

CITY OF HELOTES

HEALTH INSPECTION SUMMARY FEBRUARY 2021

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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 Chickens | 3 | EXCELLENT |
| KFC | 0 | EXCELLENT |
| Pizza Hut | 0 | EXCELLENT |
| Dairy Queen | 3 | EXCELLENT |
| Dollar Tree | 0 | EXCELLENT |
| Bill Millers | 3 | EXCELLENT |

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



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

MAR 12 2021

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: Slim Chickens License # _____ RC: 3 Date: 2/28/2021
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: _____
_____ Chicken Tender 180°
_____ Chicken Wing 160°

- {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:

H32 Provided for _____
Non-food contact surfaces
To be cleaned

Critical Temperature Verification:

| Food Item and Process | Temp (F°) |
|------------------------------------|-----------|
| <u>Waffle 38°</u> <u>Waffle 0°</u> | |
| <u>Big Cook 40°/40°/40°</u> | |
| <u>Fried 40°</u> <u>Frozen 0°</u> | |
| <u>Spinach 150°</u> | |

- {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: _____

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)

[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: KFC **License #** _____ **RC:** 3 **Date:** 2/28/2001
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°) |
|------------------------------------|-----------|
| <i>Walk-in 38/37</i> | |
| <i>Walk-in 0° Frozen 0°</i> | |
| <i>Fridge 40° Warm 160/165/160</i> | |
| <i>Grill 150°</i> | |

- {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 130° ✓
 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 | <i>7</i> | | | |
| 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: 2/28/2002
 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 38° Walk-in 0°</u> | |
| <u>Pan Cook 36°</u> | |
| <u>Freeze 0°/0°</u> | |

- {B} Facilities, Equipment and Food Storage (3 pts)**
12. Hand washing stations supplied and clean ✓
 13. Dishwashing / sanitizing (100/300ppm 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 | 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: Dairy Queen **License #** _____ **RC:** 3 **Date:** 2/28/2021
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: _____

- {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 provided for best contact surface to be clean

Critical Temperature Verification:

| Food Item and Process | Temp (F°) |
|------------------------------|-----------|
| <u>Walk-in 0° Walk-in 38</u> | |
| <u>Pre-cool 45°</u> | |
| <u>Fridge 10/10°</u> | |
| <u>Freezer 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
 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 = 83
 (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: Dallas Tiroc License # _____ RC: 2 Date: 2/28/2021
 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 37° Walk-in 0 | |
| Fridge 40° Fridge 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: _____

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