


Inspection Report

		Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations 0	Priority: 0	Score 0	
		No. of Repeat Violations 0	Priority Foundation: 0				
		Time In 11:15 am	Core: 0				
Activity Date 12/15/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:30 am	Tot. Minutes: 15				
Establishment 2019 LUBBOCK BASEBALL		Address		City/State LUBBOCK, TX		Zip Code 79401	Telephone
Record ID # PR0013624		Permit Holder 2019 LUBBOCK BASEBALL		Est. Type 2019 TEMPORARY		Risk Category TF15	
Event Name 2019 LUBBOCK BASEBALL		Event Address 6016MARSHA SHARP FWY		Event City/State LUBBOCK		Zip Code	Event Telephone (806) 787-0410
Event Organizer MELISSA INMAN		Event Organizer Phone (806) 787-0410		Booth / Space No. 2019 LUBBOCK BASEBALL		Serial Number DAIRXQCNS	
OUT = IN = NA = NO = COS = REPT =							
PRIORITY ITEMS							
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature					
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)					
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)					
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature					
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.					
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records					
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction					
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	08 Food received at proper temperature					
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	09 Separated & protected; contamination prevented					
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <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"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting					
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	13 Proper use of restriction and exclusion					
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <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"/> NO <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"/> NO <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg					
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used					
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow					
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <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"/> NO <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"/> NO <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"/> NO <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"/> NO <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels					

Inspection Report



Activity Date
12/15/2019

Establishment
2019 LUBBOCK BASEBALL ACADEMY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013624

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

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"/> NA <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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	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	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <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"/> NA <input type="checkbox"/> COS	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	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"/> NA <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"/> NA <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"/> NA <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"/> NA <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"/> NA <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 hot hold 135.00 Degrees Fahrenheit

Overall Inspection Comments

At time of inspection, no violations are observed.

Inspection Report



Activity Date
12/15/2019

Establishment
2019 LUBBOCK BASEBALL ACADEMY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013624

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Handwritten signature of Jackie Dickson in blue ink.


JACKIE DICKSON

EHS I RSIT CPO

Handwritten signature of Tim Inman in blue ink.

Tim Inman

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:40 am	Core:	0	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:15 am	Tot. Minutes:	35	
Establishment PEPE'S PIZZA AND ICE CREAM	Address 3407 98TH #900	City/State LUBBOCK, TX	Zip Code 79423	Telephone		
Record ID # PR0010639	Permit Holder TIM MURPHY	Est. Type RESTAURANT	Risk Category FR01			

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

PRIORITY								
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> 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	

Inspection Report



Activity Date
12/16/2019

Establishment
PEPE'S PIZZA AND ICE CREAM

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010639

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"/> 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

CHEESE CH 39.00 Degrees Fahrenheit
 CL BUCKET 50.00 Parts Per Million
 GROUND BEEF RIC 40.00 Degrees Fahrenheit
 CI 3-Comp 50.00 Parts Per Million
 DICED ONIONS RIC 40.00 Degrees Fahrenheit
 SLICED TOMATO CH 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


Grady Bergquist

Tim Murphy

GRADY BERGQUIST EHS II RS CPO

Tim Murphy Owner

Inspection Report

	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	3:40 pm	Core:	0
Activity Date 12/17/2019	Purpose of Inspection CITIZEN CONTACT	Time Out	4:05 pm	Tot. Minutes:	25
Establishment RED ZONE SPORTS BAR (THE)	Address 6624 I-27	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 584-3974	
Record ID # PR0005710	Permit Holder BARRY HENRY	Est. Type BAR	Risk Category FR01		

OBSERVATIONS

30 Food Establishment Permit (Current & Valid) 12/27/19

Violation Comments:

VISIT: FACILITY HAS NOT PAID PERMIT FEES FOR BAR SERVICE AND SMOKING PERMITS. THE PAST DUE FEES WILL INCLUDE THE ACCUMULATED LATE FEES. PAY BY 5:00 PM TODAY. CONFIRMED FROM OFFICE THAT THE FEES ARE NOW PAID. COS.

42 Non-food contact surfaces clean 3/16/20

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures




JEANNE VALDEZ

EHS II RS CPO

DEVIN MILLER

BARTENDER

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 9:45 am	Core: 0	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 10:15 am	Tot. Minutes: 30	
Establishment TORO BURGER	Address 7706 MILWAUKEE AVE STE. 300	City/State LUBBOCK, TX	Zip Code 79424	Telephone (915) 850-8389
Record ID # PR0012793	Permit Holder RUN BULL RUN	Est. Type BAR	Risk Category FR01	

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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 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	

Inspection Report



Activity Date
12/16/2019

Establishment
TORO BURGER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012793

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"/> 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: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Brenda Reyes


LESLIE MORGAN

EHS II REHS/RS CPO

Brenda Reyes

General Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	1	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">2</h1>
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:15 am	Core:	0	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:00 am	Tot. Minutes:	45	
Establishment TORO BURGER	Address 7706 MILWAUKEE AVE STE. 300	City/State LUBBOCK, TX	Zip Code 79424	Telephone (915) 850-8389		
Record ID # PR0012792	Permit Holder RUN BULL RUN	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 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 checked="" type="checkbox"/> OUT	<input 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

Violation Comments:

Observed floor dollys for bread made of unsealed wood. Seal.

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

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

Follow up : Yes Followup Date: 12/26/2019

Inspection Report



Activity Date
12/16/2019

Establishment
TORO BURGER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012792

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

Ground beef Cold prep 36.00 Degrees Fahrenheit
 Tomato Walk in cooler 35.00 Degrees Fahrenheit
 Tomatoes Cold prep 36.00 Degrees Fahrenheit
 Quat Bucket 300.00 Degrees Fahrenheit
 Bleach Dish machine 75.00 Degrees Fahrenheit
 Turkey Cold prep 28.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Leslie Morgan

Brenda Reyes


LESLIE MORGAN

EHS II REHS/RS CPO

Brenda Reyes

General Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
	No. of Repeat Violations 0	Priority Foundation: 0		
	Time In 6:00 pm	Core: 0		
Activity Date 12/19/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 6:30 pm	Tot. Minutes: 30	

Establishment WHAT THE FORK	Address 3605 85TH ST	City/State LUBBOCK, TX	Zip Code 79423	Telephone
Record ID # PR0013675	Permit Holder JOHN YSASAGA	Est. Type MOBILE FOOD UNIT	Risk Category FR02	

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

PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input 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	

Inspection Report



Activity Date
12/19/2019

Establishment
WHAT THE FORK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013675

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"/> 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

CHEESE RIC 37.00 Degrees Fahrenheit
RAW BEEF RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


Grady Bergquist

GRADY BERGQUIST EHS II RS CPO

John Ysasaga

JOHN YSASAGA OWNER

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 1	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">1</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:00 am	Core: 1	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:20 am	Tot. Minutes: 20	
Establishment WING DADDY'S	Address 7706 MILWAUKEE AVE STE #B400	City/State LUBBOCK, TX	Zip Code 79424	Telephone (915) 850-8389
Record ID # PR0012796	Permit Holder M & S GROUP	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 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	

Inspection Report



Activity Date
12/16/2019

Establishment
WING DADDY'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012796

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"/> 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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/15/20

Violation Comments:

Observed the following:

- a- soda nozzle holder soiled- not in contact with nozzle
- b- frozen cocktail tub soiled-not in contact with food

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"/> 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

Leslie Morgan

Demetrio Galaz


LESLIE MORGAN

EHS II REHS/RS CPO

Demetrio Galaz

Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 1	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">1</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:20 am	Core: 1	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:00 pm	Tot. Minutes: 40	
Establishment WING DADDY'S	Address 7706 MILWAUKEE AVE STE #B400	City/State LUBBOCK, TX	Zip Code 79424	Telephone (915) 850-8389
Record ID # PR0012795	Permit Holder M & S GROUP	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 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 : Yes Followup Date: 03/15/2020

Inspection Report



Activity Date
12/16/2019

Establishment
WING DADDY'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012795

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"/> 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 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	3/15/20

Violation Comments:

Observed no employee hand wash signs in restroom.

228.175(e) Handwashing signage

Measured Observations

Queso Hot hold 142.00 Degrees Fahrenheit
 Chicken Walk in cooker 33.00 Degrees Fahrenheit
 Ham Cold prep 35.00 Degrees Fahrenheit
 Cut tomatoes Cold prep 41.00 Degrees Fahrenheit
 Chicken Cold prep 41.00 Degrees Fahrenheit
 Bbq Prep line 41.00 Degrees Fahrenheit - Comments: Time as control
 Bleach Dish machine 50.00 Parts Per Million
 Cheese Walk in cooler 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Demetrio Galaz


LESLIE MORGAN

EHS II REHS/RS CPO

Demetrio Galaz

Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	2	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">2</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:57 am	Core:	2	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:42 am	Tot. Minutes:	45	
Establishment 7-ELEVEN #402	Address 3802 34TH ST	City/State LUBBOCK, TX	Zip Code 794102636	Telephone (806) 797-6019		
Record ID # PR0000941	Permit Holder SOUTHWEST CONVENIENCE	Est. Type CONVENIENCE	Risk Category FR01			

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

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

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

CORE									
34	<input checked="" type="checkbox"/>	OUT	<input type="checkbox"/>	IN	<input type="checkbox"/>	NO	34 Evidence of contamination; insect/rodent/other		3/15/20

Violation Comments:

Observed hole in ceiling tile over ATM. Facility shall repair/seal before next routine inspection. NRI

228.174(f) Exterior walls and roofs, protective barrier

Follow up : Yes Followup Date: 03/15/2020

Inspection Report



Activity Date
12/16/2019

Establishment
7-ELEVEN #402

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000941

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	3/15/20

Violation Comments:

Observed the following:

A) dusty vents over food display area and over the register. Facility shall clean and sanitize. NRI.

228.104(i) Ventilation hood systems, filters

B) floors under shelves at the south end in walk-in-cooler soiled with some debris. Facility shall clean and sanitize. 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

Milk RIC 38.00 Degrees Fahrenheit
 Burritos Hot hold 185.00 Degrees Fahrenheit
 Eggs RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION


Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA EHS I RSIT CPO

Irma Cuintero Store Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 4	Priority: 1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">7</h1>
		No. of Repeat Violations 0	Priority Foundation: 1	
		Time In 12:30 pm	Core: 2	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:00 pm	Tot. Minutes: 90	
Establishment CHUCK E CHEESE	Address 5612 W LOOP 289	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 796-2710
Record ID # PR0000203	Permit Holder CEC ENTERTAINMENT 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 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 type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	12/19/19

Violation Comments:

Observed dish machine not sanitizing. Oppm.Use 3 comp sink until repaired.

228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION

11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input 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	12/26/19

Violation Comments:

Observed ice scoop no longer cleanable/sanitizable. Voluntarily discarded.

228.104(a) Cleanability. Food-contact surfaces.

Inspection Report



Activity Date
12/16/2019

Establishment
CHUCK E CHEESE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000203

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

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

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

Violation Comments:
Observed non contact piece of ice 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 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

Violation Comments:
Observed womens stall missing covered receptacle. Replace.

228.152(h) Toilet room receptacle, covered

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

Bleach Dish machine 0.00 Parts Per Million - Comments: Use 3 comp sink until repaired
 Pasta salad Reach in cooler 41.00 Degrees Fahrenheit
 Pizza sauce Cold prep 32.00 Degrees Fahrenheit
 Potato salad Salad bar 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Lynn Logan


LESLIE MORGAN

EHS II REHS/RS CPO

Lynn Logan

Asst. Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 12	Priority: 4	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">23</h1>
		No. of Repeat Violations 0	Priority Foundation: 3	
		Time In 11:50 am	Core: 5	
Activity Date 12/16/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 1:40 pm	Tot. Minutes: 110	
Establishment KRISPY KREME	Address 4301 S LOOP 289	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 792-9200
Record ID # PR0003264	Permit Holder DULCE RESTAURANTS LLC	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 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	06 Time as Control; procedures/records	12/19/19

Violation Comments:

228.75(h)(1)(B) Discarded if in a container or package that does not bear a date or day
 OBSERVED CONTAINER OF SLICED APPLES IN WALK IN COOLER WITHOUT DATE. DISCUSSED. VOLUNTARILY DISCARDED. COS.

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	12/19/19

Violation Comments:

228.38(d) When to wash
 OBSERVED MULTIPLE EMPLOYEES DON GLOVES WITHOUT HANDWASH. DISCUSSED. EMPLOYEES RETRAINED.

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	12/19/19

Violation Comments:

228.203 Poisonous/toxic materials or chemicals stored properly
 OBSERVED CHEMICAL SPRAY BOTTLE STORED ON BULK CONTAINER OF FOOD. DISCUSSED. REMOVED. COS.

19	<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	19 Water; approved source; plumbing, backflow	12/18/19
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Violation Comments:

228.273(b) Backflow Prevention. The plumbing system shall preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use, including on a hose bib, by: installing an approved backflow prevention device that meets the American Society of Sanitary Engineering (ASSE) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device


OBSERVED BACKFLOW DEVICE ON HOSE BIB DAMAGED. IMPROPERLY REPAIRED. DISCUSSED. FACILITY SHALL REPAIR WITH PROPER BACKFLOW DEVICE. 48 HOURS.

228.149(e)(1) A plumbing system shall be repaired according to the Plumbing Code
 OBSERVED 3-COMP SINK DRAIN LEAKING, NOT PROPERLY REPAIRED. DISCUSSED. FACILITY SHALL REPAIR 3-COMP DRAIN. 48 HOURS.

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	
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PRIORITY FOUNDATION

Inspection Report

		Activity Date 12/16/2019 Establishment KRISPY KREME	Purpose of Inspection ROUTINE INSPECTION Record ID # PR0003264
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION			
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	12/26/19
Violation Comments: 228.34 Person in charge. The person in charge shall ensure that §228.34 (1-15) Relating to Duties of PIC are met. DUE TO THE NUMBER AND NATURE OF VIOLATIONS DURING INSPECTION, OBSERVED LACK OF MANAGERIAL CONTROL.			
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	12/26/19
Violation Comments: 228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing OBSERVED HAND SINK USED FOR MORE THAN HAND WASHING. DISCUSSED. HAND SINKS SHALL BE USED FOR HAND WASHING ONLY. RETRAINED. 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 OBSERVED EMPLOYEE NOT USE PAPER TOWEL TO TURN OFF HAND SINK AFTER PERFORMING HAND WASH. DISCUSSED. EMPLOYEE RETRAINED. COS.			
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	12/18/19
Violation Comments: 228.104(a) Cleanability. Food-contact surfaces. OBSERVED GRAY TAPE PLACED ON CONVEYOR BELT MACHINERY. DISCUSSED. FACILITY SHALL NOT USE GRAY TAPE IN KITCHEN. 48 HOURS. OBSERVED BARE WOOD ON FLOOR BY CARBONATION MACHINE. DISCUSSED. FACILITY SHALL REMOVE ALL BARE WOOD FROM KITCHEN AREA. 48 HOURS.			
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	3/15/20
Violation Comments: 228.174(e)(4) Windows or doors protected against the entry criteria OBSERVED REAR DOOR NO PROPERLY SEALED. DISCUSSED. FACILITY SHALL REPAIR. 90 DAYS.			
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	3/15/20
Violation Comments: 228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco OBSERVED MULTIPLE EMPLOYEE DRINKS THROUGHOUT KITCHEN. DISCUSSED. DRINKS REMOVED. COS.			
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	3/15/20
Violation Comments: 228.68(d)(2)(A) Cloths in-use for wiping between uses stored OBSERVED MULTIPLE IN-USE CLOTHS NOT PROPERLY STORED BETWEEN USES. DISCUSSED. REMOVED/STORED IN PROPER LOCATION. COS.			
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)	
Follow up : Yes Followup Date: 12/18/2019			

Inspection Report



Activity Date
12/16/2019

Establishment
KRISPY KREME

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003264

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

42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/15/20
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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 AIR VENT ABOVE 3-COMP SINK SOILED. CLEAN AND MAINTAIN. 90 DAYS
OBSERVED FAN SHROUDS IN WALK IN COOLER SOILED. CLEAN AND MAINTAIN. 90 DAYS.

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
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44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
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45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	3/15/20
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Violation Comments:

228.186(a) Repairing. The physical facilities shall be maintained in good repair
OBSERVED COVING IN WARE WASHING AREA REPAIRED WITH EXPANDING FOAM MATERIAL. DISCUSSED. FACILITY SHALL REMOVE FOAM AND PROPERLY REPAIR. 90 DAYS.

228.173(a) Cleanability. Floor, wall ceiling constructed installed are smooth and easily cleanable
OBSERVED MULTIPLE WALLS DAMAGED INCLUDING CORNERS, BASE AND AROUND WINDOWS. FACILITY SHALL REPAIR. 90 DAYS.
OBSERVED MULTIPLE AREAS ON FLOOR DAMAGED, UNABLE TO PROPERLY CLEAN. FACILITY SHALL REPAIR. 90 DAYS.
OBSERVED SEAL AROUND MOP SINK DAMAGED/SOILED. FACILITY SHALL REPLACE SEAL. 90 DAYS.
OBSERVED FLOOR DRAINS BENEATH CONVEYOR MACHINE HEAVILY SOILED. DISCUSSED. FACILITY SHALL CLEAN. 90 DAYS.

228.186(f) Drying mops
OBSERVED WET MOP STORED ON GROUND BY MOP SINK. DISCUSSED. REMOVED. COS.

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

MILK WIC 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Grady Bergquist

Josie Martinez

GRADY BERGQUIST

EHS II RS CPO

JOSIE MARTINEZ

GENERAL MANAGER