


Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	10:30 am	Core:	0
Activity Date 02/04/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	11:15 am	Tot. Minutes:	45
Establishment ARBY'S #7356	Address 5052 FRANKFORD AVE	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 795-2729	
Record ID # PR0002954	Permit Holder MIRACLE RESTAURANT GROUP LLC	Est. Type RESTAURANT	Risk Category FR02		

OBSERVATIONS

37 Environmental contamination	5/4/20
45 Physical facilities installed/maintained/clean	5/4/20

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NOT APPLICABLE

Signatures

Leslie Morgan

LESLIE MORGAN


EHS II REHS/RS CPO

Kim Gifford

Kim Gifford

Follow up : No

Inspection Report

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:25 am	Core:	0	
Activity Date 02/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:50 am	Tot. Minutes:	25	
Establishment BENTA DE NARANJAS	Address 301 E 6TH	City/State MULESHOE, TX	Zip Code 9347	Telephone		
Record ID # PR0013744	Permit Holder ALBERTO DURAZO	Est. Type SEASONAL	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

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Activity Date
02/08/2020
Establishment
BENTA DE NARANJAS

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0013744

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

[Signature]

Follow up : No

Inspection Report

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		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 7	Priority: 2	Score 13	
		No. of Repeat Violations 1	Priority Foundation: 2				
		Time In 1:30 pm	Core: 3				
Activity Date 02/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:30 pm	Tot. Minutes: 60				
Establishment CHARLEY'S PHILLY STEAKS		Address 6002 SLIDE #F-01 RD		City/State LUBBOCK, TX		Zip Code 79414	Telephone (806) 584-7429
Record ID # PR0010299		Permit Holder SUNIDHI ENTERPRISES LLC		Est. Type RESTAURANT		Risk Category FR02	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature					
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented					2/9/20
Violation Comments: OBSERVED BOX OF RAW CHICKEN IN WALK IN COOLER RACK STORED ABOVE READY TO EAT LETTUCE. NO CONTAMINATION FROM DRIP OBSERVED. CHICKEN WAS REARRANGED TO BOTTOM SHELF TO BE STORED BY PROPER COOK TEMPERATURE. DISCUSSED. COS 228.66(a)(1)(B)(i) Food protected cross contamination separating types of raw animal food storage, preparation, holding, display							
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized					2/9/20
Violation Comments: OBSERVED CLEAN UTENSILS ON DRYING WAREWASH RACK STORED IN SOILED CONTAINER. UTENSILS WERE SENT BACK TO WAREWASH. DISCUSSED KEEPING FOOD CONTACT SURFACES CLEAN AND CLEANING PROCEDURE OF CLEANING CONTAINERS THAT STORE ITEMS AFTER WASHING. COS 228.113(1) Food-contact surfaces clean to sight and touch							
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition					
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting					
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion					
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use					
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method					
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered					
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg					
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used					
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow					
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal					
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM					
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel					
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure					
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels					
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP					
Follow up : Yes Followup Date: 02/16/2020							

Inspection Report



Activity Date
02/06/2020

Establishment
CHARLEY'S PHILLY STEAKS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010299

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	2/16/20

Violation Comments:

OBSERVED NO PAPER TOWELS AT HAND SINK IN FRONT COUNTER WHERE FOOD IS PREPARED. PAPER TOWELS WERE SUPPLIED. DISCUSSED IMPORTANCE OF HANDWASHING BEFORE DOWNING GLOVES FOR READY TO EAT FOODS, ALL RAW FOOD ITEMS TOUCHED WITH UTENSILS. COS. 228.175(c) Hand drying provision.

32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	2/16/20
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Violation Comments:

OBSERVED DAMAGED HANDLES OF UTENSILS AT GIRLL. ALL UTENSILS MUST BE SMOOTH, NON POROUS AND EASILY CLEANABLE. DISCUSSED.NRI
228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	5/6/20

Violation Comments:

OBSERVE UNLIDDED EMPLOYEE DRINK STORED ON RACK ABOVE FOOD CONTAINERS. FACILITY HAS AREA FOR EMPLOYEE DRINKS, DISCUSSED IMPORTANCE OF LIDS AND STRAWS FOR DRINKS. DRINK REMOVED. COS
228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	5/6/20

Violation Comments:

OBSERVED CLEAN, WET CONTAINERS IN DRYING RACK STACKED TOGETHER. CONTAINERS NOT PROPERLY ALLOWED TO AIR DRY AFTER BEING SANITIZED. STAGGER TO ALLOW TO PROPERLY AIR DRY. DISCUSSED. NRI.
228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/6/20

Violation Comments:

OBSERVED GASKETS TO REACH IN COOLER AND WALK IN COOLER SOILED. MAINTAIN ALL NON FOOD CONTACT SURFACES CLEAN. DISCUSSED. NRI
228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	

Follow up : Yes Followup Date: 02/16/2020

Inspection Report

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Activity Date
02/06/2020

Establishment
CHARLEY'S PHILLY STEAKS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010299

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

46 ☐ OUT ☒ IN ☐ NO ☐ COS ☐ REP 46 Toilet facilities; constructed/supplied/clean

47 ☐ OUT ☒ IN ☐ NO ☐ NA ☐ COS ☐ REP 47 Other violations

Measured Observations

CHICKEN RAW RIC 33.00 Degrees Fahrenheit
TOMATOES RIC 39.00 Degrees Fahrenheit
CHEESE RIC 40.00 Degrees Fahrenheit
BEEF RIC 31.00 Degrees Fahrenheit
CHICKEN WIC 37.00 Degrees Fahrenheit
EGGS WIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


JUAN GOMES

GM

Follow up : Yes Followup Date: 02/16/2020

Inspection Report

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 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	11	Priority:	3	Score 19
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	1:15 pm	Core:	6	
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:45 pm	Tot. Minutes:	150	
Establishment CRICKETS DRAFTHOUSE OF	Address 2412 BROADWAY	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 744-4677		
Record ID # PR0000259	Permit Holder CRICKETS OF LUBBOCK, LLC	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				2/7/20
Violation Comments: 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display Observed soiled deflector plate and interior of ice machine. Ice voluntarily discarded, and ice machine washed, rinsed, and sanitized. Discussed.						
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				2/7/20
Violation Comments: 228.83(e) Damaged foods. Heavily rim/seam-dented canned foods, or without the manufacturer's complete labeling Observed several cans of tomatoes and cut red peppers that were heavily rim or sharply seam-dented in dry storage but not segregated to be returned or discarded. Removed and discarded. Discussed.						
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				2/7/20
Violation Comments: 228.203 Poisonous/toxic materials or chemicals stored properly Observed toxic chemicals stored above single service items in dry storage area. Rearranged. Discussed. Corrected on site.						
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
Follow up : Yes Followup Date: 02/07/2020						

Inspection Report

Page 2 of 3



Activity Date
02/04/2020

Establishment
CRICKETS DRAFTHOUSE OF LUBBOCK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000259

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	2/14/20
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Violation Comments:

228.75(g)(1) Date marking prepare on site RTE/ TCS food

Observed no date marks on several TCS foods including refried beans and cut tomatoes. Provided. Discussed.

29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
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30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
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31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
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32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	2/14/20
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Violation Comments:

228.104(g) Nonfood-contact surfaces. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance

A) Observed blue tape on the interior surface of the walk-in cooler door. Remove. All surfaces must be made of smooth, non-porous, easily cleanable materials. Discussed. Next regular inspection.

B) Observed bare wood in dry storage area. All surfaces must be made of smooth, non-porous, easily cleanable materials. Provide seal or replace. Discussed. Next regular inspection.

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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Violation Comments:

228.174(e)(1) Outer openings, protected

Observed damaged door sweeps on both exits to alleyway. Provide replacement. Discussed. Next regular inspection.

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
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36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
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37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	5/4/20
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Violation Comments:

228.70(e) Preventing contamination from other sources. Miscellaneous sources of Contamination

Observed holes in wall and ceiling tiles missing in dry storage area. Provide repairs. Discussed. Next regular inspection.

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
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39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	5/4/20
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Violation Comments:

228.111(a) Good repair and proper adjustment.

Observed damaged food containers. Discarded. Discussed.

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
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41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
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42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/4/20
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Violation Comments:

228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material

Observed soiled vent hood and fan covers in walk-in cooler. Maintain clean and sanitized. Discussed. Next regular inspection.

Follow up : Yes Followup Date: 02/07/2020

Inspection Report

Page 3 of 3



Activity Date
02/04/2020

Establishment
CRICKETS DRAFTHOUSE OF LUBBOCK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000259

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

43	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	5/4/20
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Violation Comments:

A) 228.174(a)(1) Light bulbs shall be shielded, coated, or otherwise shatter-resistant

Observed bare light bulbs in dry storage area. Provide covers. Discussed. Next regular inspection.

B) 228.177(1) The light intensity shall be at least 108 lux (10 foot candles)

Observed one light fixture unplugged/not working in dry storage area over ice machine. Provide repair. Discussed. Next regular inspection.

44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
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45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	5/4/20
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Violation Comments:

A) 228.186(a) Repairing. The physical facilities shall be maintained in good repair

Observed damaged gaskets on reach-in freezer across from grills. Replace and maintain clean and sanitized. Discussed. Next regular inspection.

B) 228.173(a) Cleanability. Floor, wall ceiling constructed installed are smooth and easily cleanable

Observed damaged floors in kitchen and ware wash area. Provide seal. Discussed. 1 year

C) 228.186(f) Drying mops

Observed mop, not in use, stored in mop bucket. Mops must be stored either head up or hung to allow for proper air drying. Discussed. Corrected on site.

46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	5/4/20
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Violation Comments:

A) 228.152(h) Toilet room receptacle, covered

Observed no covered trash can in employee restroom. Provide. Discussed. Next regular inspection.

B) 228.147(b) Toilets and urinals

Observed missing toilet lid. Provide. Discussed. Next regular inspection.

47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	
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Measured Observations

raw hamburger patties WIC 37.00 Degrees Fahrenheit
refried beans WIC 37.00 Degrees Fahrenheit
ranch dressing WIC 38.00 Degrees Fahrenheit
sliced tomatoes WIC 38.00 Degrees Fahrenheit
salsa WIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

Note: Facility was not in operation at time of inspection.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON

EHS I RSIT CPO

Chance Brundrett


Chance Brundrett

Assistant manager

Follow up : Yes Followup Date: 02/07/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 5
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	1:15 pm	Core:	1	
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:45 pm	Tot. Minutes:	150	
Establishment CRICKETS DRAFTHOUSE OF	Address 2412 BROADWAY	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 744-4677		
Record ID # PR0003998	Permit Holder CRICKETS OF LUBBOCK, LLC	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				2/14/20
Violation Comments: 228.75(g)(2) Date marking commercially prepared RTE/ TCS food Observed milk in reach-in cooler with manufacturer's use by date of 1/28/2020, but no date mark from facility. Discarded. Discussed 7-day date marking for all TCS foods including those with manufacturer's date marks or use by dates. Milk voluntarily discarded.						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
<div style="text-align: right;">Follow up : Yes Followup Date: 05/04/2020</div>						

Inspection Report

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Activity Date
02/04/2020

Establishment
CRICKETS DRAFTHOUSE OF LUBBOCK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003998

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	2/14/20
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Violation Comments:

228.175(c) Hand drying provision.

Observed no paper towels at only hand sink in bar. Provided. Discussed.

32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
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33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
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36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
----	---	---	---	--

37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
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38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
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39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
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40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
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41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
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42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/4/20
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Violation Comments:

228.114(c) Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues

Observed soiled walls under bar area. Maintain clean and sanitized. Discussed. Next regular inspection.

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
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44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
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45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
----	---	---	---	--

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
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47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	
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Measured Observations

milk reach-in cooler 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON

EHS I RSIT CPO

Chance Brundrett


Chance Brundrett

Assistant manager

Follow up : Yes Followup Date: 05/04/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	1	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:38 am	Core:	0	
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:10 pm	Tot. Minutes:	32	
Establishment DOLLAR GENERAL #1875	Address 908 SLIDE RD 20	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 793-2824		
Record ID # PR0003060	Permit Holder DOLGENCORP OF TEXAS, INC	Est. Type GROCERY	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				2/10/20
Violation Comments: Observed 12 cans heavily dented on rims and side seams. Products included canned vegetables, soup, condensed milk. Sent to back for return credit. 228.83(e) Damaged foods. Heavily rim/seam-dented canned foods, or without the manufacturer's complete labeling						
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
DOLLAR GENERAL #1875

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003060

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

MILK RIC 39.00 Degrees Fahrenheit
CHEESE RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


Mercedes Bravo

Store Manager

Follow up : No

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	2:40 pm	Core:	0
Activity Date 02/04/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	3:15 pm	Tot. Minutes:	35
Establishment DUNKIN DONUTS/BASKIN ROBBINS	Address 4328 50TH	City/State LUBBOCK, TX	Zip Code 79413	Telephone (806) 686-0825	
Record ID # PR0009750	Permit Holder BRANDT STRAVLO	Est. Type RESTAURANT	Risk Category FR01		

OBSERVATIONS

- 10 Contact surfaces/returnables; clean & sanitized** 2/7/20
Violation Comments:
 Reach-in cooler and freezers observed clean. Waffle table observed in compliance. All complied.
- 32 Food & non-food contact surfaces cleanable/use** 2/14/20
Violation Comments:
 Reach-in cooler gasket is scheduled for replacement. NRI.
- 37 Environmental contamination** 5/4/20
Violation Comments:
 Ice cream cakes in reach-in freezer were covered, and rack of donuts were covered. Complied.
- 41 Original container labeling (Bulk Food)** 5/4/20
Violation Comments:
 Toppings racks and bins were observed labeled. Complied.
- 42 Non-food contact surfaces clean** 5/4/20
Violation Comments:
 All complied. Clean the blue fan above the frosting table more frequently. Discussed with PIC.
- 47 Other violations** 5/4/20
Violation Comments:
 City of Lubbock Permit and Certified Food Manager Certificate were observed posted on South wall by ice cream freezers. Complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

All prior violations were complied.

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures



JEANNE VALDEZ

EHS II RS CPO




Nnamdi Ndubueze

Shift Manager

Follow up : Yes Followup Date: 02/14/2020

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	1:46 pm	Core:	0
Activity Date 02/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:55 pm	Tot. Minutes:	9
Establishment EDDIE'S BARBEQUE	Address 1324 E 50TH ST	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 747-3736	
Record ID # PR0003619	Permit Holder EDWIN DELEVAN	Est. Type RESTAURANT	Risk Category FR02		

OBSERVATIONS

32 Food & non-food contact surfaces cleanable/use <i>Violation Comments:</i> Observed all unsealed wood in Kitchen sealed.	2/16/20
34 Evidence of contamination; insect/rodent/other <i>Violation Comments:</i> Observed the following: A) holes on the wall and in ceiling repaired. B) weather seal for back door repaired.	5/6/20
36 Wiping clothes; properly used and stored	5/6/20
42 Non-food contact surfaces clean <i>Violation Comments:</i> Observed fan cover in walk-in-cooler cleaned and sanitized.	5/6/20

Measured Observations

No Temperature Observations


Overall Inspection Comments

No Overall Inspection Comments


Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures



 NIRAJAN SHRESTHA EHS I RSIT CPO




 Eddie DeLavan Owner

Follow up : Yes Followup Date: 02/16/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	4	Priority:	0	Score 6
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	10:00 am	Core:	2	
Activity Date 01/30/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:00 am	Tot. Minutes:	60	
Establishment GRIFFITH CENTER	Address 5219 CITY BANK PKWY	City/State LUBBOCK, TX	Zip Code 79408	Telephone (806) 771-3356		
Record ID # PR0003149	Permit Holder CITY BANK	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
Follow up : Yes Followup Date: 02/13/2020						

Inspection Report

Page 2 of 3



Activity Date
01/30/2020

Establishment
GRIFFITH CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003149

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	2/13/20
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Violation Comments:

OBSERVED NO HAND SOAP AT HAND SINK. DISCUSSED. REPLACED. COS
228.175(b) Hand washing cleanser, availability

32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	2/13/20
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Violation Comments:

OBSERVED DAMAGED HANDLES FOR UTENSILS. REMOVED. COS
228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
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36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
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37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
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38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
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39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
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40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	5/3/20
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Violation Comments:

OBSERVED SINGLE SERVICE PLATES STORED ON FLOOR. REARRANGED. DISCUSSED. COS
228.124(a)(3) Single-service/ single-use articles kept in the original protective package or other means of protection

41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
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42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/3/20
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Violation Comments:

OBSERVED OUTSIDE OF REACH COOLER AND GASKETS TO REACH IN COOLER SOILED. mAINTIAN CLEAN AND SANITIZED. DISCUSSED. NRI.
228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
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44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
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45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
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46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
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47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	
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Measured Observations

MILK WIC 36.00 Degrees Fahrenheit
SOUP HH 38.00 Degrees Fahrenheit
HAM RIC 38.00 Degrees Fahrenheit
CHICKEN GRILL 209.00 Degrees Fahrenheit
TOMATOES RIC 39.00 Degrees Fahrenheit
EGGS WIC 39.00 Degrees Fahrenheit
TURKEY RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

Follow up : Yes Followup Date: 02/13/2020

Inspection Report



Activity Date
01/30/2020

Establishment
GRIFFITH CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003149

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink, appearing to read "Matthew Elizondo".

MATTHEW ELIZONDO

EHS II RS CPO


A handwritten signature in blue ink, appearing to read "Peter".

PETER

CHEF

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0
		No. of Repeat Violations 0	Priority Foundation: 0			
		Time In 3:00 pm	Core: 0			
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 4:30 pm	Tot. Minutes: 90			
Establishment HAYS FIELD CONCESSION @ LCU		Address 5601 W 19TH ST	City/State LUBBOCK, TX		Zip Code 794072031	Telephone (806) 720-7981
Record ID # PR0004227		Permit Holder ARAMARK CORP	Est. Type CONCESSION		Risk Category FR01	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
HAYS FIELD CONCESSION @ LCU

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004227

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

No Temperature Observations

Overall Inspection Comments

no violations observed

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


MATTHEW ELIZONDO EHS II RS CPO

Jennifer Aguirre Employee

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	5:25 pm	Core:	0	
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	5:40 pm	Tot. Minutes:	15	
Establishment 2020 HIPPIE DIPPIE DONUTS	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013737	Permit Holder 2020 HIPPIE DIPPIE DONUTS	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name 2020 HIPPIE DIPPIE DONUTS	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer KAREN WILSON	Event Organizer Phone	Booth / Space No.	Serial Number DA20VW80T			
OUT = IN = NA = NO = COS = REPT =						
PRIORITY ITEMS						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION ITEMS						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided				
CORE ITEMS						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
2020 HIPPIE DIPPIE DONUTS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013737

OUT = IN = NA = NO = COS = REPT =

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations	

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

Karen Wilson

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 1
		No. of Repeat Violations	1	Priority Foundation:	0	
		Time In	12:30 pm	Core:	1	
Activity Date 02/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:00 pm	Tot. Minutes:	30	
Establishment LCU GRIFFIN CENTER	Address 5601 W 19TH ST	City/State LUBBOCK, TX	Zip Code 794072031	Telephone (806) 796-8800		
Record ID # PR0000986	Permit Holder ARAMARK CORP	Est. Type CONCESSION	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : Yes Followup Date: 05/08/2020						

Inspection Report

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Activity Date
02/08/2020

Establishment
LCU GRIFFIN CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000986

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	5/8/20

Violation Comments:

Observed personal drink stored over single service items. Removed. COS.
228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

brikset hh 145.00 Degrees Fahrenheit
hot dog hh 164.00 Degrees Fahrenheit
chili hh 139.00 Degrees Fahrenheit
sour cram ric 35.00 Degrees Fahrenheit

Overall Inspection Comments

No violation observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


Salvador Aguirre

Food Services Director

Follow up : Yes Followup Date: 05/08/2020

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	11:20 am	Core:	0
Activity Date 02/04/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	12:00 pm	Tot. Minutes:	40
Establishment MAIN EVENT ENTERTAINMENT #8	Address 6010 MARSHA SHARP FWY	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 792-3333	
Record ID # PR0004645	Permit Holder MAIN EVENT ENTERTAINMENT	Est. Type RESTAURANT	Risk Category FR03		

OBSERVATIONS

39 Utensils/equipment/linens; used/stored/handled 5/4/20
 47 Other violations 5/4/20

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO


Ericson Caldwell

Ericson Caldwell

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	1	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:30 pm	Core:	0	
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:30 pm	Tot. Minutes:	60	
Establishment MCALISTER'S DELI #101078	Address 6810 MILWAUKEE AVE STE 1300	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 577-4349		
Record ID # PR0012217	Permit Holder SOUTHWEST DELI GROUP, INC.	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				2/10/20
Violation Comments: Observed dish machine at 0 ppm bleach. Service company called and 3 comp sink will be used until repairs are made. 228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION						
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
MCALISTER'S DELI #101078

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012217

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

Cut tomato Cold Prep 40.00 Degrees Fahrenheit
 French onion soup H H 140.00 Degrees Fahrenheit
 Turkey Cold prep 40.00 Degrees Fahrenheit
 Bleach Dish Machine 0.00 Parts Per Million - Comments: service called
 Potato Salad Cold prep 40.00 Degrees Fahrenheit
 Turkey walk in Cooler 38.00 Degrees Fahrenheit
 Corn relish Cold prep 37.00 Degrees Fahrenheit
 Quat Sani Bucket 300.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO


Sandy Salinas

Sandy Salinas

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 1
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:50 am	Core:	1	
Activity Date 02/03/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:30 am	Tot. Minutes:	40	
Establishment MRS. WOOD'S LEARNING SPOT	Address 4539 34TH ST	City/State LUBBOCK, TX	Zip Code 79410	Telephone (806) 993-7768		
Record ID # PR0011177	Permit Holder TAMMY WOOD	Est. Type DAYCARE	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : Yes Followup Date: 05/03/2020						

Inspection Report

Page 2 of 2



Activity Date
02/03/2020

Establishment
MRS. WOOD'S LEARNING SPOT

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011177

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/3/20

Violation Comments:

Outside of reach in cooler and gasket to reach in cooler soiled. Maintain clean and sanitized. Discussed. NRI
228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

ground beef stove 178.00 Degrees Fahrenheit
milk ric 41.00 Degrees Fahrenheit
ham ric 40.00 Degrees Fahrenheit
eggs ric 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


Tammy Wood

Owner

Follow up : Yes Followup Date: 05/03/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:15 pm	Core:	3	
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	30	
Establishment PAPA JOHN'S PIZZA		Address 405 SLIDE #108 RD		City/State LUBBOCK, TX		Zip Code 79416
Record ID # PR0009754		Permit Holder PAUL PASSAFUIME		Est. Type RESTAURANT		Risk Category FR01
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : Yes Followup Date: 05/04/2020						

Inspection Report

Page 2 of 3



Activity Date
02/04/2020

Establishment
PAPA JOHN'S PIZZA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009754

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
----	---	---	--

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	5/4/20

Violation Comments:

Observed 3 compartment and front sink not properly sealed to wall. Seal

228.110(a)(1)(C) Equipment that is fixed because it is not easily movable shall be installed so that it is sealed to adjoining equipment or walls, if the equipment is exposed to spillage or seepage

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/4/20

Violation Comments:

Observed fan shrouds in walk in cooler soiled. Clean.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	5/4/20

Violation Comments:

Observed cove base tile near mop sink damaged. Repair
Observed fan shroud in walk in cooler damaged. Replace

228.186(a) Repairing. The physical facilities shall be maintained in good repair

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

QUAT 3-COMP 200.00 Parts Per Million
CHICKEN WIC 39.00 Degrees Fahrenheit
CHEESE RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 05/04/2020

Inspection Report

Page 3 of 3



Activity Date
02/04/2020

Establishment
PAPA JOHN'S PIZZA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009754

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A blue ink signature of Charles Seifert, written in a cursive style.

CHARLES SEIFERT

EHS II RS CPO

A blue ink signature of Diane Dezarn, written in a cursive style.


DIANE DEZARN

SHIFT MANAGER

Follow up : Yes Followup Date: 05/04/2020

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 2:40 pm	Core: 0				
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:00 pm	Tot. Minutes: 20				
Establishment PLAINS CAPITAL PARK		Address 5601 W 19TH ST		City/State LUBBOCK, TX		Zip Code 79407	Telephone (806) 720-7980
Record ID # PR0012848		Permit Holder ARAMARK CORP		Est. Type CONCESSION		Risk Category FR01	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature					
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented					
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized					
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition					
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting					
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion					
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use					
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method					
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered					
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg					
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used					
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow					
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal					
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM					
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel					
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure					
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels					
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP					
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label					
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate					
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition					
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate					
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)					
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used					
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use					
Follow up : No							

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
PLAINS CAPITAL PARK CONCESSION @ LCU

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012848

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	33 Warewashing facilities & Service sink provided	
	REP		

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	37 Environmental contamination	
	REP		
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	38 Approved thawing method	
	REP		
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	41 Original container labeling (Bulk Food)	
	REP		
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	47 Other violations	
	REP		

Measured Observations

diced tomaotes ric 40.00 Degrees Fahrenheit
brisket hh 159.00 Degrees Fahrenheit

Overall Inspection Comments

no violations observed

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


Randy White

Chef Manager

Follow up : No

Inspection Report

Page 1 of 3

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 4	Priority: 1	Score 8	
		No. of Repeat Violations 0	Priority Foundation: 2				
		Time In 10:23 am	Core: 1				
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:01 pm	Tot. Minutes: 98				
Establishment POLLY'S		Address 1815 AVE. B		City/State LUBBOCK, TX		Zip Code 79401	Telephone
Record ID # FA0006793		Permit Holder PAULINE RANGEL		Est. Type		Risk Category FR02	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature					
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented					
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized					
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition					
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting					
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion					
14	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use					2/7/20
Violation Comments: Observed employee not scrubbing hand for atleast 20 seconds during hand washing steps. Discussed with an employee and person-in-charge about proper hand washing technique. Complied and re-washed hands before wearing gloves.							
228.38(b)(2) Cleaning procedure--steps							
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method					
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered					
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg					
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used					
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow					
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal					
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM					
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel					3/6/20
Violation Comments: Observed no food handlers certificate for one of the employee handling food food items, who was hired about a year ago. Facility shall acquire food handler for all employees handling food items within 60 days of hire date. Employee shall acquire food handlers certificate within 30 days.							
228.33(d) Food Handler Training criteria							
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure					
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels					
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP					
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label					
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate					
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition					
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate					
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)					
Follow up : Yes Followup Date: 03/06/2020							

Inspection Report

Page 2 of 3



Activity Date
02/04/2020

Establishment
POLLY'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
FA0006793

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	2/14/20
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Violation Comments:

Observed hand washing sink being blocked with a cart. Hand washing sink shall be available to wash hand at all times. Discussed with person-in-charge. Removed the cart.

228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing

32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/4/20

Violation Comments:

Observed a/c vents above food preparation area in front in the kitchen and in the back soiled. Facility shall clean and sanitize. NRI.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

beans cooking 206.00 Degrees Fahrenheit
 cooked ground beef cooling for an hour 63.00 Degrees Fahrenheit
 tomatoes chopped cold hold 39.00 Degrees Fahrenheit
 raw ground beef cold hold 36.00 Degrees Fahrenheit
 sanitizing solution 3 comp sink 200.00 Parts Per Million
 potatoes (boiled) cooling for an hour 67.00 Degrees Fahrenheit
 carne de sada cold hold 37.00 Degrees Fahrenheit
 carne de sada hot hold 202.00 Degrees Fahrenheit
 rice cold hold 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 03/06/2020

Inspection Report



Activity Date
02/04/2020

Establishment
POLLY'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
FA0006793

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

A handwritten signature in blue ink, appearing to read "ShresthaXP", written over a horizontal line.

NIRAJAN SHRESTHA

EHS I RSIT CPO


A handwritten signature in blue ink, appearing to read "Rachael Barboza", written over a horizontal line.

Rachael Barboza

Cook

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0	
		No. of Repeat Violations	0	Priority Foundation:	0		
		Time In		Core:	0		
Activity Date 02/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out		Tot. Minutes:	0		
Establishment 2020 PORKY'S BBQ		Address		City/State LUBBOCK, TX		Zip Code 79401	Telephone
Record ID # PR0013739		Permit Holder 2020 PORKY'S BBQ		Est. Type		Risk Category TF15	
Event Name 2020 PORKY'S BBQ		Event Address		Event City/State		Zip Code	Event Telephone
Event Organizer CHRISTOPHER HERNANDEZ		Event Organizer Phone		Booth / Space No.		Serial Number DA0227XO4	
OUT = IN = NA = NO = COS = REPT =							
PRIORITY ITEMS							
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature					
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented					
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized					
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition					
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting					
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion					
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use					
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method					
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered					
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg					
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used					
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow					
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal					
PRIORITY FOUNDATION ITEMS							
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM					
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel					
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure					
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels					
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP					
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label					
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate					
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition					
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate					
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)					
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used					
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use					
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided					
CORE ITEMS							
Follow up : No							

Inspection Report

Page 2 of 2



Activity Date
02/08/2020

Establishment
2020 PORKY'S BBQ

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013739

OUT = IN = NA = NO = COS = REPT =

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations	

Measured Observations

Brisket HH 159.00 Degrees Fahrenheit
Sausage CH 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer


JACOB KEMMER

EHS II RS CPO

Ch. H. H.

Follow up : No

Inspection Report

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:30 am	Core:	0	
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:00 pm	Tot. Minutes:	90	
Establishment POWELL'S BBQ	Address 7729 19TH ST	City/State LUBBOCK, TX	Zip Code 794074205	Telephone (806) 792-7270		
Record ID # PR0000846	Permit Holder SINCLAIR POWELL	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date

02/07/2020

Establishment

POWELL'S BBQ

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0000846

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

Brisket HH 176.00 Degrees Fahrenheit

Potato Salad reach in Cooler 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Sinclair Powell


Sinclair Powell

Owner

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:15 am	Core:	3	
Time Out	11:55 am	Tot. Minutes:	40			
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment RAISING CANE'S #397	Address 5702 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone		
Record ID # PR0013640	Permit Holder RAISING CANE'S CHICKEN FINGERS	Est. Type RESTAURANT	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : Yes Followup Date: 05/04/2020						

Inspection Report

Page 2 of 2



Activity Date
02/04/2020

Establishment
RAISING CANE'S #397

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013640

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	33 Warewashing facilities & Service sink provided	
	REP		

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	5/4/20

Violation Comments:

Observed employee drink without lid and straw. Discussed. Voluntarily discarded.

228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	37 Environmental contamination	
	REP		
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	38 Approved thawing method	
	REP		
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	41 Original container labeling (Bulk Food)	
	REP		
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	5/4/20

Violation Comments:

Observed employee cell phones stored over prep surfaces. Removed.

228.212 Other Personal Care Items, Storage

46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	5/4/20
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Violation Comments:

Observed small leak under sink across from fryers. Repair.

228.149(e)(2) A plumbing system shall be maintained in good repair

47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>	47 Other violations	
	REP		

Measured Observations

QUAT BUCKET 300.00 Parts Per Million
COLESLAW RIC 40.00 Degrees Fahrenheit
RAW CHICKEN WIC 40.00 Degrees Fahrenheit
RAW CHICKEN RIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


CHARLES SEIFERT EHS II RS CPO

Bryan Flowers General manager

Follow up : Yes Followup Date: 05/04/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	8	Priority:	2	Score 14
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	1:59 pm	Core:	4	
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:28 pm	Tot. Minutes:	89	
Establishment SMILEY'S FISH, CHICKEN N MORE	Address 1702 E BROADWAY	City/State LUBBOCK, TX	Zip Code 79403	Telephone (806) 543-8855		
Record ID # PR0010660	Permit Holder TERRY HUMPHREY	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				2/7/20
Violation Comments: Observed ice-scoop placed on top of ice-bin on cardboard. Discussed with person-in-charge. Ice-scoop is cleaned and sanitized and a clean container is provided for ice-scoop. 228.68(a) Food shall only contact clean surfaces of equipment, linen, single service articles						
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				2/7/20
Violation Comments: Observed cleaned utensils inside sticky drawer. Discussed with person-in-charge. All utensils are sent to ware wash. The drawers are cleaned and sanitized. 228.113(1) Food-contact surfaces clean to sight and touch						
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				3/6/20
Violation Comments: Observed expired food handlers certificate for employees. Facility shall provide within 30 days. 228.33(d) Food Handler Training criteria						
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
Follow up : Yes Followup Date: 03/06/2020						

Inspection Report



Activity Date
02/04/2020

Establishment
SMILEY'S FISH, CHICKEN N MORE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010660

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	2/14/20

Violation Comments:

Observed aluminum sheets being used on top of shelf and it is soiled. Discussed with person-in-charge that facility shall not use aluminum sheets on top of shelf, it being hard to clean surface. Removed and shelf is cleaned and sanitized.

228.104(g) Nonfood-contact surfaces. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	5/4/20
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Violation Comments:

Observed damaged weather strips for back door. Facility shall repair.

228.174(e)(1) Outer openings, protected

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	5/4/20
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Violation Comments:

Observed employee drinks on shelf with single service items. Facility shall place all employee items including drinks away from single service items. Discussed with person-in-charge. Removed and is placed away from service items.

228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/4/20

Violation Comments:

Observed soiled tray with crockpot on it, and soiled outside of crockpot with soup inside. Discussed with person-in-charge; tray was sent to ware wash and outside of crockpot is cleaned and sanitized.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	5/4/20

Violation Comments:

Observed the following:

A) mop in the bucket not in use. Facility shall properly air dry mop after use. Discussed with person-in-charge. Complied. COS.

228.186(f) Drying mops

B) holes on the wall, in ceiling and some ceiling tiles missing in ice machine and service sink room. Facility shall repair and/or replace.

228.173(g)(1) Attachments to walls and ceilings shall be easily cleanable

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

Follow up : Yes Followup Date: 03/06/2020

Inspection Report



Activity Date
02/04/2020

Establishment
SMILEY'S FISH, CHICKEN N MORE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010660

fish cold hold 35.00 Degrees Fahrenheit
Pork chops WIC 36.00 Degrees Fahrenheit
Bean soup hot hold 171.00 Degrees Fahrenheit
milk RIC 39.00 Degrees Fahrenheit
collard greens soup hot hold 181.00 Degrees Fahrenheit
Cole slaw cold hold 38.00 Degrees Fahrenheit
hamburger patties RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

A handwritten signature in blue ink, appearing to read "Shrestha", written over a horizontal line.

NIRAJAN SHRESTHA

EHS I RSIT CPO


A handwritten signature in blue ink, appearing to read "Djuana Johnson", written over a horizontal line.

Djuana Johnson

Manager

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	2:45 pm	Core:	0
Activity Date 02/06/2020	Purpose of Inspection INCIDENT RESPONSE	Time Out	3:45 pm	Tot. Minutes:	60
Establishment SOMETHING DIFFERENT GRILL	Address 4317 50TH ST	City/State LUBBOCK, TX	Zip Code 79413	Telephone (575) 799-6633	
Record ID # PR0011597	Permit Holder LEONARD VANDENBERG	Est. Type RESTAURANT	Risk Category FR04		

OBSERVATIONS

31 Handwash facilities; accessible/supplied/used

2/16/20

Violation Comments:

Observed no hot water at hand sink. Facility is closed until it can repair the hot water to meet 110 degrees F for food safety.

Measured Observations

Hot water 3-comp sink 83.00 Degrees Fahrenheit

Hot water Hand sink 83.00 Degrees Fahrenheit

Overall Inspection Comments

Facility has hot water measuring 83 degrees F. Temperature shall meet 110 degrees F before starting food service. Clean and sanitize all surfaces and wares, and discard all food prepared during this time. Call for reinspection before food prep starts. Monitor temperature of hot water.

Inspection Result: VIOLATION

Required Action: VOLUNTARY CLOSURE

Signatures



JEANNE VALDEZ

EHS II RS CPO




Amanda Graham

General Manager

Follow up : Yes Followup Date: 02/16/2020

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	12:45 pm	Core:	0
Activity Date 02/07/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	1:30 pm	Tot. Minutes:	45
Establishment SOMETHING DIFFERENT GRILL	Address 4317 50TH ST	City/State LUBBOCK, TX	Zip Code 79413	Telephone (575) 799-6633	
Record ID # PR0011597	Permit Holder LEONARD VANDENBERG	Est. Type RESTAURANT	Risk Category FR04		

OBSERVATIONS

31 Handwash facilities; accessible/supplied/used

2/17/20

Violation Comments:

Observed hot water at hand sink at 109 degrees F. Complied.

Measured Observations

Hot water 3 comp sink 109.00 Degrees Fahrenheit

Hot water Hand sink 109.00 Degrees Fahrenheit

Overall Inspection Comments

Facility has complied and may operate. Discussed monitoring temperature of hot water twice daily for 7 days. Write down the readings. Monitor weekly if no issues.

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures



JEANNE VALDEZ

EHS II RS CPO




Walter Ashcraft

GM

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	2:05 pm	Core:	0	
Activity Date 02/03/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:50 pm	Tot. Minutes:	45	
Establishment SOUTH PLAINS LANES	Address 5150 69TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 794-4844		
Record ID # PR0003946	Permit Holder JIMMY EVANS	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				2/13/20
Violation Comments: Observed 8 day date marking on several food items in reach in coolers for 2-2 thru 2-9. Prep day counts as first day. Discussed and labels remade. COS. 228.75(g)(1) Date marking prepare on site RTE/ TCS food						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/03/2020
Establishment
SOUTH PLAINS LANES

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0003946

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

Tomato RIC 41.00 Degrees Fahrenheit
Sauce CH 41.00 Degrees Fahrenheit
Burger RIC 41.00 Degrees Fahrenheit
Cheese RIC 42.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

JDR

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	2:05 pm	Core:	0	
Activity Date 02/03/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:50 pm	Tot. Minutes:	45	
Establishment SOUTH PLAINS LANES	Address 5150 69TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 794-4844		
Record ID # PR0004749	Permit Holder JIMMY EVANS	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/03/2020

Establishment
SOUTH PLAINS LANES

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004749

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

JR

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 2	Priority: 0	Score 3	
		No. of Repeat Violations 0	Priority Foundation: 1				
		Time In 2:00 pm	Core: 1				
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:30 pm	Tot. Minutes: 30				
Establishment STARBUCKS #23119 @ LCU		Address 5601 W 19TH ST		City/State LUBBOCK, TX		Zip Code 794072031	Telephone (806) 720-7981
Record ID # PR0009054		Permit Holder ARAMARK CORP		Est. Type RESTAURANT		Risk Category FR01	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature					
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented					
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized					
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition					
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting					
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion					
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use					
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method					
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered					
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg					
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used					
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow					
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal					
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM					
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel					
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure					
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels					
25	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP					2/17/20
Violation Comments: Observed powder for coffee at bar with discard date of 2/5 on 2/7. Follow own discard dates and standard operation procedures for all products. Discussed. NRI 228.77(5)(C) Labels the package on the principal display panel with a "use by" date that does not exceed 30 days from its packaging or the original manufacturer's "sell by" or "use by" date, whichever occurs first							
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label					
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate					
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition					
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate					
Follow up : Yes Followup Date: 02/17/2020							

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
STARBUCKS #23119 @ LCU

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009054

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/7/20

Violation Comments:

Observed cabinet under dump sink soiled. Maintain clean of spills and sanitized. discussed. NRI.
228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

milk ric 37.00 Degrees Fahrenheit
milk ric 35.00 Degrees Fahrenheit
sandwich ric 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


Quianyka Scott

Retail Manager

Follow up : Yes Followup Date: 02/17/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:35 am	Core:	2	
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:10 am	Tot. Minutes:	35	
Establishment TACO VILLA #49	Address 5402 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 799-4900		
Record ID # PR0001077	Permit Holder TIJUANA TACOS OF TEXAS, LTD.	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : Yes Followup Date: 05/04/2020						

Inspection Report

Page 2 of 3



Activity Date
02/04/2020

Establishment
TACO VILLA #49

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001077

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	5/4/20

Violation Comments:

Observed hand sink not properly sealed to wall. Seal.

228.110(a)(1)(C) Equipment that is fixed because it is not easily movable shall be installed so that it is sealed to adjoining equipment or walls, if the equipment is exposed to spillage or seepage

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	5/4/20

Violation Comments:

Observed ceiling tile missing above water heater. Replace
Observed wall separated from base cove near water heater. Repair.

228.186(a) Repairing. The physical facilities shall be maintained in good repair

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

CHICKEN HH 157.00 Degrees Fahrenheit
SALSA WIC 39.00 Degrees Fahrenheit
CUT TOMATO CH 39.00 Degrees Fahrenheit
TACO MEAT HH 156.00 Degrees Fahrenheit
PICO SALSA 40.00 Degrees Fahrenheit
QUAT 3-COMP 200.00 Parts Per Million
CHEESE WIC 38.00 Degrees Fahrenheit
OJ RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 05/04/2020

Inspection Report

Page 3 of 3



Activity Date
02/04/2020

Establishment
TACO VILLA #49

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001077

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink, appearing to read "Charles Seifert".

CHARLES SEIFERT

EHS II RS CPO

A handwritten signature in blue ink, appearing to read "Heather Alexander".


Heather Alexander

Rest. Manager

Follow up : Yes Followup Date: 05/04/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 4
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	2:05 pm	Core:	2	
Time Out	2:51 pm	Tot. Minutes:	46			
Activity Date 02/03/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment THAI KITCHEN, LLC	Address 2302 TEXAS AVE	City/State LUBBOCK, TX	Zip Code 79411	Telephone (806) 577-2736		
Record ID # PR0009822	Permit Holder WINAI SITTHIGARANA	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				2/13/20
Violation Comments: Observed hand wash sink used as dump sink. Facility shall use hand wash sink only for hand washing purpose. Discussed with person-in-charge. Complied. 228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing						
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
Follow up : Yes Followup Date: 05/03/2020						

Inspection Report

Page 2 of 2



Activity Date
02/03/2020
Establishment
THAI KITCHEN, LLC

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0009822

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	5/3/20

Violation Comments:

Observed the following:

A) area over reach-in-refrigerator and reach-in-freezer dusty. Facility shall clean and sanitize.

228.114(c) Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues

B) area under fryer soiled. Facility shall clean and sanitize.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	5/3/20

Violation Comments:

Observed women's toilet room receptacle not covered. Facility shall provide covered receptacles for female toilet room for sanitary napkins.

228.152(h) Toilet room receptacle, covered

47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	
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Measured Observations

SANITIZING SOLUTION MECHANICAL DISHWASHER 50.00 Parts Per Million
SOUP COOKING 202.00 Degrees Fahrenheit
TOMATOES COLD HOLD 41.00 Degrees Fahrenheit
EGGS RIC 43.00 Degrees Fahrenheit
BEEF COLD HOLD 41.00 Degrees Fahrenheit
CHICKEN COLD HOLD 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


wanna sithigara

Manager

Follow up : Yes Followup Date: 05/03/2020

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
				No. of Repeat Violations	0	Priority Foundation:	0	
				Time In	11:09 am	Core:	0	
Activity Date 02/06/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out	11:21 am	Tot. Minutes:	12		
Establishment 2020 TIERRAS PLANAS ROASTERS		Address		City/State LUBBOCK, TX		Zip Code 79401		Telephone
Record ID # PR0013734		Permit Holder 2020 TIERRAS PLANAS ROASTERS		Est. Type 2020 TEMPORARY		Risk Category TF15		
Event Name 2020 TIERRAS PLANAS		Event Address		Event City/State		Zip Code		Event Telephone
Event Organizer KERRY MAYFIELD		Event Organizer Phone		Booth / Space No.		Serial Number DAK0WS9CB		
OUT = IN = NA = NO = COS = REPT =								
PRIORITY ITEMS								
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature						
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)						
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)						
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature						
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.						
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records						
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction						
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature						
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented						
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized						
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition						
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting						
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion						
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use						
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method						
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered						
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg						
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used						
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow						
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal						
PRIORITY FOUNDATION ITEMS								
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM						
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel						
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure						
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels						
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP						
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label						
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate						
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate						
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)						
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used						
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use						
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided						
CORE ITEMS								
Follow up : No								

Inspection Report

Page 2 of 2



Activity Date
02/06/2020

Establishment
2020 TIERRAS PLANAS ROASTERS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013734

OUT = IN = NA = NO = COS = REPT =

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations	

Measured Observations

Milk Cold hold 39.00 Degrees Fahrenheit
half n half cold hold 36.00 Degrees Fahrenheit

Overall Inspection Comments

No violation observed at time of inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Chyrel Mayfield

Owner

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	5:50 pm	Core:	0	
Activity Date 02/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	6:10 pm	Tot. Minutes:	20	
Establishment 2020 THE TRAVELING DOG LBK	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013741	Permit Holder 2020 THE TRAVELING DOG LBK	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name 2020 THE TRAVELING DOG LBK	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer HAROLD HUBBARD	Event Organizer Phone	Booth / Space No.	Serial Number DAXR2V2KT			
OUT = IN = NA = NO = COS = REPT =						
PRIORITY ITEMS						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION ITEMS						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided				
CORE ITEMS						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
02/07/2020

Establishment
2020 THE TRAVELING DOG LBK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013741

OUT = IN = NA = NO = COS = REPT =

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations	

Measured Observations

Cheese CH 41.00 Degrees Fahrenheit
Hot Dog HH 196.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

David Kolbert

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:25 pm	Core:	0	
Activity Date 02/04/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:55 pm	Tot. Minutes:	30	
Establishment TROPICAL SMOOTHIE CAFE #24	Address 5139 80TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 783-0162		
Record ID # PR0010716	Permit Holder TROPICAL TANGO, LLC	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

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Activity Date

02/04/2020

Establishment

TROPICAL SMOOTHIE CAFE #24

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0010716

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

Measured Observations

Chicken RIC 40.00 Degrees Fahrenheit
 Quat Bucket 200.00 Parts Per Million
 Tomato CH 41.00 Degrees Fahrenheit
 Tomato RIC 40.00 Degrees Fahrenheit
 Chicken WIC 50.00 Degrees Fahrenheit - Comments: Cooling

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER

EHS II RS CPO

(Signature)

Follow up : No