

CITY OF HELOTES

HEALTH INSPECTION SUMMARY JULY 2020

RECEIVED
AUG 06 2020
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>
Slim Chickens	6	EXCELLENT
Whimsical Annies	0	EXCELLENT
Rome's Pizza	8	EXCELLENT
Oolong	0	EXCELLENT
Pizza Hut	0	EXCELLENT
KFC	0	EXCELLENT
Casa Pasta	-	C of O

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

- Foster Inspection 12811 Paint Brush

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

RECEIVED

CITY OF HELOTES

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

AUG 06 2020

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

Retail Food Establishment Inspection Report

CITY OF HELOTES

Establishment: Slim Chickens License # _____ RC: 3 Date: 7/30/2020
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)
- 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°)
<u>Dry Cook: 35°/40°/186°/38°</u>	
<u>Freezer 0°</u>	
<u>Walk-in 36° Walk-in 0°</u>	
<u>Chicken Tender 140°</u>	

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean ✓
 - Dishwashing / sanitizing (300 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:

#32 Provide for Non-food Contact Surfaces To be cleaned

#13 Provide for signs in Sanitizing Solution

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 = 6
(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: Whimsical Annie's License # _____ RC: 01 Date: 7/30/2020
 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 _____

- {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!

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: Rome's Pizza License # _____ RC: 3 Date: 7/30/2020

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 COS
 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>Walkin 42° Walkin 6°</u>	
<u>my Cook 40°/42°/40°/50°</u>	
<u>Hot Balls 145°</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 _____

- {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:

#13 Provided for Walkin To be in Sanitizing Solution

#1 Cold hold Violation Cold hold on Cook 50°-55°

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 = 8

(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: Dolong License # _____ RC: 3 Date: 7/30/2020
 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° Walk-in Freezer 0°</u>	
<u>Hot Cooler 42° Fryer 45°</u>	
<u>Soup 150°</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 150° ✓
 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	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

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: Pizza Hut License # _____ RC: 3 Date: 7/30/2020
 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 36° Walk-in 0°</u>	
<u>Fridge 40°/38° Freezer 10°</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 _____
 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:
Looks Great!

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: KFC License # _____ RC: 3 Date: 7/30/2020
 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 37°/34° Lettuce 0°</u>	
<u>Chicken 140°/154°</u>	
<u>Hot 140° Slow 40°</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				

- {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!

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

 Person In Charge / Manager / Owner

 Evaluation by Registered Sanitarian

12415 Bandera Rd
St 102

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: Case Pasta License # _____ RC: 3 Date: 7/18/2020
Purpose of Visit: Compliance Inspection Consultation Complaint Illness Investigation Other: 90

- {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°)
Prep Cooler 40°/42°/38°/45°	
Walk-in 42°	
Walk-in 10°	

- {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
 - 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:

Hot Water - 120°

90 Approved for Health Permit

[Signature] 7/18/2020

Note: Paint Red Wood item x

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 =

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

[Signature]
Person In Charge / Manager / Owner

[Signature]
Evaluation by Registered Sanitarian