

CITY OF HELOTES

HEALTH INSPECTION SUMMARY SEPTEMBER 2019

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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

<u>Name of Establishment</u>	<u>Compliance Score*</u>	<u>Rating</u>
Burger King	3	EXCELLENT
Helotes Country Store	0	EXCELLENT
Kwik Chek	0	EXCELLENT
Valley Mart	3	EXCELLENT
Dollar Tree	0	EXCELLENT
Fink's	0	EXCELLENT

PART TWO--OTHER ACTIVITIES/SERVICES REPORT

PERFORMED INSPECTIONS AT THE FOLLOWING EVENTS:

➤ Market Days 9/7/2019

This report submitted by:

Monty McGuffin, R. S.

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

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 CITY OF HELOTES

Establishment: Burger King License # _____ RC: 3 Date: 9/29/19
 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 Provide for Non-food Contact Surfaces to be Cleaned

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 38° Walk-in 0°	
Fridge 38° Freezer 0°	
Deck 160° / 150°	

- {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

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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: Helotes Country Store License # _____ RC: 3 Date: 9/29/19

Purpose of Visit: [X] Compliance Inspection [] Consultation [] Complaint [] Illness Investigation [] Other: _____

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

Critical Temperature Verification:

Food Item and Process	Temp (F°)
Walk-in 42°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean
 - Dishwashing / sanitizing (____ppm/____Temp.)
 - Food storage area meets code
 - Storage and use of toxic items
 - Evidence of insects or rodents / infestation
 - Sewage disposal / Grease trap
 - Thermometers provided / used
 - Plumbing / no cross-connections
 - Water supply / hot water 120°
 - Sewage disposal meets code
 - Other _____

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

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

{E} Corrections / Improvements Made / Comments:

No Issues Found.

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: Kwik Check License # _____ RC: 3 Date: 9/29/19
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°)
<u>Walk-in 45°</u>	
<u>Freezer 20°</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 130°
21. Sewage disposal meets code
22. 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:

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: Valley Point License # _____ RC: 3 Date: 9/29/19
 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°)
<u>Walking 40°</u>	
<u>Walking 0°</u>	
<u>Prep Cooler 36°</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 _____

- {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:

#12 Provided for Soap & Paper Towels at hand sink

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: Fink's License # _____ RC: 2 Date: 9/29/19
 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°)
<u>Fried 40°</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
 21. Sewage disposal meets code
 22. 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:

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: Poller Tree License # _____ RC: 2 Date: 9/29/15
 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°)
Walk-in 36°	
Walk-in 0°	
Fridge 40°	
Freezer 0°	

- {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 _____

- {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

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)

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

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Temporary Food Vendor Checklist

Name of Booth: <u>Hill County Rotaries Lions Club</u>		Event: Market Day Date: <u>9/7/19</u>
Person in charge of booth: <u>HCR Lions Club</u>		Phone #: <u>24-451-8864</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>Sweet Crepes</u> <u>Beet Beer Flood</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 / Sarnis / Acme</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>no</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>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>Kenda Johnson</u> (Signature)</p>		

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Temporary Food Vendor Checklist

Name of Booth: Patty Tyme Kettle Korn Event: Market Day Date: 9/7/19

Person in charge of booth: A. Wheeler 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 / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

Kettle Korn

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	See list + cost
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
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	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. A. Wheeler

(Signature)

Temporary Food Vendor Checklist

Name of Booth: The Love Brew Event: Market Day Date: 9/7/15

Person in charge of booth: Adrian Luna Phone #: 210-438-7756

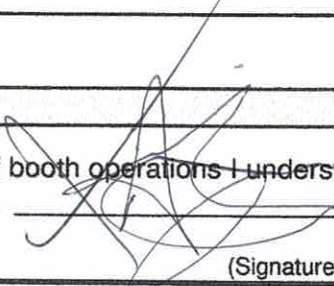
Menu Risk: (circle one) **R1 Low Risk / R2 Medium Risk / R3 Higher Risk**

** R1 Low Risk (packaged items / drinks) / R2 Medium Risk (limited items / hot dogs) / R3 Higher Risk (poultry / meats / PHFs)

N. Low Risk

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>Shot Gun House Foods</u>
Containers for wash/ rinse/ sanitize	N/A	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
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.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers.


(Signature)

Temporary Food Vendor Checklist

Name of Booth: <u>A5 B50</u>		Event: Market Day Date: <u>9/7/15</u>
Person in charge of booth: <u>Jordan Joly</u>		Phone #: <u>830-480-9576</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>Burgers / Crispy Chicken / Brisket / Sausage / Brisket</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>Reston Dept</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>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Trailer</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>Trailer</u>
Booth provided with floor as needed to control blowing dust / debris	<u>Yes</u>	<u>Trailer</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>Haley Johnson</u> (Signature)</p>		

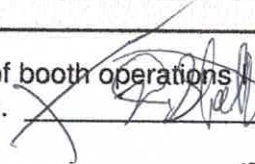
Temporary Food Vendor Checklist

Name of Booth: <i>Chinchove Taco</i>		Event: Market Day Date: <i>9/7/18</i>
Person in charge of booth: <i>Blake Ferguson</i>		Phone #: <i>806-465-9041</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>Maraca Tacos Beef Burrito / Cochuyaj Pork</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>Walmart / SART</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>135°</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> (Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: <i>Josh's Texas Size Enchiladas</i>		Event: Market Day Date: <i>9/7/15</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>Picadillo / Chicken / Beef + Cheese Burrito / Ice Tea</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>Wal-Mart & HEB</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.	<i>Yes</i>	
Sneeze protection provided (Sneeze guards or foods wrapped)	<i>Yes</i>	<i>Truck</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>Truck</i>
Booth provided with floor as needed to control blowing dust / debris	<i>Yes</i>	<i>Truck</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:		
<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>DeKut Soda</i>		Event: Market Day Date: <i>9/2/15</i>
Person in charge of booth:		Phone #: <i>214-380-2588</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>Soda "Canned" Water</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>N/A</i>	
Foods from approved sources / No products made in the home	<i>Yes</i>	<i>Son's</i>
Containers for wash/ rinse/ sanitize	<i>N/A</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>Yes</i>	<i>ice chest</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>N/A</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>Yes</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> <div style="text-align: center;">  _____ (Signature) </div>		

Temporary Food Vendor Checklist

Name of Booth: <i>Filipino: cioust</i>		Event: Market Day Date: <i>9/7/12</i>
Person in charge of booth:		Phone #: <i>710-906 3842</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>Eggrolls / Cheese Balls / Empanada / Bottle Tea</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<i>NO</i>	<i>Need Catch Buckets ^{will} set up</i>
Foods from approved sources / No products made in the home	<i>Yes</i>	
Containers for wash/ rinse/ sanitize	<i>NO</i>	<i>will set up</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.	<i>Yes</i>	<i>None To old</i>
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.		
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: <u>Roasted Corn</u>		Event: Market Day Date: <u>9/7</u>
Person in charge of booth:		Phone #: <u>828-80908</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>Roasted Corn</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>N/A</u>	
Hot foods maintained at 135 F or discarded in 4 hours.	<u>yes</u>	<u>made to order</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>yes 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>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></p> <p style="text-align: center;">(Signature)</p>		

Temporary Food Vendor Checklist

Name of Booth: Cooper Event: Market Day Date: 9/7/19

Person in charge of booth: _____ Phone #: 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) / R3 Higher Risk (poultry / meats / PHFs)

Philly Cheese / Chicken Cheese / Fries

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>Best Dept</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>Hand To Only</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>N/A</u>	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Will Henning Food Bar</i>		Event: Market Day Date: <i>9/7/12</i>
Person in charge of booth:		Phone #: <i>210-347-7765</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>Shrimp & Spam Fried Rice</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>HCS & Costco</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>180°</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	yes <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>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: Lemonaid Booth Event: Market Day Date: 9/7/15

Person in charge of booth: _____ Phone #: 714-775-8296

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)

Lemonaid

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>Walmart / Boon</u>
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	N/A	
Hot foods maintained at 135 F or discarded in 4 hours.	N/A	
Sneeze protection provided (Sneeze guards or foods wrapped)	Yes	
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	<u>Trauly</u>
Booth provided with floor as needed to control blowing dust / debris	Yes	<u>Trauly</u>
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.	N/A	
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____
 (Signature)

Temporary Food Vendor Checklist

Name of Booth: Hono Teen Hot Dog's Event: Market Day Date: 9/7/10

Person in charge of booth: _____ Phone #: 214-365-8598

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)

Hot Dog's Subs on stick

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>Kita base + 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>138°</u>
Sneeze protection provided (Sneeze guards or foods wrapped)	<u>Yes</u>	<u>Tissue</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>Yes</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.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. _____

(Signature)

Temporary Food Vendor Checklist

Name of Booth: Chinese Traditional Foods Event: Market Day Date: 9/7/19

Person in charge of booth: Qixia Dai Phone #: 210-480-5106

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)

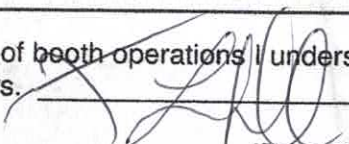
Noodles / Dumplings + Pastries

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	HEB Best Sign
Containers for wash/ rinse/ sanitize	Yes	
Cold Foods maintained at 41 F or discarded in 4 hours.	Yes	on ice on-ice
Hot foods maintained at 135 F or discarded in 4 hours.	Yes	None to order
Sneeze protection provided (Sneeze guards or foods wrapped)	N/A	
Direct hand contact with ready to eat foods avoided through use of plastic gloves and the use of <u>utensils</u> .	Yes	
Booth provided with overhead cover	Yes	
Booth provided with floor as needed to control blowing dust / debris	Yes	
Waste disposal container provided	Yes	
Food service personnel using head covers	Yes	
Electrical, gas, propane, charcoal devices approved by Fire Dept.		
Other:		

As the person in charge of booth operations I understand that I am responsible for food safety practices of employees and volunteers. X Qixia Dai

(Signature)

Temporary Food Vendor Checklist

Name of Booth: <i>Catch the Wave</i>		Event: Market Day Date: <i>9/7/19</i>
Person in charge of booth: <i>Leo Deviate</i>		Phone #: <i>714-602-3062</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>Street Tacos / Breakfast Tacos / Drinks</i>		
Temporary Food Vendor Requirements	Yes/No	Comments
Hand washing station set up & supplied	<input type="checkbox"/>	<i>uses the facility at OIA Helix Inn</i>
Foods from approved sources / No products made in the home	<input type="checkbox"/>	<i>Rest of Day</i>
Containers for wash/ rinse/ sanitize	<input type="checkbox"/>	<i>OIA Helix Inn</i>
Cold Foods maintained at 41 F or discarded in 4 hours.	<i>Yes</i>	<i>one ice</i>
Hot foods maintained at 135 F or discarded in 4 hours.	<i>Yes</i>	<i>140°</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>NK</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> <div style="text-align: center;">  _____ (Signature) </div>		