person in charge of booth: | | Phone #: | | | |
| Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 1 ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items | Higher Risks / hordogs) / | (R3 Higher Risk (polutry / meats / PHFs) | | | |
| Temporary Food Vendor Requirements | Yes/No | Comments | | | |
| Hand washing station set up & supplied | y = 5 | Comments | | | |
| Foods from approved sources / No products made in the home | 1105 | HEB | | | |
| Containers for wash/ rinse/ sanitize | 1/25 | | | | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | 1/25 | Fridy | | | |
| Hot foods maintained at 135 F or discarded in 4 hours. | 1/15 | 1400 /145 / 1600 | | | |
| Sneeze protection provided (Sneeze guards or foods wrapped) | NB | .= | | | |
| Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. | y15 | - | | | |
| Booth provided with overhead cover | ¥05 | E) | | | |
| Booth provided with floor as needed to control blowing dust / debris | y 15 | | | | |
| Waste disposal container provided | y 05 | | | | |
| Food service personnel using head covers | 115 | | | | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | W | | | | |
| 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: F-loutes | | Event: Market Bay Date: 10/12 |
|---|-------------------|-------------------------------|
| 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 | s / hot dogs) / l | |
| Temporary Food Vendor Requirements | VesiNo | Comments |
| Hand washing station set up & supplied | 1/25 | |
| Foods from approved sources / No products made in the home | 1/15 | HEB |
| Containers for wash/ rinse/ sanitize | 1/05 | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | 1/25 | Fridy |
| Hot foods maintained at 135 F or discarded in 4 hours. | 1/25 | |
| Sneeze protection provided (Sneeze guards or foods wrapped) | NJ | |
| Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. | 7-5 | · |
| Booth provided with overhead cover | Ves | |
| Booth provided with floor as needed to control blowing dust / debris | 1/15 | |
| Waste disposal container provided | 1/25 | |
| Food service personnel using head covers | 1/15 | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | NO | |
| Other: | | |
| As the person in charge of booth operations, understand that I am responsible for food safety practices of employees and volunteers. (Signature) | | |

| Person in charge of booth: Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 "R1 Low Risk (packaged items / drinks) - R2 Medium Risk (limited item Prisk: Sand Temporary Food Vendor Requirements | Yes/No | Phone #: R3 Higher Risk (polutry / meats / PHFs) Comments |
|--|--------|---|
| R1 Low Risk (packaged items / drinks) JR2 Medium Risk (limited item | Yes/No | R3 Higher Risk (polutry / meats / PHFs) |
| Tompovory Food Vender Denvisorent | Yes/No | Comments |
| remporary rood vendor nequirements. | | |
| Hand washing station set up & supplied | 11/05 | |
| Foods from approved sources / No products made in the home | 1105 | HEB |
| Containers for wash/ rinse/ sanitize | 1105 | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | NI | |
| Hot foods maintained at 135 F or discarded in 4 hours. | 405 | 135" |
| 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. | 1/25 | · |
| Booth provided with overhead cover | yes | |
| Booth provided with floor as needed to control blowing dust / debris | 1/05 | |
| Waste disposal container provided | 1/05 | |
| Food service personnel using head covers | 1/05 | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | N | |
| Other: | | > |
| | 7 | |
| 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: Ross Ted Con | | Event: Marios Day Date: 10/12/15 |
|--|--------|----------------------------------|
| 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 (limited items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) | | |
| Temporary Food Vendor Requirements | Yes/No | Comments |
| Hand washing station set up & supplied | 1/23 | |
| Foods from approved sources / No products made in the home | 1/25 | HEB |
| Containers for wash/ rinse/ sanitize | 1/25 | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | NA | |
| Hot foods maintained at 135 F or discarded in 4 hours. | WA | Must Cy |
| Sneeze protection provided (Sneeze guards or foods wrapped) | NS | |
| Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. | ¥15 | |
| Booth provided with overhead cover | 1/15 | |
| Booth provided with floor as needed to control blowing dust / debris | 405 | |
| Waste disposal container provided | 1/15 | |
| Food service personnel using head covers | 1/05 | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | NV | |
| Other: | 2 | |
| As the person in charge of booth operations lunderstand that I am responsible for food safety practices of employees and volunteers. (Signature) | | |

| Name of Booth: Handery Har Day | | Event: Market Day Date: 10/12/11 | |
|--|-------------|----------------------------------|--|
| Person in charge of booth: Phone #: | | | |
| Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 | Higher Risi | (| |
| ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (Ilmited items / hot dogs) / R3 Higher Risk (polutry / meats / PHFs) | | | |
| Temporary Food Vendor Requirements | Yes/No | Comments | |
| Hand washing station set up & supplied | 1105 | | |
| Foods from approved sources / No products made in the home | 1/25 | HEB | |
| Containers for wash/ rinse/ sanitize | 1/15 | | |
| Cold Foods maintained at 41 F or discarded in 4 hours. |)/=5 | Frida | |
| Hot foods maintained at 135 F or discarded in 4 hours. | 1105 | Handa 1450 | |
| 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. | 1/15 | | |
| Booth provided with overhead cover | 1/25 | E: | |
| Booth provided with floor as needed to control blowing dust / debris | 1/05 | | |
| Waste disposal container provided | 1/05 | | |
| Food service personnel using head covers | 1/25 | / | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | NO | | |
| Other: | 7 | | |
| | | | |
| As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. (Signature) | | | |
| / (Organizato) | | | |

| Name of Booth: Funnel Cette | | Event: Market Day Date: 10/12/15 |
|--|--------|---|
| 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 (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 | 1/25 | HEB/Au Nos |
| Containers for wash/ rinse/ sanitize | 1125 | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | NIK | Noch To and |
| Hot foods maintained at 135 F or discarded in 4 hours. | VIA | Ned J. Ord- |
| 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. | 1/15 | ę: |
| Booth provided with overhead cover | 1/25 | |
| Booth provided with floor as needed to control blowing dust / debris | 705 | |
| Waste disposal container provided | 1/15 | U |
| Food service personnel using head covers | 1105 | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | No | |
| Other: | | |
| | | |
| As the person in charge of booth operations funderstated of employees and volunteers. (Signature) | | m responsible for food safety practices |

| erson in charge of booth: | | Phone #: |
|--|------------------|-----------------|
| lenu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 | 3 Higher Ris | k |
| R1 Low Risk (packaged Items / drinks), R2 Medium Risk (limited Item | ns / hot dogs) / | Chicker Chicorn |
| Temporary Food Vendor Requirements | Yes/No | Comments |
| land washing station set up & supplied | 1125 | |
| oods from approved sources / No products nade in the home | 115 | HEB |
| containers for wash/ rinse/ sanitize | 1/15 | |
| old Foods maintained at 41 F or discarded in 4 ours. | 1/105 | |
| lot foods maintained at 135 F or discarded in 4 ours. | 1105 | 140 ° Chicken |
| neeze protection provided (Sneeze guards or pods wrapped) | NA | .x |
| lirect hand contact with ready to eat foods voided throught use of plastic glovesk and the se of utensils. | 1/15 | |
| ooth provided with overhead cover | 1/05 | |
| ooth provided with floor as needed to control lowing dust / debris | 1/05 | |
| aste disposal container provided | 1/05 | |
| ood service personnel using head covers | 1/05 | |
| lectrical, gas, propane, charcoal devices pproved by Fire Dept. | NA | |
| ther: | | |
| | | |

| | | Chiconalo, |
|--|-----------------|---|
| Name of Booth: Lumpect Nordly | | Event: Market Day Date: 10/12 /15 |
| Person in charge of booth: | | Phone #: |
| Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 | Higher Ris | sk |
| ** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items | s / hot dogs) / | / R3 Higher Risk (polutry / meats / PHFs) |
| Lunpic / Church | | |
| 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 | | Commiss "Besc" |
| Containers for wash/ rinse/ sanitize | 1/25 | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | 1/63 | on In |
| Hot foods maintained at 135 F or discarded in 4 hours. | | 7. |
| Sneeze protection provided (Sneeze guards or foods wrapped) | 1/15 | . 7 |
| Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensits. | 1/13 | • |
| Booth provided with overhead cover | 1/65 | |
| Booth provided with floor as needed to control blowing dust / debris | 1/15 | |
| Waste disposal container provided | 1/15 | |
| Food service personnel using head covers | 1/65 | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | NO | |
| 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: Houng Adult Five ? | Cym | Event: Market Day Date: /0/2/17 | |
|---|---|---|--|
| Person in charge of booth: | | Phone #: | |
| 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 | s / hot dogs) / | R3 Higher Risk (polutry / meats / PHFs) | |
| Temporary Food Vendor Requirements | Yes/No | Comments | |
| Hand washing station set up & supplied | NO | Scritize / Claw | |
| Foods from approved sources / No products made in the home | 1/25 | HEB | |
| Containers for wash/ rinse/ sanitize | Jes Be | | |
| Cold Foods maintained at 41 F or discarded in 4 hours. | 1/05 | | |
| Hot foods maintained at 135 F or discarded in 4 hours. | NA | | |
| Sneeze protection provided (Sneeze guards or foods wrapped) | NIS | | |
| Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils. | Yes | 18 | |
| Booth provided with overhead cover | 1/05 | | |
| Booth provided with floor as needed to control blowing dust / debris | 1/15 | | |
| Waste disposal container provided | y 25 | | |
| Food service personnel using head covers | 1/05 | | |
| Electrical, gas, propane, charcoal devices approved by Fire Dept. | N | | |
| Other: | | | |
| As the person in charge of booth operations lunderstand that I am responsible for food safety practices of employees and volunteers. (Signature) | | | |

HEALTH INSPECTION SUMMARY October 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 Compliance Rating Establishment Score

Other Activities – phone consultations with Schotts Meat market concerning state licensing, Temporary event consultations with new market vendors. Consultation with Panther Café owner Inspected 14 market day booths.

Lori Calzoncit, RS City Health Inspector