


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	1:20 pm	Core:	4	
Time Out	2:00 pm	Tot. Minutes:	40			
Activity Date 1/3/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment EINSTEIN BROS BAGELS	Address 5217 82ND ST 215	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 687-4046		
Record ID # PR0007646	Permit Holder SUBODH PATEL	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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/6/20
Violation Comments: Observed sticker residue on plastic containers. Sent to ware wash. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				1/6/20
Violation Comments: Observed unlabeled spray bottle. Labeled. COS. 228.202 Poisonous/toxic materials or chemicals not in original container labeled						
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: 01/13/2020						

Inspection Report

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Activity Date
01/03/2020

Establishment
EINSTEIN BROS BAGELS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007646

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	1/13/20
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Violation Comments:

Observed paper towel dispenser in men's restroom not dispensing. Batteries added. COS.

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 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	1/13/20
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Violation Comments:

Observed torn gasket on reach in cooler beneath coffee station. Replace. 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"/> 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 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	4/2/20
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Violation Comments:

Observed ice build up inside of walk in freezer. Remove. NRI.

228.70(e) Preventing contamination from other sources. Miscellaneous sources of 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	
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39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/2/20
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Violation Comments:

Observed scoop without handle stored in seasoning container. Removed. COS.

228.68(b)(3) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored on a clean portion of the food preparation table or cooking equipment only if the in-use utensil and the food-contact surface of the food preparation table or cooking equipment are cleaned and sanitized at a frequency specified under §228.114 and §228.117 of this title

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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/2/20
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Violation Comments:

Observed dusty fan covers in walk in cooler. Clean and sanitize. COS.

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 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	4/2/20
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Violation Comments:

Observed soiled wall beneath seasoning station. Clean and sanitize. NRI.

228.186(b) Cleaning, frequency and restrictions.

Observed employee cell phone stored on counter above prep area. Moved. COS.

228.212 Other Personal Care Items, Storage

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

Ham WIC 39.00 Degrees Fahrenheit

Cheese WIC 40.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 01/13/2020

Inspection Report

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**Activity Date**

01/03/2020

Establishment

EINSTEIN BROS BAGELS

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0007646

Ham CH 38.00 Degrees Fahrenheit
Chicken CH 40.00 Degrees Fahrenheit
Quat 3 compartment 400.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Handwritten signature of Jacob Kemmer in blue ink.

JACOB KEMMER

EHS II RS CPO

Handwritten signature of Amanda Stafford in blue ink.


Amanda Stafford

Manager

Follow up : Yes Followup Date: 01/13/2020

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:	1	Score 4
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:15 am	Core:	1	
Activity Date 1/2/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:45 am	Tot. Minutes:	30	
Establishment FOUNTAIN HILLS ASSISTED LIVING	Address 6317 112TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone		
Record ID # PR0010668	Permit Holder CARL MORTENSEN	Est. Type FOOD SERVICE	Risk Category FR04			
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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/5/20
Violation Comments: Observed soiled ice machine. Clean and sanitize. 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				
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

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Activity Date
01/02/2020

Establishment
FOUNTAIN HILLS ASSISTED LIVING & MEMORY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010668

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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/1/20

Violation Comments:

Observed dusty vent hood area. Clean and sanitize. COS.

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 RIC 38.00 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

Angelina Perez


Angelina Perez

Manager

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	6	Priority:	1	Score 9
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:43 pm	Core:	4	
Activity Date 1/3/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:12 pm	Tot. Minutes:	89	
Establishment LOS TACOS	Address 3501 A AVE	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 771-0836		
Record ID # PR0005717	Permit Holder JUAN CARLOS LUNA	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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				1/6/20
Violation Comments: Observed leakage of waste water through waste water lines from the facility to the grease trap in the back of the building. Facility shall repair within 3 days. Repair person has already been called. 228.150(e) Conveying sewage						
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				1/13/20
Violation Comments: Observed no date marking on RTE food prepared on 01/02/2020 and 01/03/2020. Facility shall properly date mark all RTE food for maximum of 7 days including the preparation date. Discussed with person-in-charge. Date mark provided. 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				
Follow up : Yes Followup Date: 01/06/2020						

Inspection Report

Page 2 of 3



Activity Date
01/03/2020

Establishment
LOS TACOS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005717

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	4/2/20
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Violation Comments:

Observed the following:

A) damaged weather seal at the back door. Facility shall repair before next routine inspection. NRI.

228.174(e)(4) Windows or doors protected against the entry criteria

B) holes in ceiling over food preparation area and on walls behind grill area in the kitchen. Facility shall properly seal

228.174(f) Exterior walls and roofs, protective barrier

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	4/2/20

Violation Comments:

Observed the following:

A) soiled microwave. Facility shall clean and sanitize inside of microwave as needed.

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

B) area under grill soiled. 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

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	4/2/20
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Violation Comments:

Observed dusty air circulating vent. Facility shall clean and sanitize. NRI.

228.186(d)(1) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials

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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Follow up : Yes Followup Date: 01/06/2020

Inspection Report



Activity Date
01/03/2020
Establishment
LOS TACOS

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0005717

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

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	4/2/20
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Violation Comments:

Observed the following:

A) mop in the bucket. Facility shall properly air-dry mop after use. Discussed with person-in-charge. Complied. COS.

228.186(f) Drying mops.

B) damaged paint in the ceiling over the kitchen near vent hood; and damaged molding at the base of wall in the kitchen. Facility shall repair before next routine inspection.

228.173(f)(1) Wall and ceiling covering materials shall be attached so that they are 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	
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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

Beef RIC 34.00 Degrees Fahrenheit
Beans WIC 39.00 Degrees Fahrenheit
Chicken hot hold 168.00 Degrees Fahrenheit
Chilli cooling for 20 minutes 111.00 Degrees Fahrenheit
cooked meat WIC 38.00 Degrees Fahrenheit
Eggs Cold hold 42.00 Degrees Fahrenheit
Rice hot hold 172.00 Degrees Fahrenheit
carne de sada cooling for 20 minutes 126.00 Degrees Fahrenheit
salsa mix cold hold 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

NIRAJAN SHRESTHA


EHS I RSIT CPO

Juan Carlos Luna

Owner

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	9:55 am	Core:	0	
Activity Date 1/3/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:20 am	Tot. Minutes:	25	
Establishment MAGNOLIA CHILDREN'S LEARNING	Address 12006 SLIDE RD	City/State LUBBOCK, TX	Zip Code 79424	Telephone		
Record ID # PR0013678	Permit Holder CINDI DRAKE	Est. Type CHILD CARE	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 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
01/03/2020

Establishment
MAGNOLIA CHILDREN'S LEARNING CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013678

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

Creamer RIC 39.00 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

Cindi Drake


Cindi Drake

Owner

Follow up : No

Inspection Report

Page 1 of 2

 <div> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div>		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	6:15 pm	Core:	0	
Activity Date 1/3/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	6:40 pm	Tot. Minutes:	25	
Establishment MIKIE'S	Address 2307 49TH ST	City/State LUBBOCK, TX	Zip Code 79412	Telephone (806) 544-3785		
Record ID # PR0012685	Permit Holder HECTOR ARROYOS	Est. Type MOBILE FOOD UNIT	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 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 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
01/03/2020

Establishment
MIKIE'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012685

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

Measured Observations

Chili Hot holding 166.00 Degrees Fahrenheit
Corn dog Basket 187.00 Degrees Fahrenheit
Sausage RIC 37.00 Degrees Fahrenheit

Overall Inspection Comments

At time of routine inspection, no violation was observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ


EHS II RS CPO

Miguel Arroyos

Follow up : No

Inspection Report

Page 1 of 4

 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	2	Priority Foundation:	0	
		Time In	1:00 pm	Core:	3	
Activity Date 1/3/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:15 pm	Tot. Minutes:	75	
Establishment POTBELLY SANDWICH SHOP	Address 2402 9TH ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 747-5667		
Record ID # PR0008334	Permit Holder KENNY MCCLESKEY	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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <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"/> NO <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <input type="checkbox"/> NA <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"/> NO <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
Follow up : Yes Followup Date: 04/02/2020						

Inspection Report



Activity Date
01/03/2020

Establishment
POTBELLY SANDWICH SHOP #510

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008334

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

37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	37 Environmental contamination	4/2/20
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Violation Comments:

228.69(a)(1)(B) Storing the food where it is not exposed to splash, dust, or other contamination

Observed ice cream stored on the floor of the walk-in freezer. Must be stored at least 6 inches off of floor. Moved.

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"/> COS <input checked="" type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/2/20
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Violation Comments:

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

Observed mops stored on floor of mop sink. Must be stored either hanging up or with heads up. Rearranged.

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 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	
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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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Inspection Report



Activity Date
01/03/2020

Establishment
POTBELLY SANDWICH SHOP #510

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008334

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

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	4/2/20
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Violation Comments:

A) 228.186(b) Cleaning, frequency and restrictions.
Observed soiled fan covers in walk-in cooler and freezer. Maintain clean and sanitized. Discussed.

B) 228.186(a) Repairing. The physical facilities shall be maintained in good repair.
Observed damaged gasket on stand-up reach-in cooler. Provide replacement. Discussed.

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

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

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

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228.186(a) Repairing. The physical facilities shall be maintained in good 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	
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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 38.00 Degrees Fahrenheit
soup hot hold 173.00 Degrees Fahrenheit
cheese cold hold 40.00 Degrees Fahrenheit
cut tomatoes cold hold 41.00 Degrees Fahrenheit
cut avocado cold hold 40.00 Degrees Fahrenheit

Overall Inspection Comments

Follow up : Yes Followup Date: 04/02/2020

Inspection Report

Page 4 of 4



Activity Date
01/03/2020

Establishment
POTBELLY SANDWICH SHOP #510

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008334

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

A handwritten signature in blue ink that reads "Jackie Dickson".

JACKIE DICKSON


EHS I RSIT CPO

A handwritten signature in blue ink, likely belonging to the EHS I RSIT CPO.

Follow up : Yes Followup Date: 04/02/2020

Inspection Report

Page 1 of 2

 <div> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div>		No. of Violations	4	Priority:	1	Score 6
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	2:31 pm	Core:	3	
Activity Date 1/2/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:21 pm	Tot. Minutes:	50	
Establishment PUB 50	Address 5001 AVE Q #B	City/State LUBBOCK, TX	Zip Code 79412	Telephone (806) 747-4001		
Record ID # PR0005211	Permit Holder DAVID TURNER	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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/5/20
Violation Comments: Observed ice scoops stored on top of ice machine in contact with other items. Facility shall properly store ice-scoop in clean place. Ice-scoop was sent to ware wash and container was provided for ice-scoop. 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				
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 : Yes Followup Date: 04/01/2020						

Inspection Report

Page 2 of 2



Activity Date
01/02/2020

Establishment
PUB 50

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005211

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

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	4/1/20
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Violation Comments:

Observed the following

A) damaged weather seal for the back door towards alley. Facility shall repair before next routine inspection.

228.174(e)(4) Windows or doors protected against the entry criteria

B) holes in the wall in the bar at the back side and damaged ceiling tile. Facility shall repair before next routine inspection.

228.174(f) Exterior walls and roofs, protective barrier

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	4/1/20

Violation Comments:

Observed few empty cans and debris under 3 compartment sink in the bar. Facility shall clean, sanitize and maintain. NRI

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

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	4/1/20

Violation Comments:

Observed mop in the bucket. Facility shall properly air-dry mop after every use.

228.186(f) Drying mops

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: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Mary Guesnier

Day Manager

Follow up : Yes Followup Date: 04/01/2020

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	12:56 pm	Core:	0	
Activity Date 12/30/2019	Purpose of Inspection ROUTINE INSPECTION		Time Out		1:20 pm	Tot. Minutes:	24	
Establishment QUICK TRACK #67		Address 8109 INDIANA AVE		City/State LUBBOCK, TX		Zip Code 794232018		Telephone (806) 797-5781
Record ID # PR0000948		Permit Holder LAKPA LAMA		Est. Type CONVENIENCE		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 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

Page 2 of 2



Activity Date
12/30/2019

Establishment
QUICK TRACK #67

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000948

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

SANDWICH RIC 36.00 Degrees Fahrenheit
MILK RIC 38.00 Degrees Fahrenheit
PIZZA RIW 137.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Barbara Gonsalves


BARBARA GONSALVES

PIC

Follow up : No

Inspection Report

Page 1 of 3

 <div> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div>		No. of Violations	7	Priority:	2	Score 13
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	2:25 pm	Core:	3	
Activity Date 1/2/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	5:50 pm	Tot. Minutes:	95	
Establishment SONIC DRIVE IN #2336	Address 4611 34TH ST	City/State LUBBOCK, TX	Zip Code 794102419	Telephone		
Record ID # PR0000993	Permit Holder RODNEY WARREN	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 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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/5/20
Violation Comments: Tongs with green and yellow handles, stored in clean wares area, observed with sticker residue not removed at time of ware wash. Move to ware wash. 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 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				1/5/20
Violation Comments: Observed employees not putting on gloves after hand wash. Facility has bare hand contact but not following proper hand wash procedures. Provide retraining to all employees and record corrective action documentation in your records. COS. 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 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				1/12/20
Violation Comments: Observed no date mark on open package of ready to-eat chicken, and sliced ham in the reach-in cooler. Provided. Discussed. COS.228.75(g)(2) Date marking commercially prepared 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)				
Follow up : Yes Followup Date: 01/12/2020						

Inspection Report

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Activity Date
01/02/2020

Establishment
SONIC DRIVE IN #2336

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000993

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

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 type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	1/12/20

Violation Comments:

Observed a damaged edge on a metal spatula at the dry, clean ware area; a broken lid on onion product in the reach-in cooler; and a torn gasket on the reach-in freezer door. Remove damaged items. COS. Repair gaskets. 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"/> 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 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		37 Environmental contamination	4/1/20

Violation Comments:

Observed packages of single-service water and milk bottles with wrappers soiled from splash from toppings in the reach-in cooler. Maintain clean. Discussed. COS.

228.69(a)(1)(B) Storing the food where it is not exposed to splash, dust, or other 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	4/1/20

Violation Comments:

Observed reach-in freezer with ice build-up on top over food storage, and cooler and freezer door gaskets soiled. Maintain clean. 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 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	4/1/20

Violation Comments:

Observed employee jacket and purse stored on service rack over coffee filters and cup lids. Remove-items. COS. 228.212 Other Personal Care Items, Storage

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

Cooked chicken Cold holding 39.00 Degrees Fahrenheit
Tater tots Hot holding 170.00 Degrees Fahrenheit

Overall Inspection Comments

Note: Inspector called out for a complaint during inspection and had to leave. Inspector returned to finish report.

Follow up : Yes Followup Date: 01/12/2020

Inspection Report

Page 3 of 3



Activity Date
01/02/2020

Establishment
SONIC DRIVE IN #2336

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000993

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

JEANNE VALDEZ

EHS II RS CPO

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


Albert Garcia

GM

Follow up : Yes Followup Date: 01/12/2020

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:	2	Score 8
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:19 am	Core:	2	
Activity Date 1/2/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:50 am	Tot. Minutes:	91	
Establishment TAQUERIA JALISCO #7	Address 2211 AVE Q	City/State LUBBOCK, TX	Zip Code 79411	Telephone (806) 763-7605		
Record ID # PR0001086	Permit Holder NORMA HERNANDEZ	Est. Type RESTAURANT	Risk Category FR04			
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				1/5/20
Violation Comments: Observed employee cracking raw egg shells while cooking and went to cooked RTE food transferred it to place for service without washing hand and changing gloves. Discussed with employee and person-in-charge that employee shall wash hand while handling between raw and RTE food. Food was discarded and employee went for hand wash. COS.						
228.223(d)(1) B&B, Food shall be prepared and protected						
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/5/20
Violation Comments: Observed dishwasher sanitizing dishes at 0 ppm. Facility shall use 3 compartment sink until dishwasher get repaired and shall contact environmental health department after instrument get repaired. Discussed with person-in-charge. Called repair company.						
228.118(3)(B) After being cleaned, food-contact surfaces shall be sanitized in a contact time of at least 7 seconds for a CHLORINE SOLUTION of 50 mg/L						
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				
Follow up : Yes Followup Date: 01/05/2020						

Inspection Report

Page 2 of 3



Activity Date
01/02/2020

Establishment
TAQUERIA JALISCO #7

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001086

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	4/1/20

Violation Comments:

Observed wet wiping clothes on food preparation area. Facility shall store wet wiping clothes used for cleaning and sanitization in sanitizing bucket with sanitizing water at all times when not in use. Discussed. Complied. COS.

228.68(d)(2)(A) Cloths in-use for wiping between uses 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	4/1/20

Violation Comments:

Observed dusty vent over food preparation area. Facility shall clean and sanitize. NRI.

228.104(i) Ventilation hood systems, filters

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

raw beef cold hold 41.00 Degrees Fahrenheit
 raw chicken cold hold 37.00 Degrees Fahrenheit
 raw beef WIC 33.00 Degrees Fahrenheit
 Meat hot hold 156.00 Degrees Fahrenheit
 Beef cooling 147.00 Degrees Fahrenheit
 Dishwasher sanitization 0.00 Parts Per Million
 cooked patties cooked 180.00 Degrees Fahrenheit
 shrimp WIC 41.00 Degrees Fahrenheit
 Shrimp cold hold 32.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 01/05/2020

Inspection Report



Activity Date
01/02/2020

Establishment
TAQUERIA JALISCO #7

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001086

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 "Norma Hernandez", written over a horizontal line.

Norma Hernandez

Owner

Inspection Report

Page 1 of 2

 <div> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div>		No. of Violations	2	Priority:	0	<div>Score</div> <div>2</div>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:40 pm	Core:	2	
Time Out	2:30 pm	Tot. Minutes:	50			
Activity Date 12/30/2019	Purpose of Inspection ROUTINE INSPECTION					
Establishment 7-ELEVEN #401	Address 2902 4TH ST	City/State LUBBOCK, TX	Zip Code 794153206	Telephone (806) 762-3470		
Record ID # PR0000940	Permit Holder SOUTHWEST CONVENIENCE	Est. Type CONVENIENCE	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 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 : Yes Followup Date: 03/29/2020						

Inspection Report

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Activity Date
12/30/2019

Establishment
7-ELEVEN #401

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000940

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 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	3/29/20

Violation Comments:

Observed soiled fan shrouds in WIC. Clean/maintain.

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	3/29/20

Violation Comments:

Observed the following:

I) Mop head stored in 3-compartment sink. Mop must hang to air dry. NRI

II) Ceiling tiles damaged in utility room. Seal/replace. NRI

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 WIC 34.00 Degrees Fahrenheit
Deli sandwich CH 38.00 Degrees Fahrenheit
Chili HH 139.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


erlinda torres

assistant manager

Follow up : Yes Followup Date: 03/29/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	4	Priority:	1	Score 6
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:40 pm	Core:	3	
Time Out	2:20 pm	Tot. Minutes:	40			
Activity Date 1/3/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment 7-ELEVEN #405	Address 2524 PARKWAY DR	City/State LUBBOCK, TX	Zip Code 79403	Telephone (806) 763-7983		
Record ID # PR0000944	Permit Holder SOUTHWEST CONVENIENCE STORES	Est. Type CONVENIENCE	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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				1/6/20
Violation Comments: Observed unlabeled spray bottle with clear liquid. Relabeled. COS 228.202 Poisonous/toxic materials or chemicals not in original container labeled						
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 : Yes Followup Date: 04/02/2020						

Inspection Report

Page 2 of 2



Activity Date
01/03/2020

Establishment
7-ELEVEN #405

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000944

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 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	4/2/20

Violation Comments:

Observed fan shrouds in WIC soiled with heavy dust. Clean/maintain.

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	4/2/20

Violation Comments:

Observed missing/damaged ceiling tile. Replace. NRI

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

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	4/2/20
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Violation Comments:

Observed men's toilet facilities door not self closing. Repair/replace

228.186(i) Closing toilet room doors

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

Deli sandwich CH 36.00 Degrees Fahrenheit
Milk RIC 39.00 Degrees Fahrenheit
Chili HH 149.00 Degrees Fahrenheit
Creamer CH 33.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOPPER

EHS I RSIT CPO


corine easter

manager

Follow up : Yes Followup Date: 04/02/2020

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	1:40 pm	Core:	0
Activity Date 1/2/2020 12:00:00AM	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	1:55 pm	Tot. Minutes:	15
Establishment SONIC DRIVE IN #3736	Address 1901 34TH ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 765-6356	
Record ID # PR0000987	Permit Holder RODNEY WARREN	Est. Type RESTAURANT	Risk Category FR02		

OBSERVATIONS

46 Toilet facilities; constructed/supplied/clean

4/1/20

Violation Comments:

Observed urinal repaired. Complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures



JEANNE VALDEZ

EHS II RS CPO




Chase Record

GM

Follow up : Yes Followup Date: 04/01/2020

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 2
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	4:50 pm	Core:	2	
Activity Date 1/3/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	5:50 pm	Tot. Minutes:	60	
Establishment CHOPPED & SLICED CUSTOM	Address 4804 59TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 620-1750		
Record ID # PR0004911	Permit Holder SHAWN STEPHENS	Est. Type MOBILE FOOD UNIT	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 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 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 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 : Yes Followup Date: 04/02/2020						

Inspection Report

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Activity Date
01/03/2020

Establishment
CHOPPED & SLICED CUSTOM CATERING

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004911

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/2/20

Violation Comments:

Observed knife stored between cold table and side of reach-in cooler. Area not cleaned every 4 hours. Move to ware wash to properly sanitize before use. Discussed proper storage. COS.

228.124(a)(1)(B) Cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored where they are not exposed to splash, dust, or other contamination

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	4/2/20

Violation Comments:

Observed floor soiled. Maintain clean. NRI.

228.186(b) Cleaning, frequency and restrictions.

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

chopped beef HH 137.00 Degrees Fahrenheit
potato salad CH 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ

EHS II RS CPO


Shawn Stephens

Owner

Follow up : Yes Followup Date: 04/02/2020

Inspection Report

Page 1 of 2

 <div> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div>		No. of Violations	3	Priority:	1	Score 5
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:14 am	Core:	2	
Activity Date 1/2/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:45 am	Tot. Minutes:	31	
Establishment CRADLES TO CRAYONS	Address 1115 53RD ST	City/State LUBBOCK, TX	Zip Code 79412	Telephone (806) 762-5919		
Record ID # PR0004722	Permit Holder PAM TAYLOR	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 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				1/5/20
Violation Comments: Observed dented cans in the food storage area. Discussed with person-in-charge. Voluntarily discarded. COS. 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 : Yes Followup Date: 04/01/2020						

Inspection Report

Page 2 of 2



Activity Date
01/02/2020

Establishment
CRADLES TO CRAYONS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004722

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	4/1/20

Violation Comments:

Observed dusty vent and ceiling over food preparation area. 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 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	4/1/20

Violation Comments:

Observed mop in the bucket. Facility shall properly air-dry mop after use.

228.186(f) Drying mops

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 and ground beef hot hold 136.00 Degrees Fahrenheit
Corn hot hold 160.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


pam taylor

president

Follow up : Yes Followup Date: 04/01/2020

Inspection Report

Page 1 of 2

 <div> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div>		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:27 am	Core:	0	
Activity Date 1/2/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:46 am	Tot. Minutes:	19	
Establishment CVS/PHARMACY	Address 608 N SLIDE RD	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 762-1001		
Record ID # PR0008279	Permit Holder CVS PHARMACY 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 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
01/02/2020

Establishment
CVS/PHARMACY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008279

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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	
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 38.00 Degrees Fahrenheit
Eggs RIC 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO

rita williams

shift supervisor

Follow up : No