

CITY OF HELOTES

HEALTH INSPECTION SUMMARY NOVEMBER 2019

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PART ONE--FOOD SAFETY REPORT

CITY OF HELOTES



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

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
Slim Chicken	-	FOLLOW UP
Rio's Barbacoa	3	EXCELLENT
Babe's Old Fashioned	0	EXCELLENT
Oolong	0	EXCELLENT
Rome's Pizza	0	EXCELLENT
Bobby J's	3	EXCELLENT
Starbucks	0	EXCELLENT
Whimsical Annies	0	EXCELLENT

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

➤ Market Days 11/2/2019

This report submitted by:

Monty McGuffin, R. S.

City Health Inspector

CITY OF HELOTES

DEC 06 2019

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

Establishment: Slim Chicken License # RC: 3 Date: 11/2/19
Purpose of Visit: [] Compliance Inspection [X] Consultation [] Complaint [] Illness Investigation [] Other:

- {A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
2. Hot holding temperatures / time
3. Cooking temperatures / time
4. Proper cooling of foods / time
5. Rapid reheating of foods (temperature and time)
6. Food control surfaces clean and sanitized
{ } cutting boards { } meat slicer { } food grinder
7. Potential for cross-contamination to occur
8. RTE foods / no direct hand contact
9. Foods from approved sources / labeling
10. Foods protected from contamination
11. Other:

- {C} Management and Personnel (4 pts)
23. Manager on duty currently certified?
24. Manager demonstrates proper use of thermometer
25. Personnel with infections restricted / excluded
26. Proper hand washing demonstrated
27. Good hygienic practices observed
28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)
29. Food equipment construction / repair
30. Facility construction (floors / walls) / repair
31. Housekeeping contributes to infestation
32. Non-food contact surfaces clean
33. Garbage / solid waste storage
34. Consumer advisories posted
35. Inspection report displayed for public
36. Other

{E} Corrections / Improvements Made / Comments:

Follow-up on C/A Repair Items
* Damaged Wall Behind Warmers
* Kitchen + Back Area Floor Pitting
- Both Items have not been corrected.
- 30 Days from this notice to take needed repairs.
11/2/19 M/S/K
Follow-up 12/2/19

Critical Temperature Verification:

Table with 2 columns: 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

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.

Non-Critical Food Safety Rating

Table with 5 columns: Area, Superior, Above Average, Average, Minimal. Rows include Training, Restrooms, Housekeeping, Equipment, Construction, Overall Rating.

HACCP Compliance Score =

(Does not apply to consultations or follow-up visits)

Signature of Person In Charge / Manager / Owner

Signature of Evaluation by Registered Sanitarian

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: Rio's Barbecue License # _____ RC: 3 Date: 11/24/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time ✓
 3. Cooking temperatures / time ✓
 4. Proper cooling of foods / time ✓
 5. Rapid reheating of foods (temperature and time) ✓
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur ✓
 8. RTE foods / no direct hand contact ✓
 9. Foods from approved sources / labeling ✓
 10. Foods protected from contamination ✓
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
 24. Manager demonstrates proper use of thermometer ✓
 25. Personnel with infections restricted / excluded ✓
 26. Proper hand washing demonstrated ✓
 27. Good hygienic practices observed ✓
 28. Written HACCP Plans / SOPs as needed ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation ✓
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted ✓
 35. Inspection report displayed for public ✓
 36. Other _____

{E} Corrections / Improvements Made / Comments:

#15 Provide for proper storage of Toxic items

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Fridge 38°</u>	
<u>Barbecue 140°</u> <u>Tomato 135°</u>	
<u>Meats 140°</u> <u>Beans 135°</u>	

- {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 120° ✓
 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 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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 3
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

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: Babe's Old Fashioned License # _____ RC: 3 Date: 11/24/17
 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 ✓ *Bacon*
 4. Proper cooling of foods / time ✓
 5. Rapid reheating of foods (temperature and time) ✓
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur ✓
 8. RTE foods / no direct hand contact ✓
 9. Foods from approved sources / labeling ✓
 10. Foods protected from contamination ✓
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
 24. Manager demonstrates proper use of thermometer ✓
 25. Personnel with infections restricted / excluded ✓
 26. Proper hand washing demonstrated ✓
 27. Good hygienic practices observed ✓
 28. Written HACCP Plans / SOPs as needed ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation ✓
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted ✓
 35. Inspection report displayed for public ✓
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Looks Great!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<i>Wetline 40°</i>	
<i>Big Cooler 40°/40°/40°</i>	
<i>Chest Cooler 38°</i>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
 13. Dishwashing / sanitizing (*100 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 *120* ✓
 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 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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 3
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

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: Ology License # _____ RC: 3 Date: 1/24/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time ✓
 3. Cooking temperatures / time ✓
 4. Proper cooling of foods / time ✓
 5. Rapid reheating of foods (temperature and time) ✓
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur ✓
 8. RTE foods / no direct hand contact ✓
 9. Foods from approved sources / labeling ✓
 10. Foods protected from contamination ✓
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
 24. Manager demonstrates proper use of thermometer ✓
 25. Personnel with infections restricted / excluded ✓
 26. Proper hand washing demonstrated ✓
 27. Good hygienic practices observed ✓
 28. Written HACCP Plans / SOPs as needed ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation ✓
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted ✓
 35. Inspection report displayed for public ✓
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Looks Great!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 40° Walk-in 0°	
Fridge 38° Prep Cook 38°	
Soy 150°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
 13. Dishwashing / sanitizing (100 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 120° ✓
 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 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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

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: Romeo's Pizzeria License # _____ RC: 3 Date: 11/24/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time ✓
 3. Cooking temperatures / time ✓
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact ✓
 9. Foods from approved sources / labeling ✓
 10. Foods protected from contamination ✓
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated =
 27. Good hygienic practices observed =
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation ✓
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted ✓
 35. Inspection report displayed for public ✓
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Looks Good!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Walk-in 45° Walk-in 10°</u>	
<u>Freezer 10° Meatballs 140°</u>	
<u>Hot Cook 10°/38° / 140°/36°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean
 13. Dishwashing / sanitizing 100 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 120°
 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 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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

[Signature]
 Person In Charge / Manager / Owner

[Signature]
 Evaluation by Registered Sanitarian

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: Bobby J's License # _____ RC: 3 Date: 11/24/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time ✓
 3. Cooking temperatures / time ✓
 4. Proper cooling of foods / time ✓
 5. Rapid reheating of foods (temperature and time) ✓
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder ✓
 7. Potential for cross-contamination to occur ✓
 8. RTE foods / no direct hand contact ✓
 9. Foods from approved sources / labeling ✓
 10. Foods protected from contamination ✓
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
 24. Manager demonstrates proper use of thermometer ✓
 25. Personnel with infections restricted / excluded ✓
 26. Proper hand washing demonstrated ✓
 27. Good hygienic practices observed ✓
 28. Written HACCP Plans / SOPs as needed ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation ✓
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted ✓
 35. Inspection report displayed for public ✓
 36. Other _____

{E} Corrections / Improvements Made / Comments:

#32 Non-food contact surfaces to be cleaned

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Hot Cook 145° / Freeze 10° / Cold 40°</u>	
<u>Freeze 40° / Cold 40° / 36° / 40°</u>	
<u>Freeze 70°</u>	

- {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 120° ✓
 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 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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 3
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

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: ST. LOUIS License # _____ RC: 5 Date: 11/24/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time ✓
 2. Hot holding temperatures / time ✓
 3. Cooking temperatures / time ✓
 4. Proper cooling of foods / time ✓
 5. Rapid reheating of foods (temperature and time) ✓
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur ✓
 8. RTE foods / no direct hand contact ✓
 9. Foods from approved sources / labeling ✓
 10. Foods protected from contamination ✓
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified? ✓
 24. Manager demonstrates proper use of thermometer ✓
 25. Personnel with infections restricted / excluded ✓
 26. Proper hand washing demonstrated ✓
 27. Good hygienic practices observed ✓
 28. Written HACCP Plans / SOPs as needed ✓

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair ✓
 30. Facility construction (floors / walls) / repair ✓
 31. Housekeeping contributes to infestation ✓
 32. Non-food contact surfaces clean ✓
 33. Garbage / solid waste storage ✓
 34. Consumer advisories posted ✓
 35. Inspection report displayed for public ✓
 36. Other _____

{E} Corrections / Improvements Made / Comments:

Looks Good!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Food 38°/37°/Frozen 0°/0°	
Hot Food 38°/36°/40°/38°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
 13. Dishwashing / sanitizing (250 ppm Temp.) ✓
 14. Food storage area meets code ✓
 15. Storage and use of toxic items ✓
 16. Evidence of insects or rodents / infestation ✓
 17. Sewage disposal / Grease trap ✓
 18. Thermometers provided / used ✓
 19. Plumbing / no cross-connections ✓
 20. Water supply / hot water 120° ✓
 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 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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

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: Calhoun's Ice Cream License # _____ RC: _____ Date: 11/24/19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
 30. Facility construction (floors / walls) / repair
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean
 33. Garbage / solid waste storage
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

No Issues Found

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 _____

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.

Non-Critical Food Safety Rating ✓

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

HACCP Compliance Score = 0
 (Does not apply to consultations or follow-up visits)

[Signature]
 Person In Charge / Manager / Owner

[Signature]
 Evaluation by Registered Sanitarian

RECEIVED

DEC 06 2019

Temporary Food Vendor Checklist CITY OF HELOTES

Name of Booth: <i>Party Time Kelly Korn</i>		Event: Market Day Date: <i>11/2/19</i>
Person in charge of booth:		Phone #: <i>710-204-7155</i>
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 (poultry / meats / PHFs)		
<i>Kelly Korn</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Acc. Plans / Costco</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<i>NA</i>
Hot foods maintained at 135 F or discarded in 4 hours.		<i>NA</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>N/A</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>Yes</i>	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. <i>[Signature]</i>		
(Signature)		

Temporary Food Vendor Checklist

Name of Booth: <u>Elsa's Kitch</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>Elsa Delacruz</u>		Phone #: <u>210-560-5235</u>
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 (poultry / meats / PHFs)		
<u>chicken + pork on sticks / rice</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>yes</u>	
Foods from approved sources / No products made in the home	<u>yes</u>	<u>HEB / Cost Co</u>
Containers for wash/ rinse/ sanitize	<u>yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>no</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>yes</u>	
Booth provided with overhead cover	<u>yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>no</u>	
Waste disposal container provided	<u>yes</u>	
Food service personnel using head covers	<u>yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>no</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u> (Signature)</p>		

"Old Guy Pizzeria" Temporary Food Vendor Checklist

Name of Booth: <u>Napoli Style Pizzeria</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>Carlos Wilde</u>		Phone #: <u>711-473-5832</u>
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 (poultry / meats / PHFs)		
<u>Pizzeria</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>SAMS / HEB</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>on ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.		<u>made to order</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>No</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>No</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Yes</u>	
Other:		
As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.		
<u>Carlos Wilde</u>		
(Signature)		

Temporary Food Vendor Checklist

Name of Booth: <u>The Fix</u>		Event: Market Day Date: <u>11/2/12</u>
Person in charge of booth: <u>Denise Fenton</u>		Phone #: <u>214-758-4600</u>
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 (poultry / meats / PHFs)		
<u>Hot Balls / Taco-n-Chips / Leseg</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>NO/Accept</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>on-in</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>Cooky</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>NA</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>NA</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>AJ's BBQ</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>Mrs. Jolly</u>		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 (poultry / meats / PHFs)		
<u>Chicken on Stick / Tater Twisters / Hamburg</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>RD / HEB</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.		<u>Cooking</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Trick</u>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	<u>Trick</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	<u>Trick</u>
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>N/A</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Korean Tacos</i>		Event: Market Day Date: <i>11/2/19</i>
Person in charge of booth:		Phone #: <i>808-465-9089</i>
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 (poultry / meats / PHFs)		
<i>Beef Bulgogi / Pork Belly / Gyoza</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>yes</i>	
Foods from approved sources / No products made in the home	<i>yes</i>	<i>SANTIS/Walrus</i>
Containers for wash/ rinse/ sanitize	<i>yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>yes</i>	<i>oh-ill</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>yes</i>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>yes</i>	
Booth provided with overhead cover	<i>yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>no</i>	
Waste disposal container provided	<i>yes</i>	
Food service personnel using head covers	<i>yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>no</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Pil. pinolicious</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>Nantes</u>		Phone #: <u>830-212-9879</u>
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 (poultry / meats / PHFs)		
<u>Bubble Tea / Eggroll</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>YES</u>	
Foods from approved sources / No products made in the home	<u>YES</u>	<u>RD / HEB / Walmart</u>
Containers for wash/ rinse/ sanitize	<u>YES</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>YES</u>	<u>on ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>YES</u>	<u>Cooking</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>NO</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>YES</u>	
Booth provided with overhead cover	<u>YES</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u>	
Waste disposal container provided	<u>YES</u>	
Food service personnel using head covers	<u>YES</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>NO</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>DeKette Sode</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>Dick Sanchez</u>		Phone #: <u>210-992-1598</u>
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 (poultry / meats / PHFs)		
<u>Cand Sode / Wate</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>N/A</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>Cost 60</u>
Containers for wash/ rinse/ sanitize	<u>N/A</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>—</u>	<u>On ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>N/A</u>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>N/A</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>N/A</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>Yes</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Elliott's Roasted Kani</i>		Event: Market Day Date: <i>11/2/15</i>
Person in charge of booth: <i>Elliott</i>		Phone #: ³¹⁰ <i>882-8094</i>
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 (poultry / meats / PHFs)		
<i>Corn</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>yes</i>	
Foods from approved sources / No products made in the home	<i>yes</i>	<i>Catalina</i> ✓
Containers for wash/ rinse/ sanitize	<i>yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>N/A</i>	
Hot foods maintained at 135 F or discarded in 4 hours.	<i>N/A</i>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>N/A</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of <u>utensils</u> .	<i>yes</i>	
Booth provided with overhead cover	<i>yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>no</i> yes	
Waste disposal container provided	<i>yes</i>	
Food service personnel using head covers	<i>yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Josh's Texas Size Empower</i>		Event: Market Day Date: <i>11/2/19</i>
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 (poultry / meats / PHFs)		
<i>Picnic / Chicken BFL / Pops</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>HEB / Walmart</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>Freeze</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Cooking</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>N/A</i>	<i>Trash</i>
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	<i>Trash</i>
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	<i>Trash</i>
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Philly Cheese Sandwich</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>The Coopers</u>		Phone #: <u>214-695-3466</u>
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 (poultry / meats / PHFs)		
<u>Philly Cheese / Fries</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	Yes	
Foods from approved sources / No products made in the home	Yes	<u>WAL/Scans/HEB</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	<u>on ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	<u>note to idv</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	NA	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	Yes	
Booth provided with overhead cover	Yes	
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.	Yes	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Mini Tacos</u>		Event: Market Day Date: <u>11/2/12</u>
Person in charge of booth: <u>Vargas</u>		Phone #: <u>710-300-4521</u>
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 (poultry / meats / PHFs)		
<u>Mini Tacos / Beans / Cucumbers</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>HEB</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>Cooty</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>NN</u>	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">(Signature)</p>		

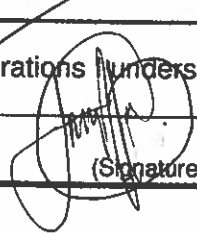
Temporary Food Vendor Checklist

Name of Booth: <i>Will Food Harvest Inc</i>		Event: Market Day Date: <i>11/2/13</i>
Person in charge of booth: <i>Will</i>		Phone #: <i>214-347-7785</i>
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 (poultry / meats / PHFs)		
<i>Spec + Shipping Fee</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>HEB + Cost Co</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	
Hot foods maintained at 135 F or discarded in 4 hours.		
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>NO</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>NO</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>NO</i>	
Other:		
<p>As the person in charge of booth operations, I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Lions Club</u>		Event: Market Day Date: <u>11/2/19</u>
Person in charge of booth: <u>Daniel Hesses</u>		Phone #: <u>210-452-8864</u>
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 (poultry / meats / PHFs)		
<u>Crepes / Root Beer</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>YES</u>	
Foods from approved sources / No products made in the home	<u>YES</u>	<u>SANTIS/HEB/RO</u>
Containers for wash/ rinse/ sanitize	<u>YES</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>YES</u>	<u>OK - 10</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>—</u>	<u>None To verify</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>NR</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>YES</u>	
Booth provided with overhead cover	<u>YES</u>	
Booth provided with floor as needed to control blowing dust / debris	<u>NO</u>	
Waste disposal container provided	<u>YES</u>	
Food service personnel using head covers	<u>YES</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>NR</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><u>[Signature]</u> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <u>Horn Team Hot Dog</u>		Event: Market Day Date: <u>11/2/19</u>
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 (poultry / meats / PHFs)		
<u>Hot Dog / Nachos / Frito Pie</u>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<u>Yes</u>	
Foods from approved sources / No products made in the home	<u>Yes</u>	<u>R: 1.66 / HEB / SAs / HD</u>
Containers for wash/ rinse/ sanitize	<u>Yes</u>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<u>Yes</u>	<u>on ice</u>
Hot foods maintained at 135 F or discarded in 4 hours.	<u>Yes</u>	<u>Cooking</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<u>Yes</u>	
Booth provided with overhead cover	<u>Yes</u>	
Booth provided with floor as needed to control blowing dust / debris	Yes <u>NO</u>	
Waste disposal container provided	<u>Yes</u>	
Food service personnel using head covers	<u>Yes</u>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<u>NN</u>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <div style="text-align: center;">  (Signature) </div>		

Temporary Food Vendor Checklist

Name of Booth: <i>Yum. Wok</i>		Event: Market Day Date: <i>11/2/19</i>
Person in charge of booth: <i>Cherie De:</i>		Phone #: <i>711-480-5006</i>
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 (poultry / meats / PHFs)		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>yes</i>	
Foods from approved sources / No products made in the home	<i>yes</i>	<i>Costco / HEB / Asda</i>
Containers for wash/ rinse/ sanitize	<i>yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>yes</i>	<i>UACU</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>yes</i>	<i>Cook</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>yes</i>	
Booth provided with overhead cover	<i>yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>yes</i>	
Waste disposal container provided	<i>yes</i>	
Food service personnel using head covers	<i>yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>N/A</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Catch The Wave</i>		Event: Market Day Date: <i>11/2/19</i>
Person in charge of booth: <i>Leo Davila</i>		Phone #: <i>210-602-3062</i>
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 (poultry / meats / PHFs)		
<i>Breakfast items / Tacos</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>Yes</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Rest Dept</i>
Containers for wash/ rinse/ sanitize	<i>Yes</i>	
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>on-ice</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>Warming up</i>
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>Yes</i>	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of utensils.	<i>Yes</i>	
Booth provided with overhead cover	<i>Yes</i>	
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	
Waste disposal container provided	<i>Yes</i>	
Food service personnel using head covers	<i>Yes</i>	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	<i>NA</i>	
Other:		
<p>As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">(Signature)</p>		

CITY OF HELOTES

HEALTH INSPECTION SUMMARY

November 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 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.)

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

<u>Name of Establishment</u>	<u>Compliance Score</u>	<u>Rating</u>
Great Harvest	5	excellent
Whimsical annie	0	excellent

Other Activities- foster home inspection, consultation with new market vendor

**Lori Calzoncit, RS
City Health Inspector**

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: Whimsical Annie License # _____ RC: 2 Date: 11-16-19
 Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

- {A} Critical Food Safety Controls (5 pts)**
 (Critical control violations must be corrected on the spot)
1. Cold holding temperatures / time
 2. Hot holding temperatures / time
 3. Cooking temperatures / time
 4. Proper cooling of foods / time
 5. Rapid reheating of foods (temperature and time)
 6. Food control surfaces clean and sanitized
 { } cutting boards { } meat slicer { } food grinder
 7. Potential for cross-contamination to occur
 8. RTE foods / no direct hand contact
 9. Foods from approved sources / labeling
 10. Foods protected from contamination
 11. Other: _____

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 _____

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.

Non-Critical Food Safety Rating ✓

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

- {C} Management and Personnel (4 pts)**
23. Manager on duty currently certified?
 24. Manager demonstrates proper use of thermometer
 25. Personnel with infections restricted / excluded
 26. Proper hand washing demonstrated
 27. Good hygienic practices observed
 28. Written HACCP Plans / SOPs as needed

- {D} Non-Critical (3 pts)**
29. Food equipment construction / repair
 30. Facility construction (floors / walls) / repair
 31. Housekeeping contributes to infestation
 32. Non-food contact surfaces clean
 33. Garbage / solid waste storage
 34. Consumer advisories posted
 35. Inspection report displayed for public
 36. Other _____

{E} Corrections / Improvements Made / Comments:

NO VIOLATIONS

HACCP Compliance Score = 100
 (Does not apply to consultations or follow-up visits)

 Person In Charge / Manager / Owner

Michael Bonnet
 Evaluation by Registered Sanitarian

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: Great Harvest License # _____ RC: _____ Date: 11/16/19
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: _____

{A} Critical Food Safety Controls (5 pts)
(Critical control violations must be corrected on the spot)

1. Cold holding temperatures / time
2. Hot holding temperatures / time
3. Cooking temperatures / time
4. Proper cooling of foods / time
5. Rapid reheating of foods (temperature and time)
6. Food control surfaces clean and sanitized
{ } cutting boards { } meat slicer { } food grinder
7. Potential for cross-contamination to occur
8. RTE foods / no direct hand contact
9. Foods from approved sources / labeling
10. Foods protected from contamination
11. Other: _____

{C} Management and Personnel (4 pts)

23. Manager on duty currently certified?
24. Manager demonstrates proper use of thermometer
25. Personnel with infections restricted / excluded
26. Proper hand washing demonstrated
27. Good hygienic practices observed
28. Written HACCP Plans / SOPs as needed

{D} Non-Critical (3 pts)

29. Food equipment construction / repair
30. Facility construction (floors / walls) / repair
31. Housekeeping contributes to infestation
32. Non-food contact surfaces clean
33. Garbage / solid waste storage
34. Consumer advisories posted
35. Inspection report displayed for public
36. Other _____

{E} Corrections / Improvements Made / Comments:

To Clean equipment & this is why

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 _____

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.

Non-Critical Food Safety Rating \sqrt

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

HACCP Compliance Score = 95

(Does not apply to consultations or follow-up visits)

Person In Charge / Manager / Owner

Evaluation by Registered Sanitarian