CITY OF HELOTES

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

Name of Establishment	Compliance	Rating
	Score*	
Slim Chicken	-	FOLLOW UP
Subway	-	COMPLAINT
Valley Mart	3	EXCELLENT
Kwik Chek	0	EXCELLENT
Helotes Country Store	3	EXCELLENT
Burger King	0	EXCELLENT
Walmart	0	EXCELLENT
Dollar Tree	0	EXCELLENT

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

➤ Market Days 1/4/2020
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

CITY OF HELOTES

FEB 0 5 2020

Establishme			hicken		se #RC:	
Purpose of Vis	sit: Con	npliance Ins	pection [Consultation	Complaint Illness	Investigation Other: 90
{A} Critical	Food Safety	Controls (5 pts)		C) Management and	Personnel (4 nts)
(Critical contro	ol violations	must be corre	ected on the	spot)	23. Manager on duty	
		atures / time		• /		rates proper use of thermometer
	ing tempera					fections restricted / excluded
	temperature				26. Proper hand washi	
	ooling of foo				27. Good hygienic pra	
		ods (tempera	ature and tir	ne)		Plans / SOPs as needed
		s clean and s			D) Non-Critical (3 p	
		} meat slice		grinder	29. Food equipment of	
		ontamination				on (floors / walls) / repair
		t hand contact		- 4	31. Housekeeping con	
9. Foods fro	om approved	d sources / la	beling		32. Non-food contact:	
10. Foods pr						
11. Other: _					33. Garbage / solid wa	
					34. Consumer advisor	
-2					35. Inspection report of	displayed for public
		The Same of Same	=_111_		36. Other	
	- W-	o Plant			{E} Corrections / Imp	provements Made / Comments:
i Sil To	0.5	URL EST.				
Critical Tem	nerature V	erification:		The state of the s	v /	af 11.11
Food Item			7	Temp (F°)	A Jack	or well to
1000110111				cmp (r)	Bellen	her sees tixel.
					1	1 1 1 - 11
					- Maine	F. Pelmins -/C
(D) Facilitie	a Faniamo	nt and Frank	Eta (2	-4-1		
(B) Facilitie				pts)	1/3	12020
12. Hand wa						1 111
13. Dishwasl			pmν1	emp.)	//	111/1/1/2
14. Food stor					//-	1,100
15. Storage a			C4-41			
16. Evidence			restation			
17. Sewage d						military and the second second
18. Thermon						
19. Plumbing						
20. Water su						
21. Sewage d		ts code				
22. Other						
A a Aba manaan is	n ahanna af	41.1. C1114 '	T34	17		
220 163 (c) of the	n Charge of	Food Code	Lunderstand	d that failure	e for food safety practi	ices described in sections 229.163 (b) and 0 second hand wash prior to starting work,
after handling r	aw products	or visiting th	e restroom	and that failure	manage required temp	erature and time controls have a high risk
of causing food-l	orne illness.	I agree to in	plement cor	rective action	cribed in Part E to redu	ice the risk of food-borne illness.
Non-Crit	ical Food Saf	ety Rating √	2715.00		100000000000000000000000000000000000000	The same of the mines.
Area	Superior	Above	Average	Minimal		2/1
		Average	G -		HACCP Complia	ance Score =
Training			1500 EA	1		nsultations or follow-up visits)
Restrooms					10	W)
Housekeeping					Person I	n Charge / Manager / Owner
Equipment	-1		11		1111	17
Construction					Fight	on by Registered Sanitarian
Overall Rating	\$7 1/L	A -			Evaluatio	on 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: Sesent Lic	ense # RC: Date: //3/2020
Purpose of Visit: Compliance Inspection Consultation	ense # RC: Date: //3/2020 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
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:
	Constaint : Customer Stated
Critical Temperature Verification:	hi San and Sand Sand
Food Item and Process Temp (F°)	in The facilities
	12 /2 /2C:1.19.
	The facility has come post
	Control Treatment for The proble
{B} Facilities, Equipment and Food Storage (3 pts)	with foobler Salver Pesi Contest
12. Hand washing stations supplied and clean	They have head Treatments on
13. Dishwashing / sanitizing (ppm/Temp.)14. Food storage area meets code	12/14/2019 \$ 12/24/2019.
Storage and use of toxic items	1-1-1-1-1-1
16 Evidence of insects or rodents / infestation	A third lecolmen is in happel
17. Sewage disposal / Grease trap	on 1/8/2020.
18. Thermometers provided / used	X No live hours at Time of Vis
19. Plumbing / no cross-connections	BLOTS of Acad wash Seek at Time
20. Water supply / hot water	of Inspection
21. Sewage disposal meets code	& Facility advised To Contin posi
22. Other	control + clean , and
	ATI
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,
	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	HACCP Compliance Score =
	(Does not apply to consultations or follow-up visits)
Training	16 01 1
Restrooms	1 15 gr 1907, w
Housekeeping	Person In Charge / Manager / Owner
Equipment	
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

Establishment: Valle! Jos! Lice	ense # RC: Date:/2020
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?
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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:
A North American Management and wear the	
Critical Temperature Verification:	#12 Provide for Sound Paper
Food Item and Process Temp (F°)	F102 1100.00 910 300 1 1 1 2001
Pre Cooker 34°	Jours al hours al
W.11 0	[VEIL C C
Wolk -; - 40	
(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	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	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.
Non-Critical Food Safety Rating Area Superior Above Average Minimal	7
Area Superior Above Average Minimal Average	HACCP Compliance Score =
	(Does not apply to consultations or follow-up visits)
Training	
Restrooms	1 Christ Legam
Housekeeping	Person in Charge / Manager / Owner
Equipment	11/1/1/
Construction	Evaluation by Registered Sanitarian
	Dramation 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

Establishme	nt://	wit Che	t	L	license # RC: Date:
Purpose of Vi	sit: 🔯	Compliance Insp	ection [Consultatio	on Complaint Illness Investigation Other:
{A} Critical	Food S	afety Controls (5	(mtc)		(C) Management and Bonconnel (4 ste)
		ons must be corre		e spot)	{C} Management and Personnel (4 pts) 23. Manager on duty currently certified?
		peratures / time		o spot)	24. Manager demonstrates proper use of thermometer
		peratures / time -			25. Personnel with infections restricted / excluded
		itures / time			26. Proper hand washing demonstrated
		f foods / time			27. Good hygienic practices observed
		of foods (tempera	ture and ti	me)	28. Written HACCP Plans / SOPs as needed
		faces clean and sa			
		is { } meat slice		d grinder	{D} Non-Critical (3 pts)
	-	s-contamination		8	29. Food equipment construction / repair
		lirect hand contac			30. Facility construction (floors / walls) / repair
		oved sources / lal	No.		31. Housekeeping contributes to infestation 32. Non-food contact surfaces clean
		from contaminati			
					33. Garbage / solid waste storage 34. Consumer advisories posted
		1 医异形性性炎 0	242 (H. 1811)		
	Lo o			, Kell e libi	 35. Inspection report displayed for public 36. Other
	AUL III. E	A SAME AND A	M 88 E	EERO WAS	
1977	WHEE	I = U N LOSE		heapter to	- {E} Corrections / Improvements Made / Comments:
No. of The Land	AMI	TOR TO BE THE S	DATE OF		
Critical Tem	peratur	e Verification:			
Food Item				Temp (F°)	
Welk.		10.	est Ve		
Ficez.	- 4		SW 9.	15 B 17 TX	
Worm	1- 14	10	1 1 1 1	A IN GERTH	
			(grading and		
		ment and Food	Storage (3 pts)	
		ations supplied ar			
		nitizing (p		remp.)	
		a meets code	910	War a W	
		of toxic items			
		cts or rodents / in:	festation		
17. Sewage of	disposal	/ Grease trap -			
		ovided / used	ge suitt		
		oss-connections			
20. Water su	pply / ho	ot water /20			
21. Sewage of					
22. Other			Barring I		
As the person i	n charge	of this facility, l	understa	nd I am respo	onsible for food safety practices described in sections 229.163 (b) and
229.163 (c) of th	e Texas	State Food Code.	I understa	nd that failure	e of employees to conduct a 20 second hand wash prior to starting work.
after handling r	aw prod	ucts or visiting th	e restroom	and that fails	ure to manage required temperature and time controls have a high risk
			plement co	rrective action	ons described in Part E to reduce the risk of food-borne illness.
ALC: NAME OF TAXABLE PARTY.		Safety Rating √		1 200 1 2	
Area	Superio		Average	Minimal	IIA COD Compliance Com
		Average	Land Edition		HACCP Compliance Score =
Training		Winter Will			(Does not apply to consultations or follow-up visits)
Restrooms				V 277 18	
Housekeeping	11111				Person In Charge / Manager / Owner
Equipment		TIL SEMANE	SHE OVER	The marks	14/1/1/1
Construction		· 是些工業報。	Line III		Evaluation by Registered Sanitarian
Overall Rating	1211	r call Egyptal		of the later to the	

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

Retail Food Establishment Inspection Report

Establishment: HeloTes Course Store Lice	ense # RC: 3 Date: 1/12/2020
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) 1. Cold holding temperatures / time	23. Manager on duty currently certified?
Cold holding temperatures / time Hot holding temperatures / time	24. Manager demonstrates proper use of thermometer
3. Cooking temperatures / time	25. Personnel with infections restricted / excluded
4. Proper cooling of foods / time	26. Proper hand washing demonstrated
5. Rapid reheating of foods (temperature and time)	27. Good hygienic practices observed 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 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:
	(2) Collections, Improvements Made, Comments.
Critical Temperature Verification:	#12
Food Item and Process Temp (F°)	Provide for Sink to be
Walteria 40°	
Wormer 135°	accessible and bo fully Stucker
[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 u	
21. Sewage disposal meets code	
22. Other	J. V. and J. C. Steiner, and J. S. Steiner, and J. S. Steiner, and J. S. Steiner, and J. S. Steiner, and J. St
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	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	
Non-Critical Food Safety Rating V	described in 1 art 12 to reduce the risk of 1000-bothe liness.
Area Superior Above Average Minimal	2
Average	HACCP Compliance Score =
Training	(Does not apply to consultations or follow-up visits)
Restrooms	Jumy our
Housekeeping	Person In Charge / Manager / Owner
Equipment	11/1/1/
Construction	Evaluation by Registered Sanitarian
Overall Rating	to alumin by registries samtaman

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

Establishment: Success King License # RC: 3 Date: 1/12/2020
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
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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°)
Walleis 36° Walking
· Freeze- 10° Wern. Esis 140'
Fridge 38°
(B) Facilities, Equipment and Food Storage (3 pts)
12. Hand washing stations supplied and clean 13. Dishwashing / sanitizing (250 pph/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 responsible for food safety practices described in sections 229.163 (b) and
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f 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 HACCP Compliance Score =
Training (Does not apply to consultations or follow-up visits)
Restrooms
Housekeeping Perant in Charge / Manager / Owner
Favinment
Equipment 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: Walnest Lice	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other
tarpose of vale. Est compliance inspection [1] constitution	
{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
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11. Other:	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
	(E) Corrections / Improvements lytade / Comments;
The state of the s	
O 244 - 170	11, 12
Critical Temperature Verification:	/ / / /
Food Item and Process Temp (F°)	Looks Orte
Chicken 165° / Park Vert. 140°	
Del: Country 40°	
{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 /20 -	
21. Sewage disposal meets code	
22. Other	
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Non-Critical Food Safety Rating √	
Area Superior Above Average Minimal Average	HACCP Compliance Score =
	(Does not apply to consultations or follow-up visits)
Training	(150cs not apply to consultations of follow-up visits)
Restrooms	1 bunactory
Housekeeping	Person In Charge / Manager / Owner
Equipment	1141
Construction	Evaluation by Registered Sanitarian
Overall Rating	The state of the s

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

Establishment: //c//cs /see Lic	ense # RC: Date:
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
	100 00
(A) <u>Critical Food Safety Controls</u> (5 pts) (Critical control violations must be corrected on the spot)	{C} Management and Personnel (4 pts)
	23. Manager on duty currently certified?
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	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
Critical Temperature Verification:	
Food Item and Process Temp (F°)	
Wolkin O' Wellin JC	
Fierzer O' Fiche 38"	
1 rection of Pringe 08	Titles 1 to the control of the contr
	political de la company de la
(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	allegation our still like sent in our point
18. Thermometers provided / used	
19. Plumbing / no cross-connections	
20. Water supply / hot water	
21. Sewage disposal meets code	
22. Other	
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Non-Critical Food Safety Rating Area Superior Above Average Minimal	
Area Superior Above Average Minimal Average	HACCP Compliance Score =
	(Does not apply to consultations or follow-up visits)
Training	(Does not apply to consultations of follow-up visits)
Restrooms	Salloon
Housekeeping	Person In Charge / Manager / Owner
Equipment	MUMMA
	100
Construction	Evaluation by Registered Sanitarian
Overall Rating	

Name of Booth: 51 Sparie		Event: Market Day Date: 1/4/2020	
Person in charge of booth: Diene Vezquez		Phone #: 210-218-6800	
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	1/25		
Foods from approved sources / No products made in the home	1/25	STATE For / Same	
Containers for wash/ rinse/ sanitize	1/15		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/75		
Hot foods maintained at 135 F or discarded in 4 hours.	NIA		
Sneeze protection provided (Sneeze guards or foods wrapped)	Y25	Tout	
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	1/05	21	
Booth provided with floor as needed to control blowing dust / debris	415		
Waste disposal container provided	1/15		
Food service personnel using head covers	1/15		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA		
Other: Had formit fosted			
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: W:1/5 Hower find die		Event: Market Day Date: ////			
Person in charge of booth: W:// TimuTe O	Phone #: 210 347-7785				
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3					
** 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	1/05	HEB + Custeu			
Containers for wash/ rinse/ sanitize	1/25				
Cold Foods maintained at 41 F or discarded in 4 hours.	1/55	on-:ec			
Hot foods maintained at 135 F or discarded in 4 hours.	405	3			
Sneeze protection provided (Sneeze guards or foods wrapped)	NO	2			
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	V25				
Booth provided with floor as needed to control blowing dust / debris	NO				
Waste disposal container provided	Yes				
Food service personnel using head covers	1/05				
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA				
Other: How Curred Food Remit	: N.Ta	· Hove Perit Printed and Poste			
Electionically					
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: Ellint Roas Ted Coon		Event: Market Day Date: //4/2020		
Person in charge of booth: Ellist Kinger Phone #: 210-882-8058				
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	1/25			
Foods from approved sources / No products made in the home	125	Catalina		
Containers for wash/ rinse/ sanitize	Vec			
Cold Foods maintained at 41 F or discarded in 4 hours.	Na			
Hot foods maintained at 135 F or discarded in 4 hours.	1/15	Aud. Ti 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.	¥05			
Booth provided with overhead cover	1/25			
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: Hes Point : Parmit Needs	Ju 6	Posted in Booth		
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: 21/5c's MiTiLa		Event: Market Day Date: 1/4/2020
Person in charge of booth: Else Delegaz		Phone #: 21v - 56v-6235
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 Chickin Adobe * Rice Chicken	a / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/05	
Foods from approved sources / No products made in the home		Cost Co + HEB
Containers for wash/ rinse/ sanitize	1/05	
Cold Foods maintained at 41 F or discarded in 4 hours.	1/15	Coole on In
Hot foods maintained at 135 F or discarded in 4 hours.	1/25	Culli-
Sneeze protection provided (Sneeze guards or foods wrapped)	WO	
Direct hand contact with ready to eat foods avoided throught use of plastic glovesk and the use of utensils.		
Booth provided with overhead cover	yes	
Booth provided with floor as needed to control blowing dust / debris	NO	
Waste disposal container provided	1/05	
Food service personnel using head covers	405	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA	
Other: Has Permit Electronich ! Need To	How Pa	in: T Pirated + Posted in Booth
As the person in charge of booth operations, understand that I am responsible for food safety practices of employees and volunteers. (Signature)		

		00:	
Name of Booth: FilipinoLicousTx		Event: Market Day Date: //4/2020	
Person In charge of booth: The inc Barris Ta		Phone #: 210 - 900 - 5842	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Risi		
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items	/ hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements			
Temporary rood vendor Hequirements	Yes/No	Comments	
Hand washing station set up & supplied	y 15		
Foods from approved sources / No products made in the home	1/05	SAN'S/ Resi Depo / HEB	
Containers for wash/ rinse/ sanitize	1/15		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/05	On Icc	
Hot foods maintained at 135 F or discarded in 4 hours.	1/25	Audo T. Order	
Sneeze protection provided (Sneeze guards or foods wrapped)	NU		
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	1/05		
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	1/15		
Food service personnel using head covers	1/25		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA		
Other: Her fermit on Phone: Need ?	- How	Printed Copy Displayed in Bank	
	Ø II		
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: The Fix		Event: Market Day Date: 1/4/2020	
Person in charge of booth: Denise Fisucius		Phone #: 210-758-4600	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Rick			
** 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	lac-N-Cheose	
	Yes/No	Comments	
Hand washing station set up & supplied	1/05		
Foods from approved sources / No products made in the home	246	Restored Depe	
	1/25	MESTURES Nepe	
Containers for wash/ rinse/ sanitize	1/25		
Cold Foods maintained at 41 F or discarded in 4			
hours.	1/25	on-ice	
Hot foods maintained at 135 F or discarded in 4 hours.	1/25	849	
Sneeze protection provided (Sneeze guards or foods wrapped)	NO	(5) (*	
Direct hand contact with ready to eat foods	770		
avoided throught use of plastic glovesk and the	1/25		
use of utensils.	1900		
Booth provided with overhead cover	1/25	21	
Booth provided with floor as needed to control			
blowing dust / debris	NO		
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: How Permit on Phone: Need To	Here K.	comit Printed and Displayer	
As the person in charge of booth operations funderstand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			

Tomporary 7 ood	TOTAGO	Olieckijst . 757
Name of Booth: A 5 BBG		Event: Market Day Date: 1/4/2000
Person in charge of booth: Jurden July		Phone #: 830-480-9556
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3	Higher Ris	sk
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (ilmited items	s / hot dogs) /	R3 Higher Risk (polutry / meats / PHFs)
Burgas Chicken 15	reusing,	Missi- Chips
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	1/05	
Foods from approved sources / No products	1 '	1-1-11/2
made in the home	1/05	Best Dys / HEB
Containers for wash/ rinse/ sanitize	1/25	
Cold Foods maintained at 41 F or discarded in 4	' .	
hours.	1/15	
Hot foods maintained at 135 F or discarded in 4 hours.	11.6	
Sneeze protection provided (Sneeze guards or	1/05	Ad. To with
foods wrapped)	115	4
Direct hand contact with ready to eat foods	/	
avoided throught use of plastic glovesk and the		
use of utensils.	1/05	
	7	
Booth provided with overhead cover	ye5	3.5 43
Booth provided with floor as needed to control	, ,	
blowing dust / debris	1/05	
Waste disposal container provided	1/75	
Food service personnel using head covers	1/15	
Electrical, gas, propane, charcoal devices		
approved by Fire Dept.	NA	
Other: Has Permit on Phone Provide for for	mit T	S. Printed and Posted
As the person in charge of backs	LM · ·	
As the person in charge of booth operations I understand the employees and volunteers.	and that I a	am responsible for food safety practices
or originates and volunteers.	TW I	
(Signature)		

	·	The state of the s	
Name of Booth: Old Guy Pissu		Event: Market Day Date: 1/4/2000	
Person in charge of booth: Carlos Willer		Phone #: 210 - 473-5432	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk			
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items		R3 Higher Risk (polutry / meats / PHFs)	
Nepoli Style 6.	220		
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1/05		
Foods from approved sources / No products made in the home	1/25	SAM'S	
Containers for wash/ rinse/ sanitize	1/15		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/05	on icc	
Hot foods maintained at 135 F or discarded in 4 hours.	1/15	Acd. 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.	1/05		
Booth provided with overhead cover	1/05	76.	
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	1/6		
Food service personnel using head covers	1/25		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA		
Other: His Point Posted			
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: Party Tyme Kettle Kon		Event: Market Day Date: 1/4/2020	
Person in charge of booth: Nr. Wheelw	-	Phone #: 210-204-7155	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk			
** R1 Low Risk (packaged Items / drinks) / R2 Medium Risk (limited Items	s / 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	COUNCIT / COST CO	
Containers for wash/ rinse/ sanitize	1/05		
Cold Foods maintained at 41 F or discarded in 4 hours.	NIA		
Hot foods maintained at 135 F or discarded in 4 hours.	NIA	250	
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.	VES	N	
Booth provided with overhead cover	1/05	3 1	
Booth provided with floor as needed to control blowing dust / debris	1/05		
Waste disposal container provided	yes		
Food service personnel using head covers	1/11		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N		
Other: Hes Permit Posted.			
As the person in charge of booth operations I funderstands of employees and volunteers. (Signature)	ind that I ar	n responsible for food safety practices	

		1
Name of Booth: Ca Tak The Wave		Event: Market Day Date: //4/2000
Person in charge of booth: Lee Marila		Phone #: 210 - 602 -3062
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 I	Higher Rist	k
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items		
Breckfist + STIL		· ·
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	1/05	Action Agrit
Containers for wash/ rinse/ sanitize	1/25	
Cold Foods maintained at 41 F or discarded in 4 hours.	1105	
Hot foods maintained at 135 F or discarded in 4 hours.	1/25	242
Sneeze protection provided (Sneeze guards or foods wrapped)	N	
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	1/05	4.1
Booth provided with floor as needed to control blowing dust / debris	1/05	
Waste disposal container provided	1/25	
Food service personnel using head covers	1/25	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	w	
Other:		
	70	
As the person in charge of booth operations I understand the control of employees and volunteers.	that I ar	m responsible for food safety practices

Name of Booth: Project Sanchez		Event: Market Day Date: 1/4/2020	
Person in charge of booth: Rusen Sanchez		Phone #: ~710-789-1504	
Menu Risk: (circle one) R1 Low Risk / R2 Medium Risk / R3 Higher Risk			
** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items Soda / Waler	s / hot dogs) / 1	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	NA		
Foods from approved sources / No products made in the home	Ves	Cost Co	
Containers for wash/ rinse/ sanitize	NA		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/25	Oh-;cc	
Hot foods maintained at 135 F or discarded in 4 hours.	NA	21	
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.	NIA	A)	
Booth provided with overhead cover	1/05	9.	
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	405		
Food service personnel using head covers	NA		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA		
Other: No Parmet : Purchase Parm	-T 2.	- C.T. Hull	
As the person in charge of booth exerations I understand that I am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: Coopers		Event: Market Day Date: 1/4/2020	
Person in charge of booth: Nes. Co-pe-		Phone #: 210 . 695 3466	
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) / 1 / e / e / S		
Temporary Food Vendor Requirements	Yes/No	Comments	
Hand washing station set up & supplied	1/05		
Foods from approved sources / No products made in the home	1/15	Best Dys Sins HEB	
Containers for wash/ rinse/ sanitize	1/15		
Cold Foods maintained at 41 F or discarded in 4 hours.	1105	on icc	
Hot foods maintained at 135 F or discarded in 4 hours.	1/05	Ach. To orda	
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.	1/05		
Booth provided with overhead cover	115	PA :	
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	1/15		
Food service personnel using head covers	1/25		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NIA		
Other: Pernit Not In Booth : He	a Perm	Thosted in Booth	
As the person in charge of booth operations I understand that II am responsible for food safety practices of employees and volunteers. (Signature)			

Name of Booth: Tin: 1210'5		Event: Market Day Date: 1/4/2020	
Person in charge of booth: Ilone Haracade	2	Phone #: 210-300-45)	
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)			
His Low Hisk (packaged items / drinks) / R2 Medium Risk (limited items	s / hot dogs)	R3 Higher Risk (polutry / meats / PHFs)	
Temporary Food Vendor Requirements	Yes/No		
	Yes/No	Comments	
Hand washing station set up & supplied	1/25		
Foods from approved sources / No products made in the home	1/25	HUB /Bis As	
Containers for wash/ rinse/ sanitize	V25		
Cold Foods maintained at 41 F or discarded in 4 hours.	1/15		
Hot foods maintained at 135 F or discarded in 4 hours.	1/15	Couty/	
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.	405	V	
Booth provided with overhead cover	425	23	
Booth provided with floor as needed to control blowing dust / debris	NO		
Waste disposal container provided	405		
Food service personnel using head covers	1105		
Electrical, gas, propane, charcoal devices approved by Fire Dept.	NA		
Other: Han Permit Posted.			
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.			
(Signature)			

NOTICE OF VIOLATION

Code Compliance Citation

§

§

THE STATE OF TEXAS

CITY OF HELOTES

BEXAR COUNTY §
Date: (Month) / (Day) 4 (Year) 2000 at 9:55 [TA.M. [] P.M.
Location of Violation(s): C:Ty of Holoris Maker Day's
Person(s) Contacted on Site: Nuber Sande 2
Owner/ Agent Name: Scale And Derive (Last) (First) (Middle) Mailing Address: 3/1 A/SUP 5/7
Mailing Address: 3/1 A/SUP 5/
City: San A-Tuniu State: TX Zip Code: 78237
Phone Number: 210 - 78 9 - 1504
Ordinance Violation(s): (1)
(2)
(3)
Citation written by:
[] Animal Control [] Code Enforcement [] Building Official
[] City Engineer [] Stormwater Inspector [] City Arborist
[] Fire Marshal [] Health Official
Remarks: No Const Point To Vand
in City of Holoter
You are hereby ordered to appear to answer to the listed violations(s) in the City of Helotes Municipal Court, 12951 Bandera Road, Helotes, TX 78023 on theday of, 20 atP.M.
Continuation of listed violation(s) may result in the issuance of additional citations
fines between \$500.00 and \$2,000.00 a day if the violation is not corrected and
brought into compliance promptly.
1 - 14/11 2121/11/201
Contact Officer/Inspector: 15.11. Phone Number: 210:284-78 96 (Printed Name)
Office Hours:A.M. TOP.M.

City of Helotes 12951 Bandera Road Helotes, Texas 78023 (210) 695-8877 (Main Line) (210) 695-2123 (Fax) www.visithelotes.com