


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 7
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	2:59 pm	Core:	2	
Time Out	3:42 pm	Tot. Minutes:	43			
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment 7-ELEVEN #416	Address 5724 4TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 795-5921		
Record ID # PR0000954	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/11/20
Violation Comments: Observed sanitizing solution in sanitizing bucket at more than 200 ppm of Chlorine. Prepared sanitizing solution again and verified with inspector's test strip. Facility shall acquire test strip and verify concentration of Chlorine in solution to be between 50 - 100 ppm of Chlorine. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				1/9/20
Violation Comments: Observed no test strip to verify sanitizing solution. Facility shall provide within 24 hours. 228.108(e) Sanitizing solutions, testing devices						
Follow up : Yes Followup Date: 01/09/2020						

Inspection Report

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Activity Date
01/08/2020
Establishment
7-ELEVEN #416

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0000954

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	4/7/20
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Violation Comments:

Observed damaged weather strip for the back door. Facility shall repair before next routine inspection.

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

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 type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	4/7/20

Violation Comments:

Observed wet wiping clothes on preparation tables. Removed. 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 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

Burrito WIC 40.00 Degrees Fahrenheit
Milk WIC 38.00 Degrees Fahrenheit
Eggs RIC 44.00 Degrees Fahrenheit
Burrito hot hold 146.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Yolanda Cerda

Assistant Manager

Follow up : Yes Followup Date: 01/09/2020

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	12:00 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:20 pm	Tot. Minutes:	20	
Establishment 2019 YETI'S BBQ	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013698	Permit Holder 2019 YETI'S BBQ	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name 2019 YETI'S BBQ	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer TROY CRAWFORD	Event Organizer Phone	Booth / Space No.	Serial Number DAKWY8T2O			
OUT = IN = NA = NO = COS = REPT =						
PRIORITY ITEMS						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature				
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5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature				
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11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition				
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13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion				
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PRIORITY FOUNDATION ITEMS						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM				
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27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided				
CORE ITEMS						
Follow up : No						

Inspection Report



Activity Date
01/10/2020

Establishment
2019 YETI'S BBQ

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013698

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method	
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41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area	
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46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations	

Measured Observations

Brisket cooking 100.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

NATHAN KLOEPPER


EHS I RSIT CPO

Troy Crawford

Pit Boss

Inspection Report

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 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	6:50 pm	Core:	3	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	8:30 pm	Tot. Minutes:	100	
Establishment ADOLPH'S GRILL & BAR	Address 5131 ABERDEEN AVE	City/State LUBBOCK, TX	Zip Code 794142201	Telephone (806) 785-2030		
Record ID # PR0000011	Permit Holder CLAY POWELL	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
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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				
<div style="text-align: right;">Follow up : Yes Followup Date: 04/09/2020</div>						

Inspection Report

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Activity Date
01/10/2020
Establishment
ADOLPH'S GRILL & BAR

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0000011

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

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	4/9/20
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Violation Comments:

Observed employee personal food, drink, and tobacco in kitchen area. Discussed and voluntarily removed. COS

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

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/9/20

Violation Comments:

Observed damaged gasket on RIC. Repair/replace. NRI

228.111(a) Good repair and proper adjustment.

Observed sink not properly sealed to wall. Seal with proper silicone. NRI

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

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input 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	4/9/20

Violation Comments:

Observed damaged light cover. Repair/replace. NRI

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

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 CH 40.00 Degrees Fahrenheit
Cheese RIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


NATHAN KLOEPPER EHS I RSIT CPO

Lori Baxley Bartender

Follow up : Yes Followup Date: 04/09/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	1	Score 6
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	6:50 pm	Core:	1	
Time Out	8:30 pm	Tot. Minutes:	100			
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment ADOLPH'S GRILL & BAR	Address 5131 ABERDEEN AVE	City/State LUBBOCK, TX	Zip Code 794142201	Telephone (806) 785-2030		
Record ID # PR0004139	Permit Holder CLAY POWELL	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input 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	02 Proper cold holding temperature (41 F / 45 F)				1/13/20
Violation Comments: Observed RIC with TCS items above 41 degrees for more than 4 hours. Voluntarily discarded TCS items. COS 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)						
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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				1/20/20
Violation Comments: Observed missing thermometer in RIC containing TCS items. Replace. 7 days. 228.112(a)(3) Food thermometers--maintained, good repair						
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"/> 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"/> 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				
Follow up : Yes Followup Date: 01/20/2020						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020
Establishment
ADOLPH'S GRILL & BAR

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0004139

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

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/9/20

Violation Comments:

Observed damaged gasket on RIC containing TCS items. Repair/replace. NRI
228.111(a) Good repair and proper adjustment.

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures


NATHAN KLOEPPER EHS I RSIT CPO

lori baxley Bartender

Follow up : Yes Followup Date: 01/20/2020

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	12:45 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:30 pm	Tot. Minutes:	45	
Establishment ASPEN CREEK GRILL	Address 3012 W LOOP 289	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 553-7930		
Record ID # PR0009807	Permit Holder ASPEN CREEK OPERATING COMPANY	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020
Establishment
ASPEN CREEK GRILL

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0009807

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Marco Vasquez


Marco Vasquez

Managing Partner

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	3	Score 9
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:45 am	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:00 pm	Tot. Minutes:	75	
Establishment ASPEN CREEK GRILL	Address 3012 W LOOP 289	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 553-7930		
Record ID # PR0009806	Permit Holder ASPEN CREEK OPERATING COMPANY	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 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	01 Proper cooling time and temperature				1/16/20
Violation Comments: Observed whole skin potatoes in walk in cooler at 45F. Cooling process started more than 6 hours ago. PIC advised SOP was not followed and voluntarily discarded. SOP will retrain and verify procedures are used. 228.75(d)(1)(B) Cooling -- total 6 hours, 135-41°F						
2	<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	02 Proper cold holding temperature (41 F / 45 F)				1/16/20
Violation Comments: Observed several ready to eat items in cold prep unit on cook line from 45F to 55F for unknown amount of time. Voluntarily Discarded. Other cold prep unit will be used until repaired. 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)						
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 type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/16/20
Violation Comments: Observed temp dish machine not reaching 181F. Also observed alternative bleach sanitizer at 0ppm bleach. PIC able to get machine up to temp before end of inspection and repair person called. 228.117 Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning						
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				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020

Establishment
ASPEN CREEK GRILL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009806

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

28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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"/> 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"/> 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"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <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"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <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

beef fajitas WIC 39.00 Degrees Fahrenheit

Dish Machine 0.00 Parts Per Million - Comments: repairs made

mashed potatoes HH 143.00 Degrees Fahrenheit

Butter RIC 40.00 Degrees Fahrenheit

Corn pico CP 53.00 Degrees Fahrenheit - Comments: voluntarily discarded

Cooked whole potatoes WIC 44.00 Degrees Fahrenheit - Comments: voluntarily discarded

cut tomatoes CP 55.00 Degrees Fahrenheit - Comments: voluntarily discarded

Rice CP 40.00 Degrees Fahrenheit

cut tomatoes CP 45.00 Degrees Fahrenheit - Comments: voluntarily discarded

Pico WIC 39.00 Degrees Fahrenheit

Pico CP 55.00 Degrees Fahrenheit - Comments: voluntarily discarded

mashed potatoes HH 144.00 Degrees Fahrenheit

Dish Machine 0.00 Degrees Fahrenheit - Comments: repairs made

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO


Marco Vasquez

Managing Partner

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	5	Priority:	0	Score 5
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:05 pm	Core:	5	
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:45 pm	Tot. Minutes:	100	
Establishment ATOMIC LOUNGE & PIZZA KITCHEN	Address 2420 BROADWAY, SUITE A ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 407-3221		
Record ID # PR0013663	Permit Holder MICHAEL & PAGE CLINTSMAN	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 checked="" type="checkbox"/> OUT <input 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				4/5/20
Violation Comments: 228.174(e)(1) Outer openings, protected Observed light is visible underneath back door. Provide new door sweep. Discussed. Next regular inspection!						
Follow up : Yes Followup Date: 04/05/2020						

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
ATOMIC LOUNGE & PIZZA KITCHEN

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013663

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/5/20

Violation Comments:

228.124(b)(1) Cleaned and sanitized equipment, utensils, laundered linens, and single-service and single-use articles storage criteria

Observed pizza cutter stored in between edge of cutting board and front of sandwich cooler and pizza peel stored on top of pizza oven. All utensils must be stored in a container that will be washed every 4 hours or hung. Discussed.

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	4/5/20

Violation Comments:

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

Observed soiled floor drain in kitchen. Maintain clean and sanitized. Discussed. Next regular inspection.

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

Violation Comments:

228.186(f) Drying mops

Observed mops stored in utility sink. Mops must be stored head up or hung to allow for proper air drying. Discussed. Corrected.

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	4/5/20
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Violation Comments:

228.223(g) Employee restrooms

Observed no "employees must wash hands" sign, paper towels, or soap in bathroom upstairs. Provide. Discussed.

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

pizza sauce WIC 41.00 Degrees Fahrenheit
cheese WIC 40.00 Degrees Fahrenheit
sliced tomatoes cold hold 37.00 Degrees Fahrenheit
sausage cold hold 38.00 Degrees Fahrenheit
buttermilk WIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON


EHS I RSIT CPO

[Signature]

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

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 5
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	1:05 pm	Core:	1	
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:45 pm	Tot. Minutes:	100	
Establishment ATOMIC LOUNGE & PIZZA KITCHEN	Address 2420 BROADWAY, SUITE A ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 407-3221		
Record ID # PR0013664	Permit Holder MICHAEL & PAGE CLINTSMAN	Est. Type FOOD SERVICE	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input 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 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				1/16/20
Violation Comments: 228.75(g)(2) Date marking commercially prepared RTE/ TCS food Observed no date marks on open containers of cream. Provided. Discussed.						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				1/16/20
Violation Comments: 228.175(b) Hand washing cleanser, availability Observed no soap or towels at hand wash sink. Provided. Discussed.						
Follow up : Yes Followup Date: 04/05/2020						

Inspection Report

Page 2 of 2



Activity Date

01/06/2020

Establishment

ATOMIC LOUNGE & PIZZA KITCHEN

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0013664

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

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

CORE

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

Violation Comments:

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

Observed soiled floor drain. Maintain clean and sanitized. Discussed. Next regular inspection.

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
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

cream cold hold 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON


EHS I RSIT CPO

[Signature]

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

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 2:30 pm	Core: 2				
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:00 pm	Tot. Minutes: 30				
Establishment B & C NUTRITION		Address 8004 INDIANA A5B		City/State LUBBOCK, TX		Zip Code 79423	Telephone (806) 407-4294
Record ID # PR0010667		Permit Holder ROSEMARY BRANNON		Est. Type RESTAURANT		Risk Category FR01	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input 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: 04/07/2020							

Inspection Report

Page 2 of 2



Activity Date
01/08/2020

Establishment
B & C NUTRITION

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010667

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 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	4/7/20

Violation Comments:

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

OBSERVED HOLE IN WALL BENEATH SINK IN RESTROOM. REPAIR. 90 DAYS.

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	4/7/20
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Violation Comments:

228.186(i) Closing toilet room doors

OBSERVED RESTROOM DOOR NOT SELF-CLOSING. PROVIDE/REPAIR. 90 DAYS.

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

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Keith Brannon


KEITH BRANNON

OWNER

Follow up : Yes Followup Date: 04/07/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	8	Priority:	3	Score 15
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:20 pm	Core:	4	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:20 pm	Tot. Minutes:	60	
Establishment BACK 40 GRILL	Address 5214 98TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 853-8715		
Record ID # PR0008789	Permit Holder TROY DAVIDSON	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				1/12/20
Violation Comments: Observed raw beef over vegetables inside of reach in cooler. Moved. COS. 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display						
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/12/20
Violation Comments: Observed soiled ice reflector panel inside of 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				1/12/20
Violation Comments: Observed unlabeled spray bottle of sanitizer. 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: 01/19/2020						

Inspection Report

Page 2 of 3



Activity Date
01/09/2020

Establishment
BACK 40 GRILL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008789

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	1/19/20

Violation Comments:

Observed torn gaskets on reach in coolers along prep line. 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	
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	4/8/20

Violation Comments:

Observed uncovered food containers inside of walk in cooler. Provide cover. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/8/20

Violation Comments:

Observed scoop without handle stored in seasoning container. Discussed and removed. COS.

228.68(b)(2) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in food that is not time/temperature controlled for safety with their handles above the top of the food within containers or equipment that can be closed, such as bins of sugar, flour, or cinnamon

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	4/8/20

Violation Comments:

A. Observed soiled vent covers in walk in cooler. Clean and sanitize. COS.

B. Observed soiled vent hood area along fire suppressant lines. 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 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	4/8/20

Violation Comments:

Observed soiled wall along grill and fryer area. Recommend placing FRP or repainting section of wall. 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

Burger Grill 159.00 Degrees Fahrenheit

Salsa WIC 38.00 Degrees Fahrenheit

Tomato CH 42.00 Degrees Fahrenheit

Bleach Washer 50.00 Degrees Fahrenheit

Beef RIC 41.00 Degrees Fahrenheit

Shrimp WIC 41.00 Degrees Fahrenheit

Beans HH 150.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 01/19/2020

Inspection Report

Page 3 of 3

**Activity Date**

01/09/2020

Establishment

BACK 40 GRILL

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0008789

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 the Manager in blue ink.

Manager

Follow up : Yes Followup Date: 01/19/2020

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 1	Priority: 0	Score 1	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 2:19 pm	Core: 1				
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:30 pm	Tot. Minutes: 11				
Establishment BAHAMA BUCK'S #1205	Address 5818 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 687-6320			
Record ID # PR0003272	Permit Holder GREENHEART INVESTMENT GROUP	Est. Type RESTAURANT	Risk Category FR01				
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input 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 : Yes Followup Date: 04/05/2020							

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
BAHAMA BUCK'S #1205

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003272

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	4/5/20

Violation Comments:

Observed the following:

- I. Ice scoop holder rusty. Clean/replace.
- II. Ice machine deflector panel lightly soiled. Clean and maintain.
- III. Reach in cooler door gaskets soiled. Clean and 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 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


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



CHARLES SEIFERT EHS II RS CPO


Joseph Diaz Mr.

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

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 1:25 pm	Core: 0				
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:00 pm	Tot. Minutes: 35				
Establishment BENT NAIL, THE		Address 5217 98TH ST STE 900		City/State LUBBOCK, TX		Zip Code 79424	Telephone (806) 778-3996
Record ID # PR0012247		Permit Holder WEST TEXAS BENT NAIL, LLC		Est. Type RESTAURANT		Risk Category FR03	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input 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
01/08/2020

Establishment
BENT NAIL, THE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012247

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

Ribs WIC 38.00 Degrees Fahrenheit
Chicken HH 145.00 Degrees Fahrenheit
Coleslaw CH 40.00 Degrees Fahrenheit
Quat Bucket 200.00 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


Jeffrey...

Manager

Follow up : No

Inspection Report

Page 1 of 2

 <div style="margin-left: 10px;"> 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		1:20 pm		Core:		0				
Activity Date 01/07/2020		Purpose of Inspection ROUTINE INSPECTION		Time Out		2:00 pm		Tot. Minutes:		40		
Establishment BINGO EXPRESS II			Address 3409 CLOVIS RD			City/State LUBBOCK, TX			Zip Code 79415		Telephone (806) 747-0864	
Record ID # PR0003306			Permit Holder BROWN & ANTHONY, INC.			Est. Type CONCESSION			Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION												
PRIORITY												
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature					
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented					
10	<input 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
01/07/2020

Establishment
BINGO EXPRESS II

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003306

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

Eggs RIC 38.00 Degrees Fahrenheit
Cheese CH 36.00 Degrees Fahrenheit
Beef HH 164.00 Degrees Fahrenheit


Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


daniel Sanchez Manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	1	Score 4
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	3:30 pm	Core:	1	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	4:45 pm	Tot. Minutes:	75	
Establishment BLUE SKY TEXAS NORTH	Address 3216 4TH ST	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 368-0750		
Record ID # PR0006989	Permit Holder CRAIG BINGHAM	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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				1/11/20
Violation Comments: Observed drain on middle compartment of 3-compartment not sealed properly and leaking. Repair/replace. 3 days. 228.151(a)(2) Capacity and drainage						
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: 01/11/2020						

Inspection Report

Page 2 of 2



Activity Date
01/08/2020

Establishment
BLUE SKY TEXAS NORTH

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006989

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	4/7/20

Violation Comments:

Observed ceiling vents above warewashing area soiled. Clean/maintain. NRI

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

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

Measured Observations

Milk WIC 38.00 Degrees Fahrenheit
Chicken WIC 34.00 Degrees Fahrenheit
Sliced tomato CH 40.00 Degrees Fahrenheit
Pico de gallo CH 33.00 Degrees Fahrenheit
Cheese WIC 35.00 Degrees Fahrenheit
Chili Cooling 98.00 Degrees Fahrenheit
Milk RIC 35.00 Degrees Fahrenheit
Carrots RIC 28.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Julian Natal Assistant Operational Manager

Follow up : Yes Followup Date: 01/11/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 1
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:50 am	Core:	1	
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:15 am	Tot. Minutes:	25	
Establishment BOLTON SERVICE #17	Address 6310 19TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 747-1629		
Record ID # PR0006948	Permit Holder BOLTON OIL CO	Est. Type CONCESSION	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input 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 : Yes Followup Date: 04/05/2020						

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
BOLTON SERVICE #17

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006948

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	4/5/20

Violation Comments:

Observed fan shrouds soiled in walk in cooler. Clean
Observed cabinet under soda machine soiled. Clean

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

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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 WIC 43.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


Jeanette Welch

PIC

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

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 2:50 pm	Core: 0				
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 4:00 pm	Tot. Minutes: 70				
Establishment BRYAN'S STEAKHOUSE		Address 1212 50TH ST		City/State LUBBOCK, TX		Zip Code 794123103	Telephone (806) 744-5491
Record ID # PR0000123		Permit Holder BRYAN STRATTON		Est. Type RESTAURANT		Risk Category FR03	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)
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
01/06/2020

Establishment
BRYAN'S STEAKHOUSE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000123

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

Raw chicken WIC 38.00 Degrees Fahrenheit
 Tomato WIC 41.00 Degrees Fahrenheit
 Pea salad Salad bar 41.00 Degrees Fahrenheit
 Raw beef WIC 41.00 Degrees Fahrenheit
 Baked potato Hh 181.00 Degrees Fahrenheit
 Spaghetti HH 141.00 Degrees Fahrenheit

Overall Inspection Comments

No violation was observed at time of routine inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ

EHS II RS CPO


Bryan Stratton

Owner

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	1	Score 6
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	2:07 pm	Core:	1	
Time Out	2:53 pm	Tot. Minutes:	46			
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment BURGER FI	Address 4210 82ND, SUITE 220	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 283-9555		
Record ID # PR0010665	Permit Holder MAXWELL ROESH	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input 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				1/12/20
Violation Comments: 228.203 Poisonous/toxic materials or chemicals stored properly OBSERVED CHEMICALS STORED OVER FOOD CONTAINERS. MOVED. COS. 228.202 Poisonous/toxic materials or chemicals not in original container labeled OBSERVED CHEMICAL SPRAY BOTTLE NOT PROPERLY LABELED. RELABELED. COS.						
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				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/09/2020

Establishment
BURGER FI

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010665

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

32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	1/19/20
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Violation Comments:

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

OBSERVED MULTIPLE FOOD CONTAINERS WITH DAMAGED/CRACKED LIDS. DISCUSSED. VOLUNTARILY DISCARDED. COS.

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/8/20

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 METAL FOOD CONTAINERS STACKED WHILE WET, UNABLE TO PROPERLY AIR DRY. DISCUSSED. RE-ARRANGED TO PROPERLY AIR DRY. COS.

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

CHILI HH 142.00 Degrees Fahrenheit
 RAW HAMBURGER WIC 36.00 Degrees Fahrenheit
 HAMBURGER GRILL 187.00 Degrees Fahrenheit
 SLICED TOMATO CH 39.00 Degrees Fahrenheit
 RAW HAMBURGER DC 38.00 Degrees Fahrenheit
 SLICED TOMATO RIC 38.00 Degrees Fahrenheit
 CHEESE CH 40.00 Degrees Fahrenheit
 QUAT 3-COMP 200.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Adriana Gonzales


ADRIANA GONZALES

MANAGER

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	0	Score 3
		No. of Repeat Violations	1	Priority Foundation:	1	
		Time In	1:10 pm	Core:	1	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:00 pm	Tot. Minutes:	110	
Establishment CAFE J	Address 2605 19TH ST	City/State LUBBOCK, TX	Zip Code 794014413	Telephone (806) 743-5400		
Record ID # PR0004000	Permit Holder JDG FOOD & BEVERAGE, INC.	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				1/18/20
Violation Comments: 228.175(c) Hand drying provision. Observed no paper towels at hand wash station. Provided. Discussed.						
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
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: 01/18/2020						

Inspection Report

Page 2 of 2



Activity Date
01/08/2020
Establishment
CAFE J

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0004000

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

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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	4/7/20

Violation Comments:

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

Observed damaged gasket on reach-in cooler. Replace. Discussed. Next regular inspection.

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

Front bar

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON


EHS I RSIT CPO

[Signature]

Follow up : Yes Followup Date: 01/18/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	4	Priority:	0	Score 4
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:10 pm	Core:	4	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:00 pm	Tot. Minutes:	110	
Establishment CAFE J	Address 2605 19TH ST	City/State LUBBOCK, TX	Zip Code 794014413	Telephone (806) 743-5400		
Record ID # PR0000421	Permit Holder JDG FOOD & BEVERAGE, INC.	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"/> 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: 04/07/2020						

Inspection Report

Page 2 of 3



Activity Date
01/08/2020

Establishment
CAFE J

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000421

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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	4/7/20
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Violation Comments:

228.69(a)(1)(C) Storing the food at least 15 cm (6 inches) above the floor

Observed food stored on the floor in walk-in freezer. Rearranged. Discussed.

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"/> NO <input type="checkbox"/> NA <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"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/7/20

Violation Comments:

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

Observed soiled vent hood, wall behind grill, light covers in kitchen above grill area, and electrical cords hanging above clean dish storage. Maintain clean and sanitized. Discussed. Next regular inspection.

43	<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	43 Adequate ventilation, lighting; designated area	4/7/20
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Violation Comments:

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

Observed light bulbs out in kitchen area and dry storage. Replace bulbs. Discussed. Dry storage bulbs were replaced at the time of inspection.

44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	4/7/20

Violation Comments:

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

Observed damaged floor in dish wash area. Provide repair and seal. Discussed. One year.

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

Observed damaged gaskets on several reach-in coolers, including in wait staff area and across from grill, and walk-in freezer. Replace. Discussed. Next regular inspection.

C) 228.186(f) Drying mops

Observed mop stored in mop sink. Mops must be stored head up to allow for proper air drying. Discussed. Corrected on site.

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <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 chicken RIC 37.00 Degrees Fahrenheit
raw beef WIC 37.00 Degrees Fahrenheit
cheesecake RIC 35.00 Degrees Fahrenheit
buttermilk WIC 37.00 Degrees Fahrenheit
raw shrimp RIC 35.00 Degrees Fahrenheit
cut tomatoes WIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 04/07/2020

Inspection Report

Page 3 of 3



Activity Date
01/08/2020
Establishment
CAFE J

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0000421

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, appearing to be "D. [unclear]".

Follow up : Yes Followup Date: 04/07/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	5	Priority:	0	Score 7
		No. of Repeat Violations	2	Priority Foundation:	2	
		Time In	1:10 pm	Core:	3	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:00 pm	Tot. Minutes:	110	
Establishment CAFE J	Address 2605 19TH ST	City/State LUBBOCK, TX	Zip Code 794014413	Telephone (806) 743-5400		
Record ID # PR0004396	Permit Holder JDG FOOD & BEVERAGE, INC.	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				1/18/20
Violation Comments: 228.75(g)(2) Date marking commercially prepared RTE/ TCS food Observed opened milk and half and half with no date marks. Voluntarily discarded. Discussed.						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				1/18/20
Violation Comments: 228.175(c) Hand drying provision. Observed no paper towels at hand wash station. Provided. Discussed.						
Follow up : Yes Followup Date: 01/18/2020						

Inspection Report

Page 2 of 2



Activity Date
01/08/2020
Establishment
CAFE J

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0004396

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

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 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	4/7/20

Violation Comments:

228.69(b) Food storage, prohibited areas

Observed personal food stored in walk-in cooler above items for service. Personal food must be stored on lowest shelf. Discarded. Discussed.

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	4/7/20

Violation Comments:

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

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

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
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	4/7/20

Violation Comments:

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

Observed damaged gasket on reach-in cooler. Replace. Discussed. Next regular inspection.

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

half and half RIC 39.00 Degrees Fahrenheit
milk RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

Back bar

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jackie Dickson

[Signature]


JACKIE DICKSON

EHS I RSIT CPO

Follow up : Yes Followup Date: 01/18/2020

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 7
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:37 am	Core:	2	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:13 pm	Tot. Minutes:	96	
Establishment CAFE VENTURE CATERING	Address 1520 BUDDY HOLLY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 470-5820		
Record ID # PR0011632	Permit Holder CAFE VENTURE CATERING LLC	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 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				1/11/20
Violation Comments: Observed dented cans in food storage area. Voluntarily discarded. 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 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				1/18/20
Violation Comments: Observed 8 days date marking in some of the RTE food items in walk-in-cooler. Facility shall date mark all RTE food to maximum of 7 days including the date it is prepared. 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: 04/07/2020						

Inspection Report

Page 2 of 2



Activity Date
01/08/2020

Establishment
CAFE VENTURE CATERING

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011632

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	4/7/20
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Violation Comments:

Observed damaged weather strip towards the grease trap. Facility shall repair before next routine inspection.

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

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	4/7/20

Violation Comments:

Observed soiled under 3 compartment sink. Facility shall clean and sanitize.

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

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

Measured Observations

Brisket hot hold 198.00 Degrees Fahrenheit
Raw Beef Walk-in-cooler 40.00 Degrees Fahrenheit
Chicken hot hold 142.00 Degrees Fahrenheit
Sausage hot hold 146.00 Degrees Fahrenheit
Rice Walk-in-cooler 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Franchesca Dominguez

Kitchen manager

Follow up : Yes Followup Date: 04/07/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	11:04 am	Core:	0	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:14 pm	Tot. Minutes:	70	
Establishment CAFE VENTURE CATERING	Address 1520 BUDDY HOLLY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 470-5820		
Record ID # PR0012241	Permit Holder CAFE VENTURE CATERING LLC	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 checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				1/18/20
Violation Comments:						
Observed not enough pressure for hot and cold water. Repaired and provided.						
228.143(b) Water pressure						
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date

01/08/2020

Establishment

CAFE VENTURE CATERING

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0012241

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

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

Measured Observations

Sausage hot hold 142.00 Degrees Fahrenheit

Chicken hot hold 138.00 Degrees Fahrenheit

Brisket hot hold 196.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Franchesca Dominguez

Kitchen Manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:05 am	Core:	0	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:10 pm	Tot. Minutes:	65	
Establishment CAFE VENTURE CATERING	Address 1520 BUDDY HOLLY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 470-5820		
Record ID # PR0013386	Permit Holder CAFE VENTURE CATERING LLC	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 checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
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
01/08/2020

Establishment
CAFE VENTURE CATERING

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013386

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Franchesca Dominguez

Kitchen Manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	1	Score 5
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:02 am	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:46 am	Tot. Minutes:	44	
Establishment CARVER EARLY LEARNING CENTER	Address 2509 ELM AVE	City/State LUBBOCK, TX	Zip Code 79403	Telephone (806) 744-6726		
Record ID # PR0000159	Permit Holder EARLY LEARNING CENTERS OF	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input 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				1/13/20
Violation Comments: Observed improper hand washing steps during hand wash. Discussed with an employee about proper hand washing technique and steps. Complied and rewashed hands. 228.38(b)(2) Cleaning procedure--steps						
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				3/10/20
Violation Comments: Observed no food handler certificate for employee handling food in the kitchen. Facility shall provide within 60 days. 228.33(d) Food Handler Training criteria						
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
Follow up : Yes Followup Date: 03/10/2020						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020

Establishment
CARVER EARLY LEARNING CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000159

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

CORE

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

Chlorine sanitizer dishwasher 100.00 Parts Per Million
Fish hot hold 144.00 Degrees Fahrenheit
Milk RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

NIRAJAN SHRESTHA

EHs I RSIT CPO


Johnita Sams

Center Director

Follow up : Yes Followup Date: 03/10/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	5	Priority:	2	Score 9
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:28 am	Core:	3	
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:44 am	Tot. Minutes:	76	
Establishment CAST IRON GRILL	Address 620 19TH ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 771-7690		
Record ID # PR0007664	Permit Holder TERESA STEPHENS	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 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				1/10/20
Violation Comments: Observed the following: A) sanitizing solution in sanitizing bucket at more than 200 ppm of Chlorine. Discussed with person-in-charge that sanitizing solution shall be kept between 50-100 ppm of Chlorine. Removed and re-prepared sanitizing solution and verified concentration with test strip. 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 B) Observed soiled can opener for more than 4 hours, used since 5 am in the morning; time during inspection is 10:45 am. Discussed with person-in-charge that can opener shall be cleaned and sanitized within every 4 hours. Complied. Sent to ware wash. 228.114(a)(3) TCS food equipment food-contact surfaces & utensils shall be cleaned at least every four hours						
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				1/10/20
Violation Comments: Observed employees used no barrier to turn off faucet and dispensing paper towel after hand wash. Discussed with person-in-charge and employee about proper hand washing technique. Complied and re-washed hand. 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				
Follow up : Yes Followup Date: 04/06/2020						

Inspection Report

Page 2 of 3



Activity Date
01/07/2020

Establishment
CAST IRON GRILL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007664

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

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	4/6/20
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Violation Comments:

Observed holes in the ceiling by the dishwasher vent and holes in the wall behind service sink. Facility shall seal/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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/6/20

Violation Comments:

Observed damaged seals for doors in reach-in-freezer. Facility shall repair.

228.124(b)(1) Cleaned and sanitized equipment, utensils, laundered linens, and single-service and single-use articles storage criteria

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	4/6/20

Violation Comments:

Observed spilled food items on the floor inside food storage area. Facility shall clean and sanitize and 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 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 meat RIC 38.00 Degrees Fahrenheit
sliced beef RIC 40.00 Degrees Fahrenheit
Patties RIC 39.00 Degrees Fahrenheit
Chopped tomatoes cold hold 41.00 Degrees Fahrenheit
Sanitizing solution dish washer 50.00 Parts Per Million
Sanitizing solution sanitizing bucket 200.00 Parts Per Million

Follow up : Yes Followup Date: 04/06/2020

Inspection Report

Page 3 of 3



Activity Date
01/07/2020
Establishment
CAST IRON GRILL

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0007664

soup reheating for 10 mins 102.00 Degrees Fahrenheit
stew cooking 202.00 Degrees Fahrenheit
Beef RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

Observed acoustic tiles in food preparation area that was replace one month ago. Facility shall replace all ceiling tiles in food preparation area with easy to clean smooth tiles before next permit inspection.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION

Signatures

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

NIRAJAN SHRESTHA

EHs I RSIT CPO

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


Jason Franciamore

Manger

Follow up : Yes Followup Date: 04/06/2020

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	5:00 pm	Core:	0
Activity Date 01/08/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	5:30 pm	Tot. Minutes:	30
Establishment CHAMP'S SPORTS GRILL & BAR	Address 4525 MILWAUKEE AVE STE 600	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 407-7899	
Record ID # PR0013681	Permit Holder CHAMP'S SPORTS GRILL AND BAR	Est. Type MAIN BAR	Risk Category FR01		

OBSERVATIONS

10 Contact surfaces/returnables; clean & sanitized

1/11/20

Violation Comments:

Observed warewashing machine in bar area sanitizing at 100 ppm. Complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER

EHS I RSIT CPO




Jennifer Burns

GM

Follow up : Yes Followup Date: 01/11/2020

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 1:40 pm	Core: 0			
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:40 pm	Tot. Minutes: 120			
Establishment CHEESECAKE FACTORY, THE #209		Address 6014 SLIDE RD	City/State LUBBOCK, TX		Zip Code 79414	Telephone (806) 785-8636
Record ID # PR0012708		Permit Holder THE CHEESECAKE FACTORY		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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : No						

Inspection Report

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Activity Date
01/07/2020

Establishment
CHEESECAKE FACTORY, THE #209

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012708

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

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

no violation observed

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


MATTHEW ELIZONDO EHS II RS CPO

KRYSTA SR MANAGER

Follow up : No

Inspection Report

Page 1 of 3

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	6	Priority:	2	Score 11
				No. of Repeat Violations	0	Priority Foundation:	1	
				Time In	1:40 pm	Core:	3	
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out		3:40 pm	Tot. Minutes:	120	
Establishment CHEESECAKE FACTORY, THE #209		Address 6014 SLIDE RD		City/State LUBBOCK, TX		Zip Code 79414	Telephone (806) 785-8636	
Record ID # PR0012707		Permit Holder THE CHEESECAKE FACTORY		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 type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented						1/10/20
Violation Comments: Observed raw ground beef stored over raw shell eggs and whole raw beef. Rearranged. Discussed. COS 228.66(a)(1)(B)(i) Food protected cross contamination separating types of raw animal food storage, preparation, holding, display								
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized						1/10/20
Violation Comments: Observed clean utensils used as food contact surfaces stored in soiled container. Send to warewash. Discussed. 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						
Follow up : Yes Followup Date: 01/10/2020								

Inspection Report

Page 2 of 3



Activity Date
01/07/2020

Establishment
CHEESECAKE FACTORY, THE #209

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012707

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

28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	1/17/20

Violation Comments:

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

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/6/20

Violation Comments:

A) Observed seal to 3 compartment sink in ware wash area missing. Provide. Discussed. NRI
B) Observed clean, wet containers stacked together. Stagger to allow to properly air dry. Discussed. NRI
228.122(a) Drying, Equipment and Utensils

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

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/6/20

Violation Comments:

Observed ice vents on ice machine soiled. Maintain clean and sanitized. Discussed. NRI.
228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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	4/6/20

Violation Comments:

Observed Floor of walk in freezer soiled. Maintain clean and sanitized. Discussed. NRI.
228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

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

Measured Observations

shrimp ric 40.00 Degrees Fahrenheit
chicken ric 38.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 01/10/2020

Inspection Report



Activity Date
01/07/2020

Establishment
CHEESECAKE FACTORY, THE #209

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012707

guacomole ric 41.00 Degrees Fahrenheit
fish wic 32.00 Degrees Fahrenheit
chicken ric 39.00 Degrees Fahrenheit
beef ric 38.00 Degrees Fahrenheit
soup hH 136.00 Degrees Fahrenheit
beef grill 192.00 Degrees Fahrenheit
shrimp wic 35.00 Degrees Fahrenheit
ham ric 38.00 Degrees Fahrenheit
tomates ric 38.00 Degrees Fahrenheit
chicken grill 110.00 Degrees Fahrenheit
pizza sauce ric 40.00 Degrees Fahrenheit
tomatoes ric 43.00 Degrees Fahrenheit
sausage wic 40.00 Degrees Fahrenheit
mashed potatoes hh 148.00 Degrees Fahrenheit
squash wic 38.00 Degrees Fahrenheit
tomatoes wic 38.00 Degrees Fahrenheit
crab wic 32.00 Degrees Fahrenheit
stuffed roll ric 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

MATTHEW ELIZONDO

EHS II RS CPO


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

KRYSTA

SR MANAGER

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	0	Score 3
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:00 am	Core:	1	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:00 am	Tot. Minutes:	60	
Establishment CHICK-FIL-A #03055 AT RAIDER	Address 312 UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 744-1564		
Record ID # PR0007258	Permit Holder TIM ODOM	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				1/19/20
Violation Comments: Observed multiple employees wash hands then turn off faucet without using proper barrier. Discussed with PIC. COS 228.38(b)(3) Disposable paper towels used to avoid re-contaminating hands if manually operated faucet handles on a hand washing sink or the handle of a restroom door						
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: 04/08/2020						

Inspection Report

Page 2 of 2



Activity Date

01/09/2020

Establishment

CHICK-FIL-A #03055 AT RAIDER PARK

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0007258

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	4/8/20

Violation Comments:

Observed soiled fan shrouds in walk-in freezer. Clean/maintain. NRI

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

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

Measured Observations

Raw chicken RIC 37.00 Degrees Fahrenheit
Milk RIC 36.00 Degrees Fahrenheit
Fried Chicken HH 180.00 Degrees Fahrenheit
Chicken Thawing 35.00 Degrees Fahrenheit
Grilled chicken HH 153.00 Degrees Fahrenheit
Cheese RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Sawyer Reynolds

Director

Follow up : Yes Followup Date: 04/08/2020

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 4
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	3:00 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:15 pm	Tot. Minutes:	15	
Establishment CHIMY'S CATERING MFU	Address 2417 BROADWAY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 763-7369		
Record ID # PR0006884	Permit Holder MARK R WRIGHT	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				1/20/20
Violation Comments: 228.108(b) Food thermometers provided and accessible Observed no thermometer in freezer. Provide. Discussed. Next regular inspection.						
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				
Follow up : Yes Followup Date: 01/20/2020						

Inspection Report

Page 2 of 2



Activity Date

01/10/2020

Establishment

CHIMY'S CATERING MFU

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0006884

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

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	1/20/20
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Violation Comments:

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

Observed nylon straps in facility. Replace with smooth, non-porous, easily cleanable straps. Discussed.

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

Jackie Dickson

JACKIE DICKSON


EHS I RSIT CPO

MAR R mpa


Follow up : Yes Followup Date: 01/20/2020

Inspection Report

Page 1 of 3

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	7	Priority:	1	Score 11
				No. of Repeat Violations	0	Priority Foundation:	2	
				Time In	1:40 pm	Core:	4	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out		3:00 pm	Tot. Minutes:	80	
Establishment CICI'S PIZZA #51		Address 5102 60TH ST E		City/State LUBBOCK, TX		Zip Code 794144320		Telephone (806) 788-1010
Record ID # PR0000208		Permit Holder BRASS MAZE PIZZA SI LLC		Est. Type RESTAURANT		Risk Category FR02		
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION								
PRIORITY								
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature						
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)						
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)						
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature						
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.						
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records						
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction						
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature						
9	<input 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 type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used						1/12/20
Violation Comments: Observed toxic spray bottle with nozzle pointing to packages of paper towels. Rearranged. COS. 228.203 Poisonous/toxic materials or chemicals stored properly								
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow						
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal						
PRIORITY FOUNDATION								
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM						
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel						
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure						
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels						
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP						
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label						
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate						
Follow up : Yes Followup Date: 01/19/2020								

Inspection Report

		Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION
		Establishment CICI'S PIZZA #51	Record ID # PR0000208
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION			
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	1/19/20
Violation Comments: Observed container of bacon bits and olives with use by dates before 1/8/20. Containers were refilled but no new date provided. Redated. Discussed. COS. 228.75(g)(1) Date marking prepare on site RTE/ TCS food			
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <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	1/19/20
Violation Comments: Observed gaskets to reach in cooler for pizza reach in cooler torn. repair/replace to have easily cleanable surfaces. Discussed. NRI. 228.103(a) Equipment and utensils. Equipment and utensils shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions			
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"/> 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"/> 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"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/8/20
Violation Comments: A) observed clean, wet containers stacked together. Stagger to allow to air dry. discussed. NRI. 228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying B) Observed seals to hand sinks and 3 compartment sink damaged. Provide repair. Discussed. NRI> 228.110(a)(1)(C) Equipment that is fixed because it is not easily movable shall be installed so that it is sealed to adjoining equipment or walls, if the equipment is exposed to spillage or seepage			
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/8/20
Violation Comments: Observed gaskets to reach in coolers, back of pizza oven, shelf under dough press, seal to 3 comp sink, cabinet under drink station, and air drying racks soiled. Maintain clean and sanitized. Discussed. NRI. 228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material			
43	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	4/8/20
Violation Comments: Observed vent above pizza oven with seals coming undone and soiled. Repair/clean. Discussed. NRI. 228.107(d) Ventilation hood systems, adequacy			
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
Follow up : Yes Followup Date: 01/19/2020			

Inspection Report

Page 3 of 3



Activity Date
01/09/2020

Establishment
CICI'S PIZZA #51

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000208

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	4/8/20
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Violation Comments:

Observed wall behind dough press soiled. Maintain clean and sanitized. Discussed. NRI
228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and 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

noodles wic 43.00 Degrees Fahrenheit
marinara sauce hh 139.00 Degrees Fahrenheit
bell peppers ric 42.00 Degrees Fahrenheit
peppers wic 39.00 Degrees Fahrenheit
chicken ric 30.00 Degrees Fahrenheit
cucumbers ric 40.00 Degrees Fahrenheit
marinara ric 39.00 Degrees Fahrenheit
sausage ric 38.00 Degrees Fahrenheit
noodles wic 50.00 Degrees Fahrenheit - Comments: cooling prepped today
pizza hh 122.00 Degrees Fahrenheit - Comments: time as control
olives ric 43.00 Degrees Fahrenheit
noodles hh 142.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


ABEL SALAZAR

MANAGER

Follow up : Yes Followup Date: 01/19/2020

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	12:35 pm	Core:	0	
Activity Date 1/6/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:50 pm	Tot. Minutes:	15	
Establishment DAAS MART	Address 2012 N ASH AVE	City/State LUBBOCK, TX	Zip Code 79413	Telephone (806) 368-5987		
Record ID # PR0003825	Permit Holder URVASHIBEN 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 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
01/06/2020

Establishment
DAAS MART

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003825

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

Smoked Sausage CH 38.00 Degrees Fahrenheit
Milk RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPFER

EHS I RSIT CPO


TRUSHATKUMAR PATEL

MGR

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	1	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	2:00 pm	Core:	0	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:20 pm	Tot. Minutes:	20	
Establishment DISMAS CHARITIES	Address 709 E 49TH ST	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 747-5055		
Record ID # PR0002985	Permit Holder DISMAS CHARITIES, INC	Est. Type FOOD SERVICE	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input 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				1/11/20
Violation Comments: Observed dented cans. Voluntarily removed from service. 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						
Follow up : No						

Inspection Report

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Activity Date
01/08/2020
Establishment
DISMAS CHARITIES

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0002985

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

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

Measured Observations

Milk WIC 40.00 Degrees Fahrenheit
Cheese WIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Jeri Urive

Social Service Coordinator

Follow up : No

Inspection Report

Page 1 of 3

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 4	Priority: 0	Score 5	
		No. of Repeat Violations 1	Priority Foundation: 1				
		Time In 10:25 am	Core: 3				
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 10:50 am	Tot. Minutes: 25				
Establishment DOLLAR GENERAL #574		Address 5715 19TH ST 14		City/State LUBBOCK, TX		Zip Code 79407	Telephone (806) 780-8352
Record ID # PR0002807		Permit Holder DOLGENCORP OF TEXAS, INC		Est. Type GROCERY		Risk Category FR01	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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: 01/17/2020							

Inspection Report

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Activity Date
01/07/2020

Establishment
DOLLAR GENERAL #574

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002807

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

31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	1/17/20
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Violation Comments:

Observed no paper towels in women's restroom. Currently just got operational. Provide. COS.
228.38(b)(3) Disposable paper towels used to avoid re-contaminating hands if manually operated faucet handles on a hand washing sink or the handle of a restroom door

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

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/6/20

Violation Comments:

Observed vent in store and bottom of reach in cooler with milk soiled. Maintain clean and sanitized. Discussed. NRI.
228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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	4/6/20

Violation Comments:

Observed floor tiles throughout store and ceiling tiles in back area damaged. Provide repair. Discussed. NRI.
228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	4/6/20

Violation Comments:

Observed no employees must wash hands sign inside of mens restroom. Provide discussed. NRI.
228.175(e) Handwashing signage

Measured Observations

milk ric 38.00 Degrees Fahrenheit
eggs ric 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 01/17/2020

Inspection Report



Activity Date
01/07/2020

Establishment
DOLLAR GENERAL #574

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002807

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

MATTHEW ELIZONDO

EHS II RS CPO


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

bmrandi vasquez

store manager

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:10 am	Core:	3	
Time Out	11:41 am	Tot. Minutes:	31			
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment DOLLAR GENERAL #1805	Address 5004 34TH ST	City/State LUBBOCK, TX	Zip Code 79410	Telephone (806) 793-6618		
Record ID # PR0002804	Permit Holder DOLGENCORP OF TEXAS, INC	Est. Type GROCERY	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : Yes Followup Date: 04/06/2020						

Inspection Report

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Activity Date
01/07/2020

Establishment
DOLLAR GENERAL #1805

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002804

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

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

34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	4/6/20
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Violation Comments:

Observed door sweep to back door missing. Provide. NRI.

228.174(e)(3) Exterior doors used as exits need not be self-closing if they are solid and tight-fitting

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	4/6/20

Violation Comments:

Observed bottom on reach in coolers with eggs and vents on ceilings soiled. Maintain clean. Discussed. NRI.

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

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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	4/6/20

Violation Comments:

Observed damaged ceiling tiles in back area, missing base boards in back area, and damaged floor tiles. Repair. Discussed. NRI.

228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

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

Measured Observations

milk ric 40.00 Degrees Fahrenheit
hot dog ric 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


Miranda

Store Manager

Follow up : Yes Followup Date: 04/06/2020

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	8:45 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	9:30 pm	Tot. Minutes:	45	
Establishment DOS GRINGOS	Address 1806 CLOVIS RD	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 701-5006		
Record ID # PR0012829	Permit Holder CRAIG & CLOVIS LAND	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020
Establishment
DOS GRINGOS

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0012829

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

Liquor CH 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Gilbert Saldana

Manager

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	2	Score 6
				No. of Repeat Violations	1	Priority Foundation:	0	
				Time In	10:35 am	Core:	0	
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out		11:10 am	Tot. Minutes:	35	
Establishment ELITE LEARNING ACADEMY		Address 3514 22ND PL		City/State LUBBOCK, TX		Zip Code 79410	Telephone (806) 317-0917	
Record ID # PR0005718		Permit Holder JOHN & FUNDA HERRERA		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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	09 Separated & protected; contamination prevented						1/10/20
Violation Comments: A) 228.66(a)(1)(B)(i) Food protected cross contamination separating types of raw animal food storage, preparation, holding, display Observed raw shell eggs stored above ready-to-eat foods in reach-in cooler. Rearranged. Discussed. B) 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display Observed handle of scoop touching food in bulk storage. Scoops must be stored with handles up to prevent cross contamination. Discussed.								
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized						1/10/20
Violation Comments: 228.113(1) Food-contact surfaces clean to sight and touch Observed sticker residue on food containers stacked together. All stickers and residue must be removed before being stacked and used again. Discussed.								
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						
Follow up : Yes Followup Date: 01/10/2020								

Inspection Report

Page 2 of 2



Activity Date
01/07/2020

Establishment
ELITE LEARNING ACADEMY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005718

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

28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input 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
raw shell eggs RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

Jackie Dickson


JACKIE DICKSON

EHS I RSIT CPO

[Signature]

Follow up : Yes Followup Date: 01/10/2020

Inspection Report

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	1	Score 6
				No. of Repeat Violations	0	Priority Foundation:	1	
				Time In	1:51 pm	Core:	1	
Activity Date 01/06/2020		Purpose of Inspection ROUTINE INSPECTION		Time Out	2:15 pm	Tot. Minutes:	24	
Establishment ESKIMO HUT		Address 305 FRANKFORD AVE		City/State LUBBOCK, TX		Zip Code 79416		Telephone (806) 368-5981
Record ID # PR0008690		Permit Holder BRAD SALLEY		Est. Type FOOD SERVICE		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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow						1/9/20
Violation Comments: Observed no air gap for 3-compartment sink waste water. Provide 228.146(c) Backflow prevention, air gap								
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						
<div style="text-align: right;">Follow up : Yes Followup Date: 01/09/2020</div>								

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
ESKIMO HUT

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008690

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

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	1/16/20
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Violation Comments:

Observed unsealed wood used for shelving in rear area and under soda machine. Paint/Seal. 7-days.

228.104(a) Cleanability. Food-contact surfaces.

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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	4/5/20

Violation Comments:

Observed holes in ceiling around hoses. Seal

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

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

Measured Observations

No Temperature Observations


Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures



CHARLES SEIFERT EHS II RS CPO


Connor Brinkley PIC

Follow up : Yes Followup Date: 01/09/2020

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	11:40 am	Core:	0
Activity Date 01/10/2020	Purpose of Inspection CITIZEN CONTACT	Time Out	12:00 pm	Tot. Minutes:	20
Establishment FOR GOODNESS SHAPES	Address 7006 UNIVERSITY AVE 3	City/State LUBBOCK, TX	Zip Code 79413	Telephone (806) 785-0799	
Record ID # PR0005203	Permit Holder MIKE & CINDY PATTERSON	Est. Type RESTAURANT	Risk Category FR01		

OBSERVATIONS

30 Food Establishment Permit (Current & Valid)

1/20/20

Violation Comments:

Facility is operating without a valid permit. Permit and late fees shall be paid by 4:00 PM, Friday, January 10, 2020.

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: VERBAL WARNING

Signatures

Jeanne Valdez

JEANNE VALDEZ

EHS II RS CPO

Alysha Patterson


Alysha Patterson

Owner

Follow up : Yes Followup Date: 01/20/2020

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	10:00 am	Core:	0	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:30 am	Tot. Minutes:	30	
Establishment GRACE COFFEE SHOP	Address 4515 MARSHA SHARP FWY	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 796-0902		
Record ID # PR0009056	Permit Holder LUBBOCK HERITAGE HOSPITAL, LLC	Est. Type RESTAURANT	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/08/2020

Establishment
GRACE COFFEE SHOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009056

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

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

CORE

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

Measured Observations

salsa ric 40.00 Degrees Fahrenheit
Ham hh 146.00 Degrees Fahrenheit

Overall Inspection Comments

No violations observed

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


stephanie thomasson

Barista

Follow up : No

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	8	Priority:	3	Score 15
		No. of Repeat Violations	1	Priority Foundation:	1	
		Time In	10:15 am	Core:	4	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:30 am	Tot. Minutes:	75	
Establishment GREEK PIZZA	Address 6002 SLIDE RD	City/State LUBBOCK, TX	Zip Code 79414	Telephone (806) 632-3059		
Record ID # PR0008731	Permit Holder NASIR IQBAL	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 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	07 Approved source; Condition/parasite destruction				1/12/20
Violation Comments: Observed packaged spinach and bell peppers in walk in cooler with mold. Products not in sound condition. Removed and voluntarily discarded. COS. 228.61 Food safe, good condition, unadulterated, and honestly presented						
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 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	10 Contact surfaces/returnables; clean & sanitized				1/12/20
Violation Comments: Observed container by soda fountain where ice scoop was stored soiled. Replaced. 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"/> 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 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	19 Water; approved source; plumbing, backflow				1/12/20
Violation Comments: Observed plumbing to back hand sink disconnected. Repaired on site. Discussed. COS. 228.145(a) Construction. A plumbing system and hoses conveying water shall be constructed and repaired with approved materials according to the Plumbing Code						
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				
Follow up : Yes Followup Date: 01/12/2020						

Inspection Report



Activity Date
01/09/2020

Establishment
GREEK PIZZA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008731

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

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"/> NA <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	1/19/20

Violation Comments:

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

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input 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	4/8/20

Violation Comments:

Observed multiple containers of food in walk in cooler with lids. Provided with covers. 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"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	4/8/20

Violation Comments:

Observed single service items stored on floor. Shall be stored 6 inches off the floor. Discussed. NRI.
228.124(a)(3) Single-service/ single-use articles kept in the original protective package or other means of protection

41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/8/20

Violation Comments:

Observed fans to walk in cooler, container for spices, and pizza reach in cooler. Maintain clean and sanitized. Discussed. NRI.
228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	4/8/20

Violation Comments:

Observed wall by mop sink and floor throughout facility soiled. Maintain clean and sanitized.
228.186(b) Cleaning, frequency and restrictions.

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

Measured Observations

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

Inspection Report



Activity Date
01/09/2020

Establishment
GREEK PIZZA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008731

noodles hh 140.00 Degrees Fahrenheit
eggs wic 42.00 Degrees Fahrenheit
potatoes hh 136.00 Degrees Fahrenheit
sausage wic 43.00 Degrees Fahrenheit
meatballs hh 139.00 Degrees Fahrenheit
pizza oven 182.00 Degrees Fahrenheit
pepperoni ric 42.00 Degrees Fahrenheit
calzone hh 104.00 Degrees Fahrenheit - Comments: time as control

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Handwritten signature of Matthew Elizondo in blue ink.

MATTHEW ELIZONDO

EHS II RS CPO


Handwritten signature of Nasir Iqbal in blue ink.

NASIR IQBAL

OWNER

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 4
				No. of Repeat Violations	0	Priority Foundation:	1	
				Time In	10:25 am	Core:	2	
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out		10:45 am	Tot. Minutes:	20	
Establishment HSP ENERGY, LLC		Address 2815 SLIDE RD		City/State LUBBOCK, TX		Zip Code 79407		Telephone
Record ID # PR0008979		Permit Holder IRFAN TEJANI		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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate						1/16/20
Violation Comments: Observed no thermometer in reach in cooler with sandwiches. Provide. 228.108(b) Food thermometers provided and accessible								
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: 01/16/2020								

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
HSP ENERGY, LLC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008979

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	4/5/20

Violation Comments:

Observed fan shrouds in walk in cooler soiled. Clean

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

Observed interior of microwave soiled clean.

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

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

Violation Comments:

Observed missing ceiling tiles in rear area damaged floor tiles. Repair.

Observed cabinets under soda machine damaged. Repair.

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

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

Measured Observations

Sandwich RIC 37.00 Degrees Fahrenheit

Milk RIC 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


DONALD HURLEY II

ASSISTANT MANAGER

Follow up : Yes Followup Date: 01/16/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	5	Priority:	1	Score 8
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	2:13 pm	Core:	3	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:05 pm	Tot. Minutes:	52	
Establishment ITALIAN GARDEN	Address 1215 AVE. J ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 771-2212		
Record ID # PR0008257	Permit Holder MURAT BRATI	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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/13/20
Violation Comments: Observed soiled knife in knife holder. Facility shall clean and sanitize knife after use before it get stored. Sent to ware wash. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				1/20/20
Violation Comments: Observed hand wash sink used as dump sink. Facility shall use hand wash sink only for hand washing purposes. 228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing						
Follow up : Yes Followup Date: 04/09/2020						

Inspection Report

Page 2 of 3



Activity Date
01/10/2020

Establishment
ITALIAN GARDEN

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008257

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

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	4/9/20
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Violation Comments:

Observed damaged weather strip for the back door. Facility shall repair before next routine inspection.

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

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	4/9/20
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Violation Comments:

Observed several used drinking water bottle and a coffee cup stored above and around food preparation area; inside container by cold hold and in between cold holding unit on the east end of the kitchen. Facility shall store all water and soda used for drinking away or under from food preparation area. Discussed with person-in-charge. Removed.

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

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input 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	41 Original container labeling (Bulk Food)	4/9/20

Violation Comments:

Observed no label for bulk food containers. Provided.

228.66(b) Food storage containers, identified with common name of 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

Shrimp cold hold 41.00 Degrees Fahrenheit
Squid cold hold 40.00 Degrees Fahrenheit
Lasanga cold hold 41.00 Degrees Fahrenheit
Tomatoes cold hold 38.00 Degrees Fahrenheit

Overall Inspection Comments

NOTE: Requested person-in-charge and an employee for hand wash to observe hand washing technique. Observed improper hand wash. Discussed with person-in-charge and employee about proper hand washing technique. Facility shall train all employees about proper hand washing technique.

Follow up : Yes Followup Date: 04/09/2020

Inspection Report

Page 3 of 3



Activity Date
01/10/2020
Establishment
ITALIAN GARDEN

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0008257

Inspection Result: VIOLATION

Required Action: NEXT REGULAR 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 "B. Skepi", written over a horizontal line.


bashkim skepi

owner

Follow up : Yes Followup Date: 04/09/2020

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:	2	Score 6
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	2:05 pm	Core:	0	
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:35 pm	Tot. Minutes:	30	
Establishment J & M BAR B Q EXPRESS	Address 7924 SLIDE RD	City/State LUBBOCK, TX	Zip Code 794242834	Telephone (806) 796-1164		
Record ID # PR0000518	Permit Holder TEXAS SMOKEHOUSE. LLC	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				1/10/20
Violation Comments: Observed unlabeled spray bottle near hot hold. Voluntarily discarded. COS. 228.202 Poisonous/toxic materials or chemicals not in original container labeled						
19	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				1/10/20
Violation Comments: Observed hose stored in bottom of mop sink. Creates potential for back-flow issues. Moved. COS. 228.146(c) Backflow prevention, air gap						
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				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/07/2020

Establishment
J & M BAR B Q EXPRESS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000518

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

CORE

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

Measured Observations

Coleslaw Ch 39.00 Degrees Fahrenheit
 Potato Salad CH 38.00 Degrees Fahrenheit
 Brisket HH 145.00 Degrees Fahrenheit
 Sausage HH 137.00 Degrees Fahrenheit
 Ham 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


Sharon

Manager

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
				No. of Repeat Violations	0	Priority Foundation:	0	
				Time In	11:25 am	Core:	0	
Activity Date 01/11/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out	11:35 am	Tot. Minutes:	10		
Establishment 2020 JOHNNY'S FAMOUS BBQ		Address		City/State LUBBOCK, TX		Zip Code 79401		Telephone
Record ID # PR0013700		Permit Holder 2020 JOHNNY'S FAMOUS BBQ		Est. Type 2020 TEMPORARY		Risk Category TF15		
Event Name		Event Address		Event City/State		Zip Code		Event Telephone
Event Organizer		Event Organizer Phone		Booth / Space No.		Serial Number DAPCTNRSJ		

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

PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided	

CORE ITEMS

Follow up : No

Inspection Report

Page 2 of 2



Activity Date
01/11/2020

Establishment
2020 JOHNNY'S FAMOUS BBQ

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013700

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

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

Measured Observations

Sausage Grill 154.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

CHARLES SEIFERT


EHS II RS CPO

Johnny Escarero

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 11:30 am	Core: 0				
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:15 pm	Tot. Minutes: 45				
Establishment KIDZ KARE INC		Address 6405 34TH ST		City/State LUBBOCK, TX		Zip Code 79407	Telephone (806) 632-1859
Record ID # PR0008316		Permit Holder ANGELA MARTIN		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 type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use
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
01/07/2020

Establishment
KIDZ KARE INC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008316

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

Milk Walk in cooler 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Angela Martin


Angela Martin

Owner

Follow up : No

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	6	Priority:	3	Score 13
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:15 pm	Core:	2	
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:09 pm	Tot. Minutes:	114	
Establishment LA CABANA RESTAURANT, LLC	Address 1105 E 50TH ST	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 620-0410		
Record ID # PR0008341	Permit Holder AZUCENA VEGA	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 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	02 Proper cold holding temperature (41 F / 45 F)				1/9/20
Violation Comments: Observed the following: A) uncooked bacon at 51 F for less than an hour. Facility shall keep cold holding TCS food below 41F. Send to cooler for cold hold. COS. 228.75(f)(1)(B) Cold Hold (41°F/45°F or below) B) crates of raw eggs under grill at 78 F since 7 am; time now is 1:20 pm. Voluntarily discarded. Facility shall hold raw eggs below 45 F. 228.75(f)(2) Eggs not treated to destroy Salmonellae stored in refrigerator maintains an ambient air temperature 7°C (45°F) or less.						
3	<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	03 Proper hot holding temperature (135 F)				1/9/20
Violation Comments: Observed RTE sausage, chorizo and potato containers beside grill at less than 135 F for more than 6 hours. Voluntarily discarded. 228.75(f)(1)(A) Hot Hold (135°F or higher)						
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				1/9/20
Violation Comments: Observed the following: A) sticker residues on containers stored after ware wash. Discussed with person-in-charge. Sent to ware wash. COS. 228.113(1) Food-contact surfaces clean to sight and touch B) utensils not sanitized after wash and rinse. Facility shall sanitize all utensils using sanitizing solution after wash and rinse cycle. Discussed with person-in-charge. All dishes were kept in sanitizing solution after verifying its concentration with test strip. 228.117 Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning						
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				
Follow up : Yes Followup Date: 04/05/2020						

Inspection Report

Page 2 of 3



Activity Date
01/06/2020

Establishment
LA CABANA RESTAURANT, LLC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008341

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

17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	1/16/20

Violation Comments:

Observed used utensils in hand wash sink. Facility shall use hand wash sink only for hand wash purpose. Removed.

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

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

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN		<input checked="" type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	4/5/20

Violation Comments:

Observed wet wiping clothes in preparation tables. Facility shall properly store wet wiping clothes in bucket with sanitizing water when not in use. Complied.

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 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	

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

Inspection Report

Page 3 of 3



Activity Date
01/06/2020
Establishment
LA CABANA RESTAURANT, LLC

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0008341

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

47 ☒ OUT ☐ IN ☐ NO ☐ NA ☐ COS ☐ REP 47 Other violations 4/5/20

Violation Comments:

Observed no handwashing signage in restroom. Facility shall provide before next routine inspection.

228.175(e) Handwashing signage

Measured Observations

RTE potato Beside Grill for more than 6 hours 65.00 Degrees Fahrenheit
Ceviche RIC 41.00 Degrees Fahrenheit
Rice cooling cooling for 15 mins 126.00 Degrees Fahrenheit
RTE Sausage Beside Grill for more than 6 hours 72.00 Degrees Fahrenheit
Shrimp RIC 41.00 Degrees Fahrenheit
Fish RIC 38.00 Degrees Fahrenheit
Bacon prep table for less than 4 hours 51.00 Degrees Fahrenheit
RTE Chorizo Beside Grill for more than 6 hours 70.00 Degrees Fahrenheit
Ground beef hot hold 197.00 Degrees Fahrenheit
Eggs under grill for more than 6 hours 78.00 Degrees Fahrenheit
Chicken hot hold 156.00 Degrees Fahrenheit
Beef cooling for 10 mins 180.00 Degrees Fahrenheit
Shrimp cooked 175.00 Degrees Fahrenheit
Chopped tomatoes cold hold 41.00 Degrees Fahrenheit
Beef cooked 202.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


AZUCENA VEGA

OWNER

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

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	2	Score 7
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	3:22 pm	Core:	1	
Activity Date 01/06/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:56 pm	Tot. Minutes:	34	
Establishment LUBBOCK DREAM CENTER	Address 1111 30TH ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 793-3336		
Record ID # PR0006364	Permit Holder JAMES FORTNER	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				1/9/20
Violation Comments: Observed frozen turkey above RTE food and with buns in walk-in-freezer. Voluntarily discarded buns. Food items were re-arranged. COS. 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display						
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/9/20
Violation Comments: Observed soiled ice-reflector panel, water from ice-reflector panel dripping into ice. Discussed with employee. Ice was burnt and unit was cleaned and sanitized. 228.113(1) Food-contact surfaces clean to sight and touch						
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input 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				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
LUBBOCK DREAM CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006364

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

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

Violation Comments:

Observed dusty vent behind kitchen in food storage 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 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

Turkey RIF 20.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Rudy Ramirez

Maintenance

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:20 pm	Core:	0	
Time Out	2:00 pm	Tot. Minutes:	40			
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment LUBBOCK ADULT DAY CENTER	Address 3306 83RD ST	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 796-2273		
Record ID # PR0003443	Permit Holder TAYLORED CARE INC.	Est. Type INSTITUTIONAL	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"/> 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 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	32 Food & non-food contact surfaces cleanable/use				1/19/20
Violation Comments: 228.104(g) Nonfood-contact surfaces. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance OBSERVED UTENSIL WITH DAMAGED HANDLE. DISCUSSED. VOLUNTARILY DISCARDED. COS.						
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/09/2020

Establishment
LUBBOCK ADULT DAY CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003443

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

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

Measured Observations

DISH MACHINE 190.00 Degrees Fahrenheit
MILK RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Deneis Arriaga


DENEIS ARRIAGA

KITCHEN MANAGER

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	1	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	5:10 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	5:35 pm	Tot. Minutes:	25	
Establishment MATEO	Address 707 N I-27	City/State LUBBOCK, TX	Zip Code 79403	Telephone		
Record ID # PR0010673	Permit Holder CORINA RIVAS	Est. Type BAR	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				1/13/20
Violation Comments: Observed accordion hose used on hand sink. Replace with straight PVC. 3 days. 228.145(a) Construction. A plumbing system and hoses conveying water shall be constructed and repaired with approved materials according to the Plumbing Code Observed improper air gap on drain pipes coming from 3-comp sink. Repair with proper air gap over floor sink. 3 days. 228.146(c) Backflow prevention, air gap						
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				
Follow up : Yes Followup Date: 01/13/2020						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020
Establishment
MATEO

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0010673

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

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

CORE

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

Liquor RIC 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


corina rivas

owner

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

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	1:30 pm	Core:	0
Activity Date 01/07/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	2:00 pm	Tot. Minutes:	30
Establishment MCDONALD'S #1221	Address 2339 19TH ST	City/State LUBBOCK, TX	Zip Code 794014411	Telephone (806) 747-5536	
Record ID # FA0000627	Permit Holder HUGO VARGAS	Est. Type	Risk Category FR02		

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

EMPLOYEES NOT WASHING HANDS WHEN SWITCHING TASK, CLEANING TO FOOD PREP AND SERVICE.

At time of investigation, spoke to John, manager. He was unaware of complaint. Observed multiple employees and managers changing gloves between tasks and washing hands appropriately. Discussed retraining and reiterating to staff from all shifts the importance of proper hand washing techniques, including changing gloves with hand washes between tasks. John agrees to provide additional training. No violations are observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures



JACKIE DICKSON


EHS I RSIT CPO



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	<div>Score</div> <div>0</div>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:00 pm	Core:	0	
Activity Date 1/6/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:15 pm	Tot. Minutes:	15	
Establishment MLK #2 BINGO	Address 1701 PARKWAY DR A	City/State LUBBOCK, TX	Zip Code 794034413	Telephone (806) 763-0337		
Record ID # PR0011729	Permit Holder MLK #2 BINGO	Est. Type CONCESSION	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
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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



Activity Date
01/06/2020

Establishment
MLK #2 BINGO

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011729

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

Taco Meat RIC 39.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION


Signatures


NATHAN KLOEPPER EHS I RSIT CPO


courtney Hagler manager

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0
		No. of Repeat Violations 0	Priority Foundation: 0			
		Time In 2:39 pm	Core: 0			
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:00 pm	Tot. Minutes: 21			
Establishment NOTHIN BUTT SMOKES #4	Address 904 SLIDE RD	City/State LUBBOCK, TX	Zip Code 794153407	Telephone (806) 784-0881		
Record ID # PR0003771	Permit Holder ROSS-LAB MARKETING, INC.	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 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 type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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				
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
01/10/2020

Establishment
NOTHIN BUTT SMOKES #4

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003771

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


Stephanie Medrano

Store manager

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 2:01 pm	Core: 0				
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:20 pm	Tot. Minutes: 19				
Establishment NOTHIN BUTT SMOKES #14	Address 6702 19TH ST A	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 771-7024			
Record ID # PR0005527	Permit Holder ROSS-LAB MARKETING, INC.	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 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 type="checkbox"/> IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input 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
01/10/2020

Establishment
NOTHIN BUTT SMOKES #14

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005527

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


Misty Longbine

Manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:48 am	Core:	0	
Activity Date 1/6/2020 12:00:00AM	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:10 pm	Tot. Minutes:	22	
Establishment OUR LADY OF GRACE CATHOLIC	Address 3111 ERSKINE ST	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 763-4156		
Record ID # PR0008355	Permit Holder OUR LADY OF GRACE CATHOLIC	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

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Activity Date
01/06/2020

Establishment
OUR LADY OF GRACE CATHOLIC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008355

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOPPER

EHS I RSIT CPO


Sylvia Rubio

business manager

Follow up : No

Inspection Report

Page 1 of 3

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 7	Priority: 3	Score 13	
		No. of Repeat Violations 1	Priority Foundation: 0				
		Time In 10:45 am	Core: 4				
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:45 am	Tot. Minutes: 60				
Establishment POLIBERTOS TACO SHOP		Address 107 BEECH AVE		City/State LUBBOCK, TX		Zip Code 79403	Telephone (806) 763-5555
Record ID # PR0010661		Permit Holder JUAN GARCIA		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 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	02 Proper cold holding temperature (41 F / 45 F)					1/10/20
Violation Comments: Observed RTE food stored above 41 degrees fahrenheit for less than 4 hours. Rapidly cooled for continued use. COS							
228.71(d)(3) Cold Hold (41°F/45°F or below)--non-continuous cooking							
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 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	14 Hands cleaned and properly washed / Glove use					1/10/20
Violation Comments: Observed employee change tasks from cooking to prepping without proper hand wash. Retrained employee, food discarded. COS							
228.38(d) When to wash							
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 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	18 Toxic substances; identified/stored/used					1/10/20
Violation Comments: Observed cough medicine stored with food service items. Removed from kitchen. COS							
228.203 Poisonous/toxic materials or chemicals stored properly							
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					
Follow up : Yes Followup Date: 04/06/2020							

Inspection Report

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Activity Date
01/07/2020

Establishment
POLIBERTOS TACO SHOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010661

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

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"/> 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"/> 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	4/6/20
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Violation Comments:

Observed back door not sealed properly. Seal/repair. NRI

228.174(e)(1) Outer openings, protected

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/6/20

Violation Comments:

Observed dishes stacked wet. Dishes must properly air dry. NRI

228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying

40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	40 Single-service/use; properly stored, and used	4/6/20
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Violation Comments:

Observed single-use cups stored in bulk containers. Voluntarily discarded. COS

228.112(c)(1) Single-service and single-use articles may not be reused

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	4/6/20

Violation Comments:

Observed holes in ceiling tiles. Repair/seal. NRI

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	
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

Follow up : Yes Followup Date: 04/06/2020

Inspection Report



Activity Date
01/07/2020

Establishment
POLIBERTOS TACO SHOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010661

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

NATHAN KLOEPPER

EHS I RSIT CPO


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

diego navarro

managger

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:00 am	Core:	0	
Activity Date 01/11/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:25 am	Tot. Minutes:	25	
Establishment 2020 PORKY'S	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013703	Permit Holder 2020 PORKY'S	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name 2020 PORKY'S	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer CHRISTOPHER HERNANDEZ	Event Organizer Phone	Booth / Space No.	Serial Number DACIGRNTG			
OUT = IN = NA = NO = COS = REPT =						
PRIORITY ITEMS						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION ITEMS						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided				
CORE ITEMS						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/11/2020

Establishment
2020 PORKY'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013703

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

CHARLES SEIFERT

EHS II RS CPO


Christopher Hernandez

Owner

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 2:45 pm	Core: 0				
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:15 pm	Tot. Minutes: 30				
Establishment RAFF & HALL FAMILY PARK		Address 3404 I-27		City/State LUBBOCK, TX		Zip Code 79404	Telephone (806) 744-8477
Record ID # PR0003676		Permit Holder DIAMOND II DRUG INC		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 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
01/10/2020

Establishment
RAFF & HALL FAMILY PARK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003676

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

No Temperature Observations

Overall Inspection Comments

No violation observed at time of routine inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ

EHS II RS CPO


Jack Williams

Pharmacy Technician

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	5:50 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	6:20 pm	Tot. Minutes:	30	
Establishment RAMEN SHACK- MFU	Address 8013 ENGLEWOOD AVE	City/State LUBBOCK, TX	Zip Code 79424	Telephone		
Record ID # PR0013688	Permit Holder TIFFANY LUMBRERAS	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 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				
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
01/10/2020

Establishment
RAMEN SHACK- MFU

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013688

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

Sausage Cooling 45.00 Degrees Fahrenheit


Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Tiffany Lumbreras owner

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 4
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:20 pm	Core:	2	
Time Out	1:50 pm	Tot. Minutes:	30			
Activity Date 1/6/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment REJAVANATE COFFEE BAR	Address 6524 SLIDE RD	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 790-6645		
Record ID # PR0006591	Permit Holder TONY CARDINAL	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				1/16/20
Violation Comments: Observed several food items in bottom of reach in cooler at 44-45 degrees, and food items on top at 39 degrees. Discussed rearranging and moving food so that air circulates from the top to bottom more efficiently. COS. 228.107(a) Cooling, heating, and holding capacities. Equipment						
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: 04/05/2020						

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
REJAVANATE COFFEE BAR

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006591

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 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	4/5/20

Violation Comments:

Observed ice build up inside of creamer reach in cooler. Remove ice. 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	
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 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	4/5/20

Violation Comments:

A. Observed floor beside ice machine soiled. Clean and sanitize. NRI.

B. Observed dusty ceiling vent cover above 3 compartment sink. Clean and sanitize. 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

Cheese RIC 39.00 Degrees Fahrenheit
Ham RIC 45.00 Degrees Fahrenheit
Chicken RIC 44.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

Jarvis

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

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	3:20 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:45 pm	Tot. Minutes:	25	
Establishment RIVER SMITH'S	Address 406 AVE Q	City/State LUBBOCK, TX	Zip Code 794154023	Telephone (806) 765-8164		
Record ID # PR0001817	Permit Holder BOB CORCORAN	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input 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				1/20/20
Violation Comments: 228.104(g) Nonfood-contact surfaces. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance Observed nylon covered straps. Replace with smooth, non-porous, easily cleanable straps. Discussed. Next regular inspection.						
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
Follow up : Yes Followup Date: 01/20/2020						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020
Establishment
RIVER SMITH'S

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0001817

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


JACKIE DICKSON

EHS I RSIT CPO

Follow up : Yes Followup Date: 01/20/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	3:20 pm	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:45 pm	Tot. Minutes:	25	
Establishment RIVER SMITH'S	Address 406 AVE Q	City/State LUBBOCK, TX	Zip Code 794154023	Telephone (806) 765-8164		
Record ID # PR0001364	Permit Holder BOB CORCORAN	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input 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				1/20/20
Violation Comments: 228.104(g) Nonfood-contact surfaces. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance Observed nylon covered straps. Provide straps that are smooth, non-porous, and easily cleanable. Discussed. Next regular inspection.						
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
Follow up : Yes Followup Date: 01/20/2020						

Inspection Report

Page 2 of 2



Activity Date
01/10/2020
Establishment
RIVER SMITH'S

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0001364

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON


EHS I RSIT CPO

OR

Follow up : Yes Followup Date: 01/20/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	6	Priority:	0	Score 7
		No. of Repeat Violations	1	Priority Foundation:	1	
		Time In	10:20 am	Core:	5	
Time Out	11:00 am	Tot. Minutes:	40			
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment ROSA'S CAFE & TORTILLA #9	Address 5103 82ND ST	City/State LUBBOCK, TX	Zip Code 794243025	Telephone (806) 794-2285		
Record ID # PR0000897	Permit Holder BOBBY COX COMPANIES	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				1/19/20
Violation Comments: Observed queso in reach in cooler with discard date of 1-7. Discussed with manager who said it was an old date label. Correct date label added. COS. 228.75(g)(1) Date marking prepare on site RTE/ TCS food						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
Follow up : Yes Followup Date: 04/08/2020						

Inspection Report

Page 2 of 3



Activity Date
01/09/2020

Establishment
ROSA'S CAFE & TORTILLA #9

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000897

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

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	4/8/20
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Violation Comments:

Observed personal bottled drinks stored in reach in cooler. Removed. COS.

228.42(a)(1) Eating food, chewing gum, drinking beverages, or using 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	4/8/20
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Violation Comments:

Observed wiping clothes stored on counters when not in use. Moved. 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	
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38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		38 Approved thawing method	
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39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input checked="" type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/8/20
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Violation Comments:

Observed styrofoam cup being used as a scoop. Must have a handle. 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)	
----	---	--	--	--

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	4/8/20
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Violation Comments:

Observed soiled shelf near tortilla maker station. 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 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	4/8/20
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Violation Comments:

Observed hand wash sink not sealed to wall. Reseal. NRI.

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

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

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

Bleach Dishwasher 100.00 Parts Per Million
Tomato CH 45.00 Degrees Fahrenheit - Comments: Cooling
Rice HH 180.00 Degrees Fahrenheit
Ground Beef HH 170.00 Degrees Fahrenheit
Chicken HH 160.00 Degrees Fahrenheit
Chicken WIC 35.00 Degrees Fahrenheit
Tomato WIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 04/08/2020

Inspection Report

Page 3 of 3

**Activity Date**

01/09/2020

Establishment

ROSA'S CAFE & TORTILLA #9

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0000897

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Jacob Kemmer".

JACOB KEMMER


EHS II RS CPO

A handwritten signature in blue ink, appearing to be "A. Zup" or similar.

Follow up : Yes Followup Date: 04/08/2020

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	12:39 pm	Core:	0	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:00 pm	Tot. Minutes:	21	
Establishment STARBUCKS #58512	Address 6307 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 723-9337		
Record ID # PR0013685	Permit Holder GARY ANDREWS	Est. Type RESTAURANT	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
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
01/08/2020

Establishment
STARBUCKS #58512

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013685

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

Milk Ric 39.00 Degrees Fahrenheit
Eggs Ric 39.00 Degrees Fahrenheit
Quat Bucket 300.00 Parts Per Million
Final rinse Dish machine 181.00 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


Katalina Lopez

Shift Supervisor

Follow up : No

Inspection Report

Page 1 of 1

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	10:50 am	Core:	0
Activity Date 01/06/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	11:15 am	Tot. Minutes:	25
Establishment STEPPING STONES	Address 2433 26TH ST	City/State LUBBOCK, TX	Zip Code 79411	Telephone (806) 747-6688	
Record ID # FA0001047	Permit Holder CHRISTIAN PRESCHOOL CTRS, INC	Est. Type	Risk Category FR02		

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

COMPLAINANT STATES THAT EMPLOYEES ARE NOT USING GLOVES WHILE COOKING, AND THAT NO ONE HAS A FOOD HANDLERS CERT. COMPLAINANT ALSO STATES THAT EMPLOYEES ARE SICK WITH THE FLU AND SERVING FOOD.

At time of investigation, spoke to Alex McAdoo, manager. He states he has been out for two weeks on vacation. In the kitchen, cook was wearing gloves appropriately, and in the dining room, gloves were being worn to serve lunches. He also states that no one has had a diagnosis of flu, and only had one employee call out sick. No violations observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON


EHS I RSIT CPO

B. J. McAdoo

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	4	Priority:	0	Score 4
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	12:00 pm	Core:	4	
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:00 pm	Tot. Minutes:	60	
Establishment STRIPES #5046	Address 4315 N LOOP 289	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 762-4661		
Record ID # PR0001143	Permit Holder CAL'S CONVENIENCE INC.	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"/> 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 checked="" type="checkbox"/> OUT <input 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				4/6/20
Violation Comments: Observed rear door not sealed. Properly seal. NRI 228.174(e)(1) Outer openings, protected						
Follow up : Yes Followup Date: 04/06/2020						

Inspection Report

Page 2 of 2



Activity Date
01/07/2020

Establishment
STRIPES #5046

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001143

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 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	4/6/20

Violation Comments:

Observed ice on boxes in walk-in freezer. Pans put in place to protect. COS

228.69(a)(1)(A) Food shall be protected from contamination by storing the food in a clean, dry location

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	4/6/20

Violation Comments:

Observed 4-compartment sink not sealed to wall. Seal. NRI

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

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/6/20

Violation Comments:

Observed ceiling fan vents and WIC fan shrouds soiled. Clean/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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


SHANNON FRIED

ASST. MANAGER

Follow up : Yes Followup Date: 04/06/2020

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	12:00 pm	Core:	0	
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:15 pm	Tot. Minutes:	75	
Establishment STRIPES #5046	Address 4315 N LOOP 289	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 762-4661		
Record ID # PR0008328	Permit Holder CAL'S CONVENIENCE INC.	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



Activity Date
01/07/2020

Establishment
STRIPES #5046

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008328

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER


EHS I RSIT CPO

shannon fried

asst. manager

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	1	Score 3
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:15 am	Core:	0	
Activity Date 1/6/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:15 am	Tot. Minutes:	60	
Establishment STRIPES #2261	Address 5802 98TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 771-4733		
Record ID # PR0008323	Permit Holder CAL'S CONVENIENCE INC.	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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				1/9/20
Violation Comments: Observed cleaner stored near packaged plates/bowls. Moved. COS. 228.203 Poisonous/toxic materials or chemicals stored properly						
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
STRIPES #2261

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008323

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

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

Measured Observations

Milk RIC 40.00 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


[Signature]

Manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	5	Priority:	2	Score 9
		No. of Repeat Violations	3	Priority Foundation:	0	
		Time In	10:15 am	Core:	3	
Activity Date 1/6/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:15 am	Tot. Minutes:	60	
Establishment STRIPES #2261	Address 5802 98TH ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 771-4733		
Record ID # PR0006072	Permit Holder CAL'S CONVENIENCE INC.	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 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 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 checked="" type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/9/20
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 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				1/9/20
Violation Comments: Observed dented can in dry storage. Potential source for botulism. Removed and set aside 228.81(1) Unsafe, adulterated or contaminated Food--discarded, reprocessed or reconditioned						
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				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/06/2020

Establishment
STRIPES #2261

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006072

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

CORE

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

Violation Comments:

Observed containers stacked wet. Rearrange to allow air drying. COS.

228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> 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 checked="" type="checkbox"/> REP	42 Non-food contact surfaces clean	4/5/20

Violation Comments:

A. Observed soiled shelf beneath tortilla warmer grill. Clean and sanitize. COS.

B. 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	
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	4/5/20

Violation Comments:

Observed personal cell phone stored on shelf 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	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

Chicken WIC 39.00 Degrees Fahrenheit
Brisket HH 147.00 Degrees Fahrenheit
Quat Bucket 400.00 Parts Per Million
Chorizo WIC 39.00 Degrees Fahrenheit
Tomato CH 49.00 Degrees Fahrenheit - Comments: Cooling
Chicken Fajita HH 143.00 Degrees Fahrenheit
Eggs HH 145.00 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


Manager

Manager

Follow up : No

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	8	Priority:	1	Score 12
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	12:45 pm	Core:	5	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:00 pm	Tot. Minutes:	75	
Establishment SUBWAY #19	Address 2515 82ND ST	City/State LUBBOCK, TX	Zip Code 794232249	Telephone (806) 748-6794		
Record ID # PR0001042	Permit Holder JUNIOR SENIOR INC	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input 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 type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/11/20
Violation Comments: Observed ice scoop stored on top of ice machine. Sent to warewash. 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)				
<div style="text-align: right;">Follow up : Yes Followup Date: 01/11/2020</div>						

Inspection Report



Activity Date
01/08/2020
Establishment
SUBWAY #19

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0001042

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

31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	1/18/20
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Violation Comments:

Observed employee handwashes done without turning water off with paper towel. Discussed with PIC. COS

228.38(b)(3) Disposable paper towels used to avoid re-contaminating hands if manually operated faucet handles on a hand washing sink or the handle of a restroom door

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	1/18/20
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Violation Comments:

Observed exposed wood on the side of counter by drive-through. Repair/seal. 90 days.

228.110(b)(1) Except as specified in paragraphs (2) and (3) of this subsection, floor-mounted equipment that is not easily movable shall be sealed to the floor or elevated on legs that provide at least a 15-centimeter (6-inch) clearance between the floor and the equipment

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

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

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	4/7/20
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Violation Comments:

Observed employees drinks stored above food service surface. Store on bottom shelf away from food service items. NRI

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

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
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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	4/7/20
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Violation Comments:

Observed cover missing off of ice machine. Repair/replace. 90 days.

228.149(f)(9) Protective cover or device

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 type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/7/20
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Violation Comments:

Observed 3-compartment sink seal damaged. Reseal. 90 days.

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

Observed dishes stacked wet. Rearrange. NRI

228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
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41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
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42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	4/7/20
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Violation Comments:

Observed fan vents soiled with dust. Clean/maintain. NRI

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

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
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44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
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Inspection Report

Page 3 of 3



Activity Date
01/08/2020
Establishment
SUBWAY #19

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0001042

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	4/7/20
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Violation Comments:

Observed the following:

I) multiple ceiling tiles missing and gaps in ceiling tiles. Repair/seal. NRI
228.173(h) Walls and ceilings, studs, joists, and rafters

II) mop stored in a manner that does not allow proper air drying. Mops must hang to air dry. NRI
228.186(f) Drying mops

III) Multiple floor tiles damaged throughout kitchen. Repair/seal. 90 days.

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

Sliced turkey CH 40.00 Degrees Fahrenheit
Sliced tomato WIC 34.00 Degrees Fahrenheit
Meatball HH 195.00 Degrees Fahrenheit
Milk RIC 36.00 Degrees Fahrenheit
Sliced tomato CH 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Nicole Luera

Manager

Follow up : Yes Followup Date: 01/11/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	3	Priority:	0	Score 4
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:09 pm	Core:	2	
Time Out	1:51 pm	Tot. Minutes:	42			
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment SUBWAY #16534	Address 1129 SE LOOP 289	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 748-1883		
Record ID # PR0001032	Permit Holder JUNIOR SENIOR INC	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				2/10/20
Violation Comments: Observed no food handler certificate for employee on site. Facility shall provide within 30 days. 228.33(d) Food Handler Training criteria						
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
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: 02/10/2020						

Inspection Report



Activity Date
01/10/2020

Establishment
SUBWAY #16534

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001032

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	4/9/20

Violation Comments:

Observed the following:

A) cabinet floor under hand wash sink rusted. Facility shall replace or repair before next routine inspection.

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

B) drainage plate for soda machine soiled. Facility shall clean, sanitize and maintain.

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	4/9/20

Violation Comments:

Observed the following:

A) molding tiles at the base of the wall by register broken. Facility shall replace before next routine inspection.

228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

B) floor area under preparation sink beside register soiled. Facility shall clean and sanitize.

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

Pepperoni cold hold 40.00 Degrees Fahrenheit
Chicken cold hold 41.00 Degrees Fahrenheit
meat balls hot hold 158.00 Degrees Fahrenheit
tomatoes cold hold 41.00 Degrees Fahrenheit
Chicken RIC 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report

Page 3 of 3



Activity Date
01/10/2020
Establishment
SUBWAY #16534

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0001032

Inspection Result: VIOLATION

Required Action: NEXT REGULAR 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 "Daisy", written over a horizontal line.


daisy gonzales

supervisor

Follow up : Yes Followup Date: 02/10/2020

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 1	Priority: 1	Score 3
		No. of Repeat Violations 0	Priority Foundation: 0			
		Time In 12:25 pm	Core: 0			
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 1:30 pm	Tot. Minutes: 65			
Establishment SUBWAY #16	Address 6301 W 19TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 687-5071		
Record ID # PR0002984	Permit Holder JUNIOR SENIOR INC	Est. Type RESTAURANT	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input 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				1/10/20
Violation Comments: Observed mold on ice deflector (in contact with ice.) PIC started cleaning and burning ice during inspection.						
228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display						
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						
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/07/2020

Establishment
SUBWAY #16

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002984

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

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

Measured Observations

Meat balls Cold prep 159.00 Degrees Fahrenheit
Tuna Cold prep 39.00 Degrees Fahrenheit
teriyaki chicken Walk in cooler 38.00 Degrees Fahrenheit
Cut tomato Cold prep 42.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Amelia Garcia


Amelia Garcia

Manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:45 am	Core:	0	
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:45 am	Tot. Minutes:	60	
Establishment SUSHI BOX	Address 6016 MARSHA SHARP FWY	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 793-7182		
Record ID # PR0012804	Permit Holder PHUN THANG	Est. Type FOOD SERVICE	Risk Category FR02			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input 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
01/10/2020
Establishment
SUSHI BOX

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0012804

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

sushi ric 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Phun Thang


Phun Thang

manager

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 1:30 pm	Core: 0				
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:30 pm	Tot. Minutes: 60				
Establishment TACO BELL #24778	Address 6512 82ND ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 698-0709			
Record ID # PR0005227	Permit Holder J. P. M. INC.	Est. Type RESTAURANT	Risk Category FR02				
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input 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
01/07/2020

Establishment
TACO BELL #24778

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005227

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

Pico Walk in cooler 39.00 Degrees Fahrenheit
Cut tomato Cold prep 41.00 Degrees Fahrenheit
Beef Hot hold 148.00 Degrees Fahrenheit
Quat Sani bucket 300.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Fernando Vasquez


Fernando Vasquez

Manager

Follow up : No

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	4	Priority:	1	Score 7
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:15 am	Core:	2	
Time Out	11:00 am	Tot. Minutes:	45			
Activity Date 01/07/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment TACO VILLA #96	Address 7110 QUAKER AVE	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 791-5939		
Record ID # PR0001082	Permit Holder TIJUANA TACOS OF TEXAS, LTD.	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				1/10/20
Violation Comments: Observed soiled ice chute inside of 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				
Follow up : Yes Followup Date: 01/17/2020						

Inspection Report

Page 2 of 3



Activity Date
01/07/2020

Establishment
TACO VILLA #96

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001082

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

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	1/17/20
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Violation Comments:

Observed chipped/dull knives in back of kitchen. No longer easily cleanable. Resharpen or discard. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	4/6/20

Violation Comments:

Observed wiping clothes stored on prep counters when not in use. Moved. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	4/6/20

Violation Comments:

Observed single use cup lids soiled stored near drink station. Discussed proper storage to prevent contamination. COS.
228.124(a)(3) Single-service/ single-use articles kept in the original protective package or other means of protection

41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

Measured Observations

Chicken WIC 40.00 Degrees Fahrenheit
Beans HH 160.00 Degrees Fahrenheit
Salsa WIC 40.00 Degrees Fahrenheit
Fajita Meat Grill 183.00 Degrees Fahrenheit
Ground beef HH 156.00 Degrees Fahrenheit
Tomato WIC 45.00 Degrees Fahrenheit - Comments: Cooling
Quat 3 compartment 200.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 01/17/2020

Inspection Report

Page 3 of 3



Activity Date
01/07/2020
Establishment
TACO VILLA #96

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0001082

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Jacob Kemmer".

JACOB KEMMER

EHS II RS CPO


A handwritten signature in blue ink that reads "Elgin Sun".

Manager

Follow up : Yes Followup Date: 01/17/2020

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 4:00 pm	Core: 0				
Activity Date 01/10/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 4:30 pm	Tot. Minutes: 30				
Establishment GREEK PIZZA, THE		Address 701 E 50TH ST		City/State LUBBOCK, TX		Zip Code 79401	Telephone (806) 781-6437
Record ID # PR0012803		Permit Holder JOHN KIOUSIS		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 type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided
CORE							
34	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination

Follow up : No

Inspection Report

Page 2 of 2



Activity Date
01/10/2020

Establishment
GREEK PIZZA, THE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012803

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

hot dog WIF 32.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


john kiouisis

owner

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 1	Priority: 0	Score 2	
		No. of Repeat Violations 0	Priority Foundation: 1				
		Time In 11:59 am	Core: 0				
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 1:15 pm	Tot. Minutes: 76				
Establishment WEST TABLE (THE)		Address 1204 BROADWAY AVE		City/State LUBBOCK, TX		Zip Code 79401	Telephone (806) 993-9378
Record ID # PR0010656		Permit Holder CAMERON WEST		Est. Type BAR		Risk Category FR01	
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal
PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate
Violation Comments: Observed no test strip to measure the concentration of Chlorine in sanitizing solution in bar. Facility shall provide within 10 days. 228.108(e) Sanitizing solutions, testing devices							
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: 01/19/2020							

Inspection Report

Page 2 of 2



Activity Date
01/09/2020

Establishment
WEST TABLE (THE)

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010656

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

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

Measured Observations

sanitizing solution 3 comp sink 100.00 Parts Per Million
Juice RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Cameron West

Owner

Follow up : Yes Followup Date: 01/19/2020

Inspection Report

Page 1 of 3

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	7	Priority:	1	Score 10
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	11:59 am	Core:	5	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:16 pm	Tot. Minutes:	77	
Establishment WEST TABLE (THE)	Address 1204 BROADWAY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 993-9378		
Record ID # PR0008970	Permit Holder CAMERON WEST	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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				1/12/20
Violation Comments: Observed using no barrier while turning off the faucet during hand washing steps. Discussed with person-in-charge and an employee. Complied and re-washed hand. 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				1/19/20
Violation Comments: Observed no paper towel in hand wash sink behind kitchen. Provided. 228.175(c) Hand drying provision.						
Follow up : Yes Followup Date: 04/08/2020						

Inspection Report

Page 2 of 3



Activity Date
01/09/2020

Establishment
WEST TABLE (THE)

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008970

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

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	4/8/20
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Violation Comments:

Observed damaged weather strip at the bottom of the back door towards outside. Facility shall repair.

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 type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	4/8/20

Violation Comments:

Observed ice build up on floor, fans on ceiling and on top of food boxes in walk-in-freezer; tray was provided to catch build up on fan and to prevent it from falling on to food items. Facility shall clean and sanitize area and repair the cooling system.

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	
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	4/8/20

Violation Comments:

Observed containers stacked wet. Facility shall properly air dry utensils before stored. Complied.

228.122(a) Drying, Equipment and Utensils

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 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	41 Original container labeling (Bulk Food)	4/8/20

Violation Comments:

Observed bulk food containers not labelled. Facility shall properly label all food containers. Complied.

228.66(b) Food storage containers, identified with common name of 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	4/8/20
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Violation Comments:

Observed dusty vents behind kitchen area. Facility shall clean and sanitize.

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

Beef WIC 38.00 Degrees Fahrenheit
Pork cooling for 30 minutes 91.00 Degrees Fahrenheit
Burger Cooked 165.00 Degrees Fahrenheit
Milk WIC 38.00 Degrees Fahrenheit
Sanitizing solution dishwasher 200.00 Parts Per Million
Hamburger patties cold hold 41.00 Degrees Fahrenheit
Chicken cold hold 40.00 Degrees Fahrenheit

Overall Inspection Comments

Follow up : Yes Followup Date: 04/08/2020

Inspection Report



Activity Date
01/09/2020

Establishment
WEST TABLE (THE)

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008970

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

NIRAJAN SHRESTHA

EHS I RSIT CPO


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

Cameron West

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	9:28 am	Core:	0	
Activity Date 01/11/2020	Purpose of Inspection ROUTINE INSPECTION		Time Out		9:40 am	Tot. Minutes:	12	
Establishment 2020 TOTAL TEA & CHIROFLEX		Address		City/State LUBBOCK, TX		Zip Code 79401		Telephone
Record ID # PR0013696		Permit Holder 2020 TOTAL TEA & CHIROFLEX		Est. Type 2020 TEMPORARY		Risk Category TF15		
Event Name 2020 TOTAL TEA & CHIROFLEX		Event Address		Event City/State		Zip Code		Event Telephone (806) 855-3785
Event Organizer CHAD BOSTWICK		Event Organizer Phone (806) 855-3785		Booth / Space No.		Serial Number DA7LSAXMH		
OUT = IN = NA = NO = COS = REPT =								
PRIORITY ITEMS								
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature						
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)						
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)						
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature						
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.						
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records						
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction						
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature						
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented						
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized						
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition						
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting						
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion						
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use						
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method						
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered						
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg						
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used						
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow						
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal						
PRIORITY FOUNDATION ITEMS								
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM						
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel						
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure						
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels						
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP						
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label						
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate						
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition						
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate						
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)						
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used						
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use						
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided						
CORE ITEMS								
Follow up : No								

Inspection Report

Page 2 of 2



Activity Date
01/11/2020

Establishment
2020 TOTAL TEA & CHIROFLEX

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013696

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

Permit Issued

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

CHARLES SEIFERT

EHS II RS CPO


Chad Bostwick

PIC

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 10:25 am	Core: 0				
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 10:45 am	Tot. Minutes: 20				
Establishment TOVA COFFEEHOUSE		Address 6023 82ND STREET, SUYITE 1		City/State LUBBOCK, TX		Zip Code 79424	Telephone (806) 368-7218
Record ID # PR0012181		Permit Holder OUTSIDE THE WALLS MINISTRIES		Est. Type FOOD SERVICE		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
01/08/2020

Establishment
TOVA COFFEEHOUSE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012181

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

Sausage CH 42.00 Degrees Fahrenheit
Milk RIC 40.00 Degrees Fahrenheit
Milk 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

Jane Doe

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:15 am	Core:	0	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	150	
Establishment UNITED FUEL EXPRESS- AMIGOS	Address 112 N UNIVERSITY AVE B	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 373-5335		
Record ID # PR0006361	Permit Holder UNITED MARKET STREET #543	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 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

01/09/2020

Establishment

UNITED FUEL EXPRESS- AMIGOS #503

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0006361

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

Milk RIC 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Julio Elizalde

Store Director

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	1	Priority:	0	Score 2
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	11:15 am	Core:	0	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	150	
Establishment UNITED SUPERMARKET-AMIGOS	Address 112 N UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 791-0220		
Record ID # PR0000450	Permit Holder UNITED MARKET STREET #543	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input 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 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 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				1/19/20
Violation Comments: Observed multiple containers with cracked plastic lids. Replace. NRI 228.101(b)(1) Cast iron, use limitation. Except as specified in paragraphs (2) and (3) of this subsection, cast iron may not be used for utensils or food-contact surfaces of equipment						
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: 01/19/2020						

Inspection Report

Page 2 of 2



Activity Date

01/09/2020

Establishment

UNITED SUPERMARKET-AMIGOS #503

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0000450

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

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

Measured Observations

Sliced tomato WIC 36.00 Degrees Fahrenheit
 Chicken HH 147.00 Degrees Fahrenheit
 Rice HH 158.00 Degrees Fahrenheit
 Quat Bucket 400.00 Parts Per Million
 Cheese RIC 40.00 Degrees Fahrenheit
 Beef HH 156.00 Degrees Fahrenheit
 Raw chicken WIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Julio Elizalde

Store Director

Follow up : Yes Followup Date: 01/19/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:15 am	Core:	0	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	150	
Establishment UNITED SUPERMARKET-AMIGOS	Address 112 N UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 791-0220		
Record ID # PR0001156	Permit Holder UNITED MARKET STREET #543	Est. Type MEAT MARKET	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

01/09/2020

Establishment

UNITED SUPERMARKET-AMIGOS #503

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0001156

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

Sausage WIC 36.00 Degrees Fahrenheit
Fish RIC 36.00 Degrees Fahrenheit
Beef CH 35.00 Degrees Fahrenheit
Cubed goat RIC 3.00 Degrees Fahrenheit
Chicken WIC 34.00 Degrees Fahrenheit
Chicken RIC 36.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Julio Elizalde Store Director

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	2	Priority:	0	Score 3
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	11:15 am	Core:	1	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	150	
Establishment UNITED SUPERMARKET-AMIGOS	Address 112 N UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 791-0220		
Record ID # PR0001181	Permit Holder UNITED MARKET STREET #543	Est. Type BAKERY	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input 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 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				1/19/20
Violation Comments: Observed multiple containers with cracked, plastic lids. Replace. 228.112(a)(1) Utensils shall be maintained in a state of repair or condition that complies with the requirements specified under §§228.101 - 228.106 of this title or shall be discarded						
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: 01/19/2020						

Inspection Report

Page 2 of 2



Activity Date
01/09/2020

Establishment
UNITED SUPERMARKET-AMIGOS #503

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001181

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	4/8/20

Violation Comments:

Observed 3-compartment sink not properly sealed to wall. Seal. NRI

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

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

Strawberries WIC 39.00 Degrees Fahrenheit
3 milk cake CH 36.00 Degrees Fahrenheit
Milk WIC 35.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


NATHAN KLOEPPER EHS I RSIT CPO


Julio Elizalde Store Director

Follow up : Yes Followup Date: 01/19/2020

Inspection Report

Page 1 of 2

Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations		1		Priority:		0		Score 1		
		No. of Repeat Violations		0		Priority Foundation:		0				
		Time In		11:15 am		Core:		1				
Activity Date 01/09/2020		Purpose of Inspection ROUTINE INSPECTION		Time Out		1:45 pm		Tot. Minutes:		150		
Establishment UNITED SUPERMARKET-AMIGOS		Address 112 N UNIVERSITY AVE		City/State LUBBOCK, TX		Zip Code 79415		Telephone (806) 791-0220				
Record ID # PR0001182		Permit Holder UNITED MARKET STREET #543		Est. Type DELI		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 : Yes Followup Date: 04/08/2020												

Inspection Report

Page 2 of 2



Activity Date

01/09/2020

Establishment

UNITED SUPERMARKET-AMIGOS #503

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0001182

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	4/8/20

Violation Comments:

Observed damaged gaskets on RIC. Repair/replace. NRI

228.111(a) Good repair and proper adjustment.

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

Whole Ham RIC 38.00 Degrees Fahrenheit
Milk RIC 38.00 Degrees Fahrenheit
Pico de gallo CH 40.00 Degrees Fahrenheit
Cheese RIC 37.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Julio Elizalde Store Director

Follow up : Yes Followup Date: 04/08/2020

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:15 am	Core:	0	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	150	
Establishment UNITED SUPERMARKET-AMIGOS	Address 112 N UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 791-0220		
Record ID # PR0003874	Permit Holder UNITED MARKET STREET #543	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 checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input 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
01/09/2020

Establishment
UNITED SUPERMARKET-AMIGOS #503

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003874

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

Milk RIC 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Julio Elizalde

Store Director

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:15 am	Core:	0	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:45 pm	Tot. Minutes:	150	
Establishment UNITED SUPERMARKET-AMIGOS	Address 112 N UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 791-0220		
Record ID # PR0005199	Permit Holder UNITED MARKET STREET #543	Est. Type PRODUCE	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input 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

01/09/2020

Establishment

UNITED SUPERMARKET-AMIGOS #503

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0005199

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

Mixed fruits CH 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Julio Elizalde

Store Director

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:52 pm	Core:	0	
Activity Date 01/09/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:04 pm	Tot. Minutes:	12	
Establishment URBAN FIXX	Address 1105 13TH ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 392-8169		
Record ID # PR0011605	Permit Holder CHRIS GALVAN	Est. Type MOBILE FOOD UNIT	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 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
01/09/2020

Establishment
URBAN FIXX

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011605

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Chris Galvan

Owner

Follow up : No

Inspection Report

Page 1 of 2

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 1:05 pm	Core: 0				
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:00 pm	Tot. Minutes: 55				
Establishment WILSHIRE ON 4TH #1	Address 6502 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 791-0002			
Record ID # PR0010394	Permit Holder GREG BLANCHARD	Est. Type FOOD SERVICE	Risk Category FR01				
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION							
PRIORITY							
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input 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
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
01/08/2020

Establishment
WILSHIRE ON 4TH #1

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010394

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


john molina

kitchen manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:	0	Score 0
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:05 pm	Core:	0	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:00 pm	Tot. Minutes:	55	
Establishment WILSHIRE ON 4TH #2	Address 6508 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 791-0002		
Record ID # PR0007589	Permit Holder GREG BLANCHARD	Est. Type FOOD SERVICE	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PRIORITY						
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature				
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)				
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)				
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature				
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.				
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records				
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction				
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature				
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented				
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized				
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition				
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting				
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion				
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use				
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method				
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered				
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg				
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal				
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM				
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel				
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure				
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels				
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP				
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate				
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition				
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate				
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)				
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used				
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided				
CORE						
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other				
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco				
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored				
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination				
Follow up : No						

Inspection Report

Page 2 of 2



Activity Date
01/08/2020

Establishment
WILSHIRE ON 4TH #2

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007589

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


john molina

kitchen manager

Follow up : No

Inspection Report

Page 1 of 2

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	5	Priority:	2	Score 10
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	1:05 pm	Core:	2	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:00 pm	Tot. Minutes:	55	
Establishment WILSHIRE ON 4TH #3	Address 6514 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 791-0002		
Record ID # PR0007590	Permit Holder GREG BLANCHARD	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 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				1/11/20
Violation Comments: Observed dish machine out of sanitizer. No log for morning. Sanitizer replaced. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow				1/11/20
Violation Comments: Observed hand sink repaired with flexible pipe. Facility shall repair with appropriate solid pipe. 228.149(e)(1) A plumbing system shall be repaired according to the Plumbing Code						
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				
Follow up : Yes Followup Date: 01/11/2020						

Inspection Report

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Activity Date
01/08/2020

Establishment
WILSHIRE ON 4TH #3

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007590

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

32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	1/18/20
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Violation Comments:

Observed knife and container for ice scoop damaged. Voluntarily discarded.

228.223(h) Equipment and utensil design and construction. safe materials and maintained in good repair

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input 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	38 Approved thawing method	4/7/20

Violation Comments:

Observed hot dogs thawing on prep surface. Placed under running water less than 70F.

228.75(c)(2) Thawing. under running water criteria

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	4/7/20

Violation Comments:

Observed can opener soiled. Not in use.

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

CI Dish machine 0.00 Parts Per Million
Butter RIC 40.00 Degrees Fahrenheit
CI Dish machine 50.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO


john molina

kitchen manager

Follow up : Yes Followup Date: 01/11/2020

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	11:25 am	Core:	2	
Activity Date 01/08/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:20 pm	Tot. Minutes:	55	
Establishment WINDMILL NURSING &	Address 507 MLK BLVD	City/State LUBBOCK, TX	Zip Code 79403	Telephone (806) 744-1113		
Record ID # PR0007253	Permit Holder SENIOR CARE CENTERS	Est. Type INSTITUTIONAL	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)				
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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 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				
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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: 04/07/2020						

Inspection Report

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Activity Date
01/08/2020

Establishment
WINDMILL NURSING & REHABILITATION CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007253

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	4/7/20

Violation Comments:

Observed the following;

I) sticker residue on plastic containers. Remove at warewash. NRI

II) Observed tongs stored on a shelf in a way that does not prevent cross-contamination. NRI

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	4/7/20

Violation Comments:

Observed fan shrouds in WIC soiled. 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 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

Butter WIC 34.00 Degrees Fahrenheit
Macaroni and cheese HH 175.00 Degrees Fahrenheit
Milk WIC 35.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


NATHAN KLOEPPER EHS I RSIT CPO


Tina Lara Dietary Manager

Follow up : Yes Followup Date: 04/07/2020