CITY OF HELOTES

THE INSPECTION SUMMARY

OF HELOTES

THE 2020

RECEIVED

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 Score*	Rating
Slim Chickens	11	GOOD
KFC	0	EXCELLENT
Pizza Hut	0	EXCELLENT
Dollar Tree	. 0	EXCELLENT
Pho Ann	-	OUT OF BUSINESS
Dairy Queen	0	EXCELLENT

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

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

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

NOV 1 6 2020

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

Stim Chickens License #____ RC: Establishment: 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 Hot holding temperatures / time 25. Personnel with infections restricted / excluded 3. Cooking temperatures / time 26. Proper hand washing demonstrated 4. Proper cooling of foods / time 27. Good hygienic practices observed 5. Rapid reheating of foods (temperature and time) 28. Written HACCP Plans / SOPs as needed 6. Food control surfaces clean and sanitized {D} Non-Critical (3 pts) { } cutting boards { } meat slicer { } food grinder 29. Food equipment construction / repair 7. Potential for cross-contamination to occur 30. Facility construction (floors / walls) / repair 8. RTE foods / no direct hand contact 31. Housekeeping contributes to infestation 9. Foods from approved sources / labeling 32. Non-food contact surfaces clean 10. Foods protected from contamination 33. Garbage / solid waste storage 11. Other: 34. Consumer advisories posted 35. Inspection report displayed for public 36. Other {E} Corrections / Improvements Made / Comments: **Critical Temperature Verification: Food Item and Process** Temp (F°) Walk-in 386 {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

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

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

19. Plumbing / no cross-connections 20. Water supply / hot water 120 -21. Sewage disposal meets code 22. Other ____

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

Establishment: KFC Lice	ense # RC: Date: /0/22/202
Establishment: Lice 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 	{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
 4. Proper cooling of foods / time 5. Rapid reheating of foods (temperature and time) 6. Food control surfaces clean and sanitized 	27. Good hygienic practices observed 28. Written HACCP Plans / SOPs as needed {D} Non-Critical (3 pts)
{ } 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:	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:	Lack's food
Food Item and Process Temp (F°) (B) Facilities, Equipment and Food Storage (3 pts) 12. Hand washing stations supplied and clean 13. Dishwashing / sanitizing (
As the person in charge of this facility, I understand I am respons 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions	f employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk

Area	Superior	Above Average	Average	Minima
Training				4
Restrooms				
Housekeeping				
Equipment				17 THE P.
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

Establishment: 1:22 Lice	ense #RC: 3 Date: 10/27/200
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 [F] Constant of the storage of the sto
	{E} Corrections / Improvements Made / Comments:
Critical Temperature Verification:	Tree! Jos!
Freeze 10° Fried 32°	
{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 responsi 229.163 (c) of the Texas State Food Code. I understand that failure of	ible for food safety practices described in sections 229.163 (b) and 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 of	to manage required temperature and time controls have a high risk

Area	Superior	Above Average	Average	Minimal
Training				114
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

Establishment: Polle- Tiec Lice	ense # RC: Date: 10/27/5000
Purpose of Visit: Compliance Inspection Consultation	Complaint Illness Investigation Other:
{A} Critical Food Safety Controls (5 pts)	{C} Management and Personnel (4 pts)
(Critical control violations must be corrected on the spot)	23. Manager on duty currently certified?
Cold holding temperatures / time	24. Manager demonstrates proper use of thermometer
2. Hot holding temperatures / time	25. Personnel with infections restricted / excluded
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	
11. Other:	33. Garbage / solid waste storage
	34. Consumer advisories posted
	35. Inspection report displayed for public
	36. Other
	{E} Corrections / Improvements Made / Comments:
AND A STREET OF THE SAME AND ADDRESS OF THE WAR.	
Critical Temperature Verification:	No 1550CS Found
Food Item and Process Temp (F°)	10- 10000 10-1
First 40° freeze o'	
True of the property of	
Walkin 34° Walkin 6°	
Calfrin JI Walling	
{B} Facilities, Equipment and Food Storage (3 pts)	
12. Hand washing stations supplied and clean	
13. Dishwashing / sanitizing (ppm/Temp.)	
14. Food storage area meets code	
15. Storage and use of toxic items	
16. Evidence of insects or rodents / infestation	
17. Sewage disposal / Grease trap	
18. Thermometers provided / used	
19. Plumbing / no cross-connections	
20. Water supply / hot water	
21. Sewage disposal meets code	
22. Other	
25. Guidi	
As the person in charge of this facility T and and a T	this feet feet and a feet a section is a little to the section in the section in the section is a section in the section in th
As the person in charge of this facility, I understand I am responsi 229.163 (c) of the Texas State Food Code. I understand that failure of	ompleyees to conduct a 20 second hand week prior to starting
after handling raw products or visiting the restroom and that failure	to manage required temperature and time controls have a high rick
of causing food-borne illness. I agree to implement corrective actions of	described in Part E to reduce the risk of food-horne illness
Non-Critical Food Safety Rating √	The state of the s

Area	Superior	Above Average	Average	Minimal
Training				1 10
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

HACCP Compliance Score =
(Does not apply to consultations or follow-up visits)
AK.WILL :
Person In Charge / Manager / Owner
741/1
Evaluation by Registered Sanitarian

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

Establishment Pho Ann Lies	once # BC: 3 Date: 10/27/20.
Purpose of Visit: Compliance Inspection Consultation	ense # RC: Date: Other:
 {A} Critical Food Safety Controls (5 pts) (Critical control violations must be corrected on the spot) 1. Cold holding temperatures / time 2. Hot holding temperatures / time 3. Cooking temperatures / time 4. Proper cooling of foods / time 5. Rapid reheating of foods (temperature and time) 6. Food control surfaces clean and sanitized { } cutting boards { } meat slicer { } food grinder 7. Potential for cross-contamination to occur 8. RTE foods / no direct hand contact 9. Foods from approved sources / labeling 10. Foods protected from contamination 11. Other:	C Management and Personnel (4 pts)
Critical Temperature Verification: Food Item and Process Temp (F°) {B} Facilities, Equipment and Food Storage (3 pts) 12. Hand washing stations supplied and clean 13. Dishwashing / sanitizing (ppm/Temp.) 14. Food storage area meets code 15. Storage and use of toxic items 16. Evidence of insects or rodents / infestation 17. Sewage disposal / Grease trap 18. Thermometers provided / used 19. Plumbing / no cross-connections 20. Water supply / hot water 21. Sewage disposal meets code 22. Other	O. T. Business
As the person in charge of this facility, I understand I am responsi 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions of Non-Critical Food Safety Pating of	f employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk

Area	Superior	Above Average	Average	Minimal
Training				19
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

ACCP Compliance Score = 100ces not apply to consultations or follow-up visits)
STATE STATE OF THE ACT OF THE STATE OF THE S
Person In Charge / Manager / Owner
1311

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

Establishment: Jain Ource Lice	ense # RC: Date: 10/07/2026
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
Critical Temperature Verification: Food Item and Process Temp (F°)	35. Inspection report displayed for public 36. Other {E} Corrections / Improvements Made / Comments:
{B} Facilities, Equipment and Food Storage (3 pts) 12. Hand washing stations supplied and clean 13. Dishwashing / sanitizing (ppm/Temp.) 14. Food storage area meets code 15. Storage and use of toxic items 16. Evidence of insects or rodents / infestation 17. Sewage disposal / Grease trap 18. Thermometers provided / used 19. Plumbing / no cross-connections 20. Water supply / hot water	
21. Sewage disposal meets code 22. Other As the person in charge of this facility, I understand I am responsi 229.163 (c) of the Texas State Food Code. I understand that failure of after handling raw products or visiting the restroom and that failure of causing food-borne illness. I agree to implement corrective actions of	employees to conduct a 20 second hand wash prior to starting work, to manage required temperature and time controls have a high risk

Area	Superior Above Average				Average	Minimal
Training	4					
Restrooms						
Housekeeping		P.				
Equipment	1	- 7				
Construction		1	1			
Overall Rating						

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