

CITY OF HELOTES

HEALTH INSPECTION SUMMARY NOVEMBER 2020

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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>
Dunkin Donuts	3	EXCELLENT
Sonic	0	EXCELLENT
Subway (Walmart)	3	EXCELLENT
Babes Old Fashioned	0	EXCELLENT
Oolong	0	EXCELLENT
Whimsical Annie's	0	EXCELLENT
Rome's Pizza	0	EXCELLENT

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



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

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

CITY OF HELOTES

Establishment: Dunkin Donuts License # _____ RC: 3 Date: 11/27/2020
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°)
Walk-in 40° Walk-in 0°	
Cooler 40°/40°/36°	

- {B} Facilities, Equipment and Food Storage (3 pts)**
- Hand washing stations supplied and clean ✓
 - Dishwashing / sanitizing (250 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 Provided to Manager
Contact Supplier to be clean

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: Sonic License # _____ RC: 3 Date: 11/27/2020
 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: _____

- {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°)
Walk-in 40° Walk-in 0°	
Fridge 0° Fridge 38°	
Pop Cooler 40° Hot Box 10°	
Burger 160°	

- {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: Bebes Old Fashioned License # _____ RC: 3 Date: 11/27/2020
 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: _____

- {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:
Lacks Good!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Walk-in 38°</u>	
<u>Prep table 40°/40°/40°/38°</u>	
<u>Freezer 0°</u>	
<u>Beans 190°</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				
Restrooms				
Housekeeping				
Equipment				
Construction				
Overall Rating				

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

Person In Charge / Manager / Owner
[Signature]

Evaluation by Registered Sanitarian
[Signature]

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: Polang License # _____ RC: 3 Date: 11/27/2020
 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: _____

- {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 40°</u> <u>Walk-in 0°</u>	
<u>Fridge 38°</u> <u>Pip Cook 160°</u>	
<u>Soup 190°</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: Romeo's Pizzeria License # _____ RC: 3 Date: 11/27/2020
 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: _____

- {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:

Great Job!

Critical Temperature Verification:

Food Item and Process	Temp (F°)
<u>Catfish 42° Walk-in 8°</u>	
<u>Big Cooler 38°/34°/36°</u>	
<u>Frozen 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 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