Page 1 of 1

| | | nvironmental Health Department 314 Ave. K 4th Floor | ı | No. of Violations | 0 | | Priority: | | |
|-----------------------------------|----------------|--|----------|-----------------------------|----------|------------------------|--------------------------|------|---------------------------------|
| Lubbock | | Lubbock, TX 79457 (806) 775-2902 | | No. of Repeat /iolations | 0 | Priority oundation: | | | |
| • | TEXAS | | | Time In | 11:00 am | | Core: | | |
| Activity Date 06/25/2020 | Purpose of Ins | spection NVESTIGATION | Time Out | | 11:30 am | Tot. Minutes: | | 30 | |
| Establishment 50TH STREET CABOOSE | <u> </u> | Address 5025 50TH ST | | City/State LUBBOCK, TX | | | Zip Code 79414342 | | Telephone (806) 796-2240 |
| Record ID # FA0000005 | | Permit Holder SPECTRUM JOINT VENTURE | | Est. Type | | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Signatures

At time of investigation:

Went over covid questionaire with PIC. PIC not aware of complaint. all employee were wearing mask. PIC stated that employees only on shift for 2-3 hours and that usually how the masks stayed on. Have plastic barriers at hostess table and at bar. Have cleanings and log that allows reminds cleaning high touch points every 15 minutes. Taking temperatures of employees when they come in to work and have log for temperatures. facility has less employees working to help with social distancing of employees and have tables/booths marked off to keep guest separated which also helps with occupancy. Approved bare hand contact policy still in place, PIC would retrain employees to make sure they are washing hands after touching face or body. Facility not taking temperatures of guests, using regular silverware, and handing single service condiments out when asked. All booths and tables completely after guests eat and leave. No violations observed.

Inspection Result: NO VIOLATION Required Action: NOT APPLICABLE

MATTHEW ELIZONDO EHS II RS CPO

Page 1 of 1

| Lubbo | y of Lu | nvironmental Health Department 814 Ave. K 4th Floor Ibbock, TX 79457 06) 775-2902 | N | No. of Violations No. of Repeat /iolations | 0 | Fo | Priority: Priority oundation: | | |
|-----------------------------|---------|--|----------|--|---------|---------------|-------------------------------|------|---------------------------------|
| TEXAS | | 06) 775-2902 | | Time In | 3:05 pm | | | | |
| Activity Date 06/23/2020 | ' ' ' | | Time Out | | 3:35 pm | Tot. Minutes: | | 30 | |
| Establishment ABUELO'S | | Address 4401 82ND ST 200 | | City/State LUBBOCK, TX | | | Zip Code 79423 | | Telephone (806) 794-4179 |
| Record ID # PR0000009 | | Permit Holder ABUELOS INTERNATIONAL LP | | Est. Type RESTAURANT | | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF ARRIVAL, MANAGEMENT WAS AWARE OF ONE POSITIVE CASE. FACILITY WAS RECENTLY VOLUNTARILY CLOSED FOR CLEANING BY CARPET TECH. EMPLOYEE TEMPERATURES ARE TAKEN UPON ARRIVAL, AND THEY ASK QUESTIONS ABOUT IF ANY EMPLOYEE HAS HAD ANY SYMPTOMS OR BEEN EXPOSED. IF ANY EMPLOYEE ANSWERS YES TO THE QUESTIONS THEY ARE SENT HOME. EMPLOYEES WEAR MASKS. COOKS WASH HANDS AS NEEDED OR SOONER, AND FRONT HOUSE WASHES HANDS AFTER EVERY INTERACTION WITH COSTUMER. SOCIAL DISTANCING IS ENFORCED IN KITCHEN, AND COSTUMERS ARE SEPARATED OUT BETWEEN TABLES. GUEST TEMPERATURES ARE NOT TAKEN. COSTUMERS ARE GIVEN DISPOSABLE MENUS, BUT SILVERWARE IS NOT DISPOSABLE. NO CONDIMENTS ARE LEFT ON TABLE, AND TABLES ARE SANITIZED AFTER COSTUMERS LEAVE. HIGH CONTACT POINTS ARE SANITIZED EVERY HOUR OR SOONER.

| | | Signatures |
|--------------|---------------|------------|
| Jacob | Kenner | |
| JACOB KEMMER | EHS II RS CPO | <u> </u> |

Page 1 of 1

| Lubbo | y of Lu | nvironmental Health Department 314 Ave. K 4th Floor Jbbock, TX 79457 06) 775-2902 | N | No. of Violations No. of Repeat /iolations Time In | 0 0 3:05 pm | Fc | Priority: Priority oundation: Core: | | |
|--|---------|--|----------------------|--|-------------------|-----------------------|-------------------------------------|--|---------------------------------|
| Activity Date 06/23/2020 | · ' ' | | Time Out | | 3:35 pm | Tot. Mi | Tot. Minutes: | | |
| Establishment ABUELO'S | | Address 4401 82ND ST 200 | | City/State LUBBOCK, TX | | | Zip Code 79423 | | Telephone (806) 794-4179 |
| Record ID # Permit Holder PR0000009 ABUELOS INTERNATIONAL LP | | | Est. Type RESTAURANT | | | Risk Category PH01 | | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF ARRIVAL, MANAGEMENT WAS AWARE OF ONE POSITIVE CASE. FACILITY WAS RECENTLY VOLUNTARILY CLOSED FOR CLEANING BY CARPET TECH. EMPLOYEE TEMPERATURES ARE TAKEN UPON ARRIVAL, AND THEY ASK QUESTIONS ABOUT IF ANY EMPLOYEE HAS HAD ANY SYMPTOMS OR BEEN EXPOSED. IF ANY EMPLOYEE ANSWERS YES TO THE QUESTIONS THEY ARE SENT HOME. EMPLOYEES WEAR MASKS. COOKS WASH HANDS AS NEEDED OR SOONER, AND FRONT HOUSE WASHES HANDS AFTER EVERY INTERACTION WITH COSTUMER. SOCIAL DISTANCING IS ENFORCED IN KITCHEN, AND COSTUMERS ARE SEPARATED OUT BETWEEN TABLES. GUEST TEMPERATURES ARE NOT TAKEN. COSTUMERS ARE GIVEN DISPOSABLE MENUS, BUT SILVERWARE IS NOT DISPOSABLE. NO CONDIMENTS ARE LEFT ON TABLE, AND TABLES ARE SANITIZED AFTER COSTUMERS LEAVE. HIGH CONTACT POINTS ARE SANITIZED EVERY HOUR OR SOONER.

| | | Signatures | |
|--------------|---------------|-------------|--|
| Jacob | Kenner | | |
| JACOB KEMMER | EHS II RS CPO | | |

Page 1 of 1

| | 13 | nvironmental Health Department | ı | No. of Violations | 0 | | Priority: | | |
|-----------------------------------|---|-----------------------------------|----------------------|---------------------------|---------|---------------|-------------------------|----|---------------------------------|
| Lubbook | | ubbock, TX 79457 306) 775-2902 | | No. of Repeat Violations | | | Priority Foundation: | | |
| | | | | Time In | 1:45 pm | | Core: | | |
| Activity Date 06/23/2020 | Purpose of Inspection COMPLAINT INVESTIGATION | | | Time Out | 2:25 pm | Tot. Minutes: | | 40 | |
| Establishment APPLEBEE'S NEIGHBOR | HOOD GRILL | Address 4025 S LOOP 289 | | City/State LUBBOCK, TX | | | Zip Code 79423 | | Telephone (806) 785-4025 |
| Record ID # Permit Holder | | | Est. Type RESTAURANT | | | Risk Cate | (555) . 55 . 1525 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

- 2. IF EMPLOYEE HAS ANY SYMPTOMS, THEY ARE TO CALL IN AND NOT COME TO THE FACILITY. PIC STATED SICK POLICY HAS NOT CHANGED, EMPLOYEES ARE MORE AWARE OF IT.
- 3. ALL FRONT STAFF ARE WEARING MASKS. WORKING ON GETTING ALL EMPLOYEES TO WEAR MASKS AT ALL TIME.
- 4. FACILITY IS BLOCKING TABLES TO ALLOW AS MUCH DISTANCE BETWEEN TABLES. IF PATRONS DO NOT FOLLOW GUIDELINES, THEY ARE ASKED TO LEAVE. FACILITY NOT ALLOWING MORE THAN 6 PATRONS PER TABLE. COMPUTER PROGRAM ALLOWS FACILITY TO MAINTAIN OCCUPANCY. ONLY ALLOWING 52 PATRONS AT A SINGLE TIME.
- 5. TAKE EMPLOYEE TEMPERATURES AS THEY ARRIVE, AND TWICE THROUGHOUT SHIFT. ALSO QUESTIONNAIRE SIGNED BY EMPLOYEE.
- 6. FACILITY HAS IMPLEMENTED 1 HOUR HAND WASH TIMER. ALL EMPLOYEES ARE TO WASH HANDS MINIMUM OF EVERY HOUR, MORE OFTEN WHEN PERFORMING KITCHEN TASKS.
- 7. NOT TAKING TEMPERATURES OF GUEST.
- 8. FACILITY CURRENTLY CLEANING HIGH TOUCH POINTS EVERY 30 MINUTES.
- 9. TABLEWARE IS ALL DISPOSABLE UNLESS SILVERWARE IS REQUESTED. ALL MENUS ARE DISPOSABLE.
- 10. ALL CONDIMENTS ARE IN PACKETS OR PORTIONED INTO SMALL DISH.
- 11. PIC STATED TABLES ARE SPRAYED WITH CLEANER, CLEANER IS WIPED, AND THEN SPRAYED WITH NORINSE SANITIZER.

| | | Sign | atures | | |
|-----------------|---------------|------|-------------|-----------------|--|
| Gody Be | eggriso- | | | | |
| GRADY BERGQUIST | EHS II RS CPO | | Mark Garcia | Kitchen Manager | |

Page 1 of 1

| | | Environmental Health Department | N | o. of Violations | 0 | | Priority: | | |
|-----------------------------|---------------|---------------------------------|------------|------------------|---------|-------------|-----------|------|----------------|
| Lubbook | | ubbock, TX 79457 | 1 | o. of Repeat | 0 | | Priority | | |
| | | 806) 775-2902 | Violations | | | Foundation: | | | |
| | TEXAS | | | Time In | 2:00 pm | | Core: | | |
| Activity Date 06/24/2020 | Purpose of In | • | | Time Out | 2:15 pm | Tot. Mi | nutes: | 15 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| ATOMIC LOUNGE & PIZZ | ZA KITCHEN | 2420 BROADWAY, SUITE A ST | | LUBBOCK, TX | | | 79401 | | (806) 407-3221 |
| Record ID # | | Permit Holder | | Est. Type | | | Risk Cate | gory | |
| PR0013663 | | MICHAEL & PAGE CLINTSMAN | | RESTAURANT | | | PH01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Health Department has not contacted them regarding positive employee. Facility closed on Saturday, June 20. Will reopen Friday, June 26. Everyone, employee and customer, will have temperature checked when they come in the door. Employee temperatures are taken at clock in and clock out. Employees must wear masks or be fired. Facility has sick policy. One employee is tasked with cleaning high-touch surfaces each evening—their only task for the shift. Customers seat themselves, but no one is allowed to sit at or order from the bar. Tables are 6 feet apart. No "drifting" between tables is allowed. Hand sanitizer is on each table. Hands are being washed pretty much anytime they touch anything. Single wrapped silverware and paper plates. Single wrapped straws. All condiments are portioned out in packets. In between guests, tables and chairs are cleaned and sanitized and air dried before a new guest is allowed to sit down.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

JACKIE DICKSON

Sourie Dickson

EHS I RSIT CPO

Follow up : No

Page 1 of 1

| Lubbo | y of la | invironmental Health Department 314 Ave. K 4th Floor ubbock, TX 79457 806) 775-2902 | - | No. of Violations No. of Repeat Violations | 0 | Fo | Priority: Priority oundation: | | |
|------------------------------------|----------------------------|--|---|--|---------|---------|-------------------------------------|------|---------------------------------|
| , | IEAMS | | | Time In | 2:00 pm | | Core: | | |
| Activity Date 06/24/2020 | Purpose of In COMPLAINT | spection INVESTIGATION | | Time Out | 2:15 pm | Tot. Mi | nutes: | 15 | |
| Establishment ATOMIC LOUNGE & PIZZ | ZA KITCHEN | Address 2420 BROADWAY, SUITE A ST | | City/State LUBBOCK, TX | | | Zip Code 79401 | | Telephone (806) 407-3221 |
| Record ID # PR0013663 | | Permit Holder MICHAEL & PAGE CLINTSMAN | | Est. Type RESTAURANT | | | Risk Cate | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Health Department has not contacted them regarding positive employee. Facility closed on Saturday, June 20. Will reopen Friday, June 26. Everyone, employee and customer, will have temperature checked when they come in the door. Employee temperatures are taken at clock in and clock out. Employees must wear masks or be fired. Facility has sick policy. One employee is tasked with cleaning high-touch surfaces each evening—their only task for the shift. Customers seat themselves, but no one is allowed to sit at or order from the bar. Tables are 6 feet apart. No "drifting" between tables is allowed. Hand sanitizer is on each table. Hands are being washed pretty much anytime they touch anything. Single wrapped silverware and paper plates. Single wrapped straws. All condiments are portioned out in packets. In between guests, tables and chairs are cleaned and sanitized and air dried before a new guest is allowed to sit down.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

| Signature | es |
|-----------|----|
| | |

JACKIE DICKSON

Sourie Dickson

EHS I RSIT CPO

Follow up : No

| | Lul | obo | ock | 1: Li | | | epartment | No. of Violations No. of Repeat Violations | 0 | + | ority: iority ation: | Score | |
|----|--------------------------|---------|---------|----------|----------------------|--------------------|----------------|--|-------------|-------------|----------------------------|----------------|--|
| • | | | TEXA | 15 | | | | Time In | 1:30 pm | | Core: | 0 | |
| | ity Date /2020 | | | | spection SPECTION | I | | Time Out | 2:30 pm | Tot. Minute | s: 60 | | |
| | lishment | | | | Address | | | City/State | | 1 - | Code | Telephone | |
| | MA BUCK'S | 3 | | | 5741 50 | | | LUBBOCK, TX | | 794 | | (806) 771-2189 | |
| | r d ID # 03492 | | | | Permit I BLAKE | Holder BUCHANAN | | Est. Type PROCESSING | | PRO | k Category | | |
| | OUT | Γ = OUT | OF COMI | PLIANCE | | | | VED NA = NOT APPLICABLE (| COS = CORRE | | | EAT VIOLATION | |
| | | | | | | | F | PERSONNEL | | | | | |
| 1 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | | with illness, open lesion, boil, | sore | | | | |
| 2 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 2. Hygienic F | Practices | | | | | |
| 3 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 3. Outer Gar | ments | | | | | |
| | | | | | | | PLAN | T AND GROUNDS | | | | | |
| 4 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 4. Adequate | | | | | | |
| 5 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 5. Constructi | on and Design | | | | | |
| | | | | | | | SANITA | ARY OPERATIONS | | | | | |
| 6 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | | and sanitizing; storage of toxic | | | | П | |
| 7 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 7. Pest Contr | rol | | | | | |
| 8 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 8. Sanitation | of Food-Contact Surfaces | | | | | |
| 9 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 9. Sanitation | of Non-Food-Contact Surface | s | | | | |
| 10 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 10. Single-se | ervice articles | | | | | |
| 11 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 11. Sanitizinç | g Agents adequate, safe | | | | | |
| 12 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 12. Storage, | handling of equipment & utens | sils | | | | |
| | | | | | | | SANITARY F | ACILITIES & CONTROL | .S | | | | |
| 13 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 13. Water Su | ipply, approved source | | | | | |
| 14 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 14. Proper To | emperature, Pressure | | | | | |
| 15 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 15. Wastewa | <u> </u> | | | | | |
| 16 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 16. Proper D | | | | | | |
| 17 | □ OUT | | | | □ cos | | 17. Backflow | Prevention | | | | | |
| 18 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | | ilities self closing doors, locate | | | | | |
| 19 | | | | | □ cos | | | shing Facilities Adequate, loc | ated | | | | |
| 20 | □ OUT | | | | □ cos | | | eaner/Sanitizer Available | | | | | |
| 21 | OUT | | | | □ cos | | | ving Devices Available | | | | | |
| 22 | OUT | | | | □ COS | | | shing Signage | | | | | |
| 23 | ⊔ OUT | ■ IN | ⊔ NO | ⊔NA | □ cos | LI KEP | | and Offal Disposal | | | | | |
| 24 | ПОПТ | ■ INI | | | □ cos | ПРЕР | | MENT & UTENSILS I, constructed | | | | | |
| 25 | □ OUT | | | | □ COS | | | g Instruments accurate, maint | ained | | | | |
| 26 | □ OUT | | | | □ COS | | 26. Compres | • | iou | | | | |
| 27 | | | | | □ COS | | • | ed in Sanitary Condition | | | | | |
| _ | 2 001 | - 114 | | | | | | · | 1.0 | | | | |
| 28 | ПОПТ | ■ INI | | | □ cos | | 28. Raw Mat | & PROCESS CONTRO | LS | | | | |
| 29 | | | | | □ COS | | | turing Operations | | | | | |
| | _ 501 | - 114 | _ 110 | | | | | | IO LIEAL T | LI LIAZADO | | | |
| 30 | E OUT | ■ INI | | | | | | EFECTS THAT POSE N | IO HEALT | n HAZAKD | | | |
| 31 | | | | | □ COS | | | control Operations Utilized | | | | | |
| 51 | □ OUT | | | | □ cos | | | ne lot with another | | | | | |



Activity Date 06/24/2020

Establishment BAHAMA BUCK'S Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0003492

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

| | | | | | | | GOOD WAREHOUSING PRACTICE | |
|----|-------|------|------|-----|-------|-------|--|--|
| 33 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 33. Plant and Grounds | |
| 34 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 34. Sanitary facilities | |
| 35 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 35. Food Stored off Floor | |
| 36 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 36. Pest Free | |
| 37 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 37. Damaged, Distressed Food Stored in Morgue area | |
| 38 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 38. Proper Food Temperature Maintained | |
| 39 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 39. Chemicals Separated from Food | |
| 40 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 40. FIFO Rotation | |
| 41 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 41. Transportation Vehicles | |
| 42 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 42. Use of EPA Approved Pesticides | |
| 43 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 43. Distressed foods | |
| 44 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 44. OTC or Prescription Drugs | |
| 45 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 45. Accurate Distribution Records | |
| | | | | | | | | |

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures
White Moreyan

LESLIE MORGAN

EHS II REHS/RS CPO

| | _ 1: | ck (806) 775-2902 | | No. of Violations | 0 | | Priority: | | |
|------------------------------|----------------|--------------------------------|-----------|---------------------------|-----------|--------------------------|------------------------|----|---------------------------------|
| Lubbo | yof L | | | No. of Repeat Violations | | Fo | Priority oundation: | | |
| • | TEXAS | | Time In | | 6:00 pm | Core: | | | |
| Activity Date 06/24/2020 | Purpose of Ins | spection NVESTIGATION | | Time Out | 7:00 pm | Tot. Mi | nutes: | 60 | |
| Establishment BILLIARDS PLUS | | | | City/State LUBBOCK, TX | | Zip Code 79424112 | | | Telephone (806) 795-7034 |
| | | Permit Holder CHRIS MCCLURE | Est. Type | | Risk Cate | | gory | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Due to confirmed positive, investigate facilities procedures.

At the time of investigation observed and/or discussed with PIC the following:

- The employee who tested positive worked the evening of Wed 17th with one other staff member. Thursday morning the employee reported not feeling well and went to the clinic to be tested. The manager went in and sanitized facility before opening and advised the other staff member. There staff is small and only 2 worked that night. They were either on either side of the bar from each other or at opposite ends. One usually bartends and one waits tables so they don't believe there was any close contact. Once they knew the employee was positive they sent the other person to test as well. Those results are not back yet.
- Since reopening the facility has been using guidelines because some of their customers are immunocompromised.
- They are temping staff and keeping a log
- The facility is sanitizing contact points between each person that enters or exits or every 30 minutes
- Customers get a new glass with each drink
- They do not have condiments or menus
- Masks are not mandatory
- All barstools are removed and the tables are 6 ft apart.
- They are only using every other pool table. Pool balls and cues are sanitized before and after use.
- ash trays are sanitized between guests and coasters are thrown away
- half of their occupancy is 142 people and they never get anywhere close to that according to manager, at their busiest they may have 40 people, the only time they have ever been close to 142 people was during pool tournaments and those are not being held right now
- -Employees are washing hands every 30 to 45 minutes and after handling money or glasses

Inspection Result: NO VIOLATION Required Action: NEXT REGULAR INSPECTION

Signatures

Willia Moreyan

LESLIE MORGAN

EHS II REHS/RS CPO

Page 1 of 1

| | _ 1: | nvironmental Health Department | N | No. of Violations | 0 | | Priority: | | |
|-----------------------------|----------------|--------------------------------------|-------------------------|-----------------------------|---------|-------------------------|-------------------|------|----------------|
| Lubbock | | ubbock, TX 79457 306) 775-2902 | | No. of Repeat Violations | 0 | Priority Foundation: | | | |
| | TEXAS | | | Time In | 2:40 pm | Core: | | | |
| Activity Date 06/23/2020 | Purpose of Ins | • | | Time Out | 3:00 pm | Tot. Mi | nutes: | 20 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| BJ'S RESTAURANT AND | BREW | 4805 S LOOP 289 | | LUBBOCK, TX | | | 79424 | | (806) 783-8600 |
| | | Permit Holder BJ'S RESTAURANTS, INC. | Est. Type RESTAURANT | | | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF RESPONSE, MANAGEMENT WAS NOT AWARE OF POSITIVE CASE. EMPLOYEE TEMPERATURES ARE TAKEN UPON ARRIVAL, AND THEY TAKE A QUESTIONNAIRE ON PAPER ABOUT IF THEY'VE HAD ANY SYMPTOMS OR BEEN EXPOSED. IF THEY ANSWER YES TO ANY OF THE QUESTIONS THEY ARE SENT HOME. ALL EMPLOYEES WERE WEARING MASKS. EMPLOYEES ARE SPACED OUT THROUGHOUT THE KITCHEN TO HELP AVOID CONTACT WITH OTHERS. HANDS ARE WASHED AS REQUIRED FOR COOKS AND EVERY 30 MINUTES. THOSE WORKING FRONT OF THE HOUSE WASH HANDS AFTER EVERY INTERACTION WITH GUESTS. EVERY OTHER TABLE HAS A SIGN SAYING THE TABLE IS CLOSED TO ENFORCE SOCIAL DISTANCING. GUEST TEMPERATURES ARE NOT TAKEN. GUESTS ARE ENCOURAGED TO USE DIGITAL MENU, BUT PAPER ONES ARE AVAILABLE ON REQUEST. SILVERWARE IS NON-DISPOSABLE, AND NO CONDIMENTS ARE ON THE TABLES. HIGH CONTACT AREAS ARE SANITIZED EVERY HOUR OR SOONER, AND TABLES ARE SANITIZED AFTER THE GUEST LEAVES.

| | | Signatures | |
|--------------|---------------|------------|--|
| Jacob | Kenner | | |
| JACOB KEMMER | EHS II RS CPO | | |

Page 1 of 1

| | | nvironmental Health Department 314 Ave. K 4th Floor | ' | No. of Violations | 0 | | Priority: | | |
|--|----------------|--|---------------------------|-----------------------------|---------|-------------------------|-------------------|------|---------------------------------|
| Lubbock | | Lubbock, TX 79457 (806) 775-2902 | | No. of Repeat Violations | 0 | Priority Foundation: | | | |
| | | | | Time In | 2:40 pm | Core: | | | |
| Activity Date 06/23/2020 | Purpose of In: | spection NVESTIGATION | | Time Out | 3:00 pm | Tot. M | inutes: | 20 | |
| Establishment Address BJ'S RESTAURANT AND BREW 4805 S LOOP 289 | | | City/State LUBBOCK, TX | | | | Zip Code 79424 | | Telephone (806) 783-8600 |
| Record ID # Permit Holder PR0007545 BJ'S RESTAURANTS, INC. | | | | Est. Type RESTAURANT | | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF RESPONSE, MANAGEMENT WAS NOT AWARE OF POSITIVE CASE. EMPLOYEE TEMPERATURES ARE TAKEN UPON ARRIVAL, AND THEY TAKE A QUESTIONNAIRE ON PAPER ABOUT IF THEY'VE HAD ANY SYMPTOMS OR BEEN EXPOSED. IF THEY ANSWER YES TO ANY OF THE QUESTIONS THEY ARE SENT HOME. ALL EMPLOYEES WERE WEARING MASKS. EMPLOYEES ARE SPACED OUT THROUGHOUT THE KITCHEN TO HELP AVOID CONTACT WITH OTHERS. HANDS ARE WASHED AS REQUIRED FOR COOKS AND EVERY 30 MINUTES. THOSE WORKING FRONT OF THE HOUSE WASH HANDS AFTER EVERY INTERACTION WITH GUESTS. EVERY OTHER TABLE HAS A SIGN SAYING THE TABLE IS CLOSED TO ENFORCE SOCIAL DISTANCING. GUEST TEMPERATURES ARE NOT TAKEN. GUESTS ARE ENCOURAGED TO USE DIGITAL MENU, BUT PAPER ONES ARE AVAILABLE ON REQUEST. SILVERWARE IS NON-DISPOSABLE, AND NO CONDIMENTS ARE ON THE TABLES. HIGH CONTACT AREAS ARE SANITIZED EVERY HOUR OR SOONER, AND TABLES ARE SANITIZED AFTER THE GUEST LEAVES.

| | | Signatures |
|--------------|---------------|------------|
| Jacob | Kenner | |
| JACOB KEMMER | EHS II RS CPO | |

Page 1 of 1

| | 1. | nvironmental Health Department 314 Ave. K 4th Floor | ı | No. of Violations | 0 | | Priority: | | |
|--------------------------|----------------|--|---|-----------------------------|----------|-------------------------|-----------|------|-----------|
| Lubbock | | ubbock, TX 79457 306) 775-2902 | | No. of Repeat /iolations | 0 | Priority Foundation: | | | |
| | TEXAS | | | Time In | 10:30 am | Core: | | | |
| Activity Date 06/26/2020 | Purpose of Ins | nspection TINVESTIGATION | | Time Out | 11:30 am | Tot. M | inutes: | 60 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| Record ID # N/A | | Permit Holder | | Est. Type | _ | | Risk Cate | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

BPL Plasma 2217 34th

POSITIVE COVID EMPLOYEES MADE TO WORK.

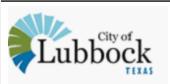
EHS II REHS/RS CPO

At time of complaint investigation spoke with manager of the facility who advised that on Tuesday afternoon an employee left early because she had a headache. The next morning she called in saying she was very sick and was going to get tested. She found out Thursday she was positive. She did not work at all during that time. The facility closed Thursday night and sanitized. Manager advised they are following CDC guidelines for their operation.

Inspection Result: NOT APPLICABLE Required Action: NOT APPLICABLE

Signatures belli Morgan LESLIE MORGAN

| | Lul | | of Ock | 1 L | | | epartment | No. of Violations No. of Repeat Violations | | 0 | Fo | Priority: Priority oundation: | 0 | Sco | re |
|----------------|-----------------------|--------------|-------------|---------|----------------------|-----------|----------------|---|-----------------|-------------|---------|-------------------------------------|------|--------------|----|
| • | | | TEXA | ıs | | | | Tim | e In | 10:00 am | | Core: | | |) |
| tivity 23/2 | y Date 2020 | | | | spection SPECTION | I | | Time | Out | 11:00 am | Tot. Mi | Tot. Minutes: 60 | | | |
| | shment | | | | Address | | | City/State | 1 - | | | | | Telephone | |
| | AS OUTPO | OST | | | | LOOP 289 | | LUBBOCK, TX | 79407 (806) 472 | | | 0 | | | |
| | 1 ID # 8647 | | | | Permit I | | | Est. Type MOBILE FOOD U | JNIT | | | Risk Cate FR01 | gory | | |
| | TUO | = OUT | OF COM | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | VED NA = NOT APPLICAE | | COS = CORRE | CTED ON | | REPE | AT VIOLATION | |
| | | | | | | | | | | | | | | | |
| _ | □ OUT | □ IN | = NO | | □ cos | | 01 Proper co | PRIORITY oling time and temperatu | ro. | | | | | | |
| + | □ OUT | | ■ NO | □ NA | □ COS | | • | ld holding temperature (4 | | 45 F) | | | | | — |
| + | □ OUT | | ■ NO | | □ COS | □ REP | | ot holding temperature (1 | | , | | | | | |
| + | D OUT | | ■ NO | | | | • | oking time and temperati | | | | | | | — |
| + | □ OUT | | ■ NO | | □ cos | | • | heating for hot holding 16 | | n 2 hr. | | | | | |
| + | □ OUT | ■ IN | | | □ cos | □ REP | • | Control; procedures/recor | | | | | | | |
| + | □ OUT | ■ IN | | | □ cos | □ REP | 07 Approved | source; Condition/paras | te de | struction | | | | | |
| + | □ OUT | ■ IN | | | □ cos | □ REP | 08 Food rece | eived at proper temperatu | re | | | | | | |
| \dagger | □ OUT | ■ IN | | | □ cos | □ REP | 09 Separated | d & protected; contamina | ion p | revented | | | | | |
| + | □ OUT | ■ IN | | | □ cos | □ REP | 10 Contact s | urfaces/returnables; clea | 1 & s | anitized | | | | | |
| \top | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 11 Proper dis | 11 Proper disposition; returned/served/recondition | | | | | | | |
| 1 | □ OUT | ■ IN | | | □ cos | □ REP | 12 Managem | 12 Management, employees; knowledge & reporting | | | | | | | |
| 1 | □ OUT | ■ IN | | | □ cos | □ REP | 13 Proper us | 13 Proper use of restriction and exclusion | | | | | | | |
| | □ OUT | ■ IN | | | □ cos | □ REP | 14 Hands cle | eaned and properly wash | ed / G | Glove use | | | | | |
| | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 15 No bare h | 15 No bare hand contact w/RTE or approved method | | | | | | | |
| | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 16 Pasteuriz | ed foods used; prohibited | not o | offered | | | | | |
| | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 17 Additives | approved/used Washing | fruits | s/veg | | | | | |
| 1 | □ OUT | | | | □ cos | □ REP | | stances; identified/stored | | | | | | | |
| 4 | □ OUT | | | | □ cos | □ REP | | proved source; plumbing | | | | | | | |
| <u> </u> | □ OUT | ■ IN | | | □ cos | □ REP | 20 Approved | Sewage / Wastewater d | spos | al | | | | | _ |
| | | | | | | | PRIOR | ITY FOUNDATION | | | | | | | |
| ┸ | □ OUT | ■ IN | | □NA | □ cos | □ REP | 21 PIC prese | ent / demonstration / dutie | s/C | FM | | | | | |
| | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | idler/no unauthorized per | | · | | | | | |
| 1 | □ OUT | | | □ NA | □ cos | □ REP | | Cold water available; adec | | | | | | | |
| + | OUT | | | □ NA | | □ REP | | available shellstock/destr | | | | | | | |
| 1 | OUT | | | □ NA | □ cos | □ REP | • | ce with variance, special | | | | | | | |
| | □ OUT | | | □ NA | □ cos | | | f consumer advisories, A | | | | | | | |
| 1 | □ OUT | | | □ NA | □ COS | | | oling method used; equip | | auequate | | | | | |
| | □ OUT | | LI NO | | □ COS | | • | te marking and disposition eters / test strips provide | | curate | | | | | |
| + | | | | □ NA | □ cos | | | ablishment Permit (Curre | | | | | | | — |
| + | | | | □ NA | | | | h facilities; accessible/su | | | | | | | |
| + | | | | □ NA | □ COS | | | on-food contact surfaces | | | | | | | — |
| + | □ OUT | | ПИО | | □ COS | | | hing facilities & Service s | | | | | | | |
| _ | _ 001 | - 119 | _ 140 | IVA | _ 003 | LINLE | 23 | - | ۲ | | | | | | |
| Т | D OUT | = 181 | | | ПСОС | | 34 Evidonos | CORE of contamination; insect/ | odor | t/other | | | | | |
| + | | | | | □ COS | | | Cleanliness; eating/drink | | | | | | | |
| + | □ OUT | | | | □ COS | | | othes; properly used and | | | | | | | — |
| + | | | ПИО | | □ COS | | | ental contamination | 2.016 | | | | | | — |



Activity Date 06/23/2020

Establishment
CABELAS OUTPOST

Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0008647

| | OUT | = OUT | OF COMP | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | |
|----|-------|-------|---------|---------|-----------|-----------|--|--|
| 38 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 38 Approved thawing method | |
| 39 | □ OUT | ■ IN | | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ OUT | ■ IN | | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | |
| 41 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 41 Original container labeling (Bulk Food) | |
| 42 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 42 Non-food contact surfaces clean | |
| 43 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 45 Physical facilities installed/maintained/clean | |
| 46 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ 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

Vertic Moreyan

LESLIE MORGAN

EHS II REHS/RS CPO

Page 1 of 1

| - Cit | v of13 | nvironmental Health Department 314 Ave. K 4th Floor | | No. of Violations | 0 | | Priority: | | |
|-----------------------------|----------------|--|--|-----------------------------|---------|----------|-------------------------|------|----------------|
| Lubbock, TX | | lbbock, TX 79457 06) 775-2902 | | No. of Repeat /iolations | 0 | Fo | Priority Foundation: | | |
| | | | | Time In | 1:40 pm | | Core: | | |
| Activity Date 06/26/2020 | Purpose of Ins | spection NVESTIGATION | | Time Out | 2:05 pm | Tot. Mi | nutes: | 25 | |
| Establishment | | Address | | City/State | | Zip Code | | | Telephone |
| CASA OLE' #10 | | 4413 S LOOP 289 | | LUBBOCK, TX | | | 79424232 | 2 | (806) 793-9351 |
| Record ID # | | Permit Holder | | Est. Type | | | Risk Cate | gory | |
| PR0000161 | | MEXICAN RESTAURANTS INC. | | RESTAURANT | _ | | PH01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

RECEIVED COMPLAINT ABOUT EMPLOYEES WORKING AFTER GETTING TESTED FOR COVID-19. UPON ARRIVAL, MANAGEMENT SAID THEY SENT EMPLOYEE HOME UNTIL THEY GET RESULTS BACK. DISCUSSED EMPLOYEE HEALTH POLICIES. EMPLOYEE TEMPERATURES ARE TAKEN WHEN THEY ARRIVE, AND EMPLOYEES WEAR MASKS. FRONT HOUSE EMPLOYEES WASH HANDS AFTER EVERY INTERACTION WITH COSTUMERS, AND BACK KITCHEN EMPLOYEES WASH HANDS AS NEEDED OR SOONER. EMPLOYEES IN KITCHEN ARE SPACED OUT TO MINIMIZE CONTACT WITH OTHERS, AND GUESTS ARE SEATED AT EVERY OTHER TABLE TO ENFORCE SOCIAL DISTANCING. COSTUMER TEMPERATURES ARE NOT TAKEN. COSTUMERS ARE GIVING THE OPTION OF USING DISPOSABLE SILVERWARE. NO CONDIMENTS ARE LEFT ON THE TABLE. ALL HIGH CONTACT AREAS ARE SANITIZED EVERY 30 MINUTES, AND TABLES ARE SANITIZED AFTER EACH COSTUMER LEAVES.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

| | | Signatures |
|--------------|---------------|------------|
| Jacob | Kenner | |
| IACOB KEMMER | EHS II RS CPO | |

Follow up : No

Page 1 of 1

| | | nvironmental Health Department 314 Ave. K 4th Floor | ı | No. of Violations | 0 | | Priority: | | |
|---------------|----------------|--|---------------|-------------------|----------------|-------------|---------------|----|----------------|
| Lubbook | | ubbock, TX 79457 | No. of Repeat | | 0 | Priority | | | |
| | | (806) 775-2902 | | Violations | | Foundation: | | | |
| | TEXAS | , | | Time In | 1:40 pm | | Core: | | |
| Activity Date | Purpose of Ins | nspection | | Time Out | 2:05 pm | Tot Mi | nuton | 25 | |
| 06/26/2020 | COMPLAINT I | NVESTIGATION | Time Out | | 2.00 pm 10t. | | Tot. Minutes: | | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| CASA OLE' #10 | | 4413 S LOOP 289 | | LUBBOCK, TX | | | 794242322 | | (806) 793-9351 |
| Record ID # | | Permit Holder | | Est. Type | | | Risk Category | | |
| PR0000161 | | MEXICAN RESTAURANTS INC. | | RESTAURANT | | | PH01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

RECEIVED COMPLAINT ABOUT EMPLOYEES WORKING AFTER GETTING TESTED FOR COVID-19. UPON ARRIVAL, MANAGEMENT SAID THEY SENT EMPLOYEE HOME UNTIL THEY GET RESULTS BACK. DISCUSSED EMPLOYEE HEALTH POLICIES. EMPLOYEE TEMPERATURES ARE TAKEN WHEN THEY ARRIVE, AND EMPLOYEES WEAR MASKS. FRONT HOUSE EMPLOYEES WASH HANDS AFTER EVERY INTERACTION WITH COSTUMERS, AND BACK KITCHEN EMPLOYEES WASH HANDS AS NEEDED OR SOONER. EMPLOYEES IN KITCHEN ARE SPACED OUT TO MINIMIZE CONTACT WITH OTHERS, AND GUESTS ARE SEATED AT EVERY OTHER TABLE TO ENFORCE SOCIAL DISTANCING. COSTUMER TEMPERATURES ARE NOT TAKEN. COSTUMERS ARE GIVING THE OPTION OF USING DISPOSABLE SILVERWARE. NO CONDIMENTS ARE LEFT ON THE TABLE. ALL HIGH CONTACT AREAS ARE SANITIZED EVERY 30 MINUTES, AND TABLES ARE SANITIZED AFTER EACH COSTUMER LEAVES.

| | | Signatures |
|--------------|---------------|-------------|
| Jacob | Kenner | |
| JACOB KEMMER | FHS II RS CPO | |

Page 1 of 1

| | | | N | o. of Violations | 0 | | Priority: | | |
|---------------------------------|---|---|---|------------------|-----|---------|-----------|------|--|
| Lubbe | y of lz | No. of Repeat Priority No. of Repeat Priority Violations Time In Tot. Minutes: 10 | 0 | | - 1 | | | | |
| W Edbbo | 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902 No. of Repeat Violations Time In Core: | | | | | | | | |
| Activity Date 06/18/2020 | | • | | Time Out | | Tot. Mi | nutes: | 10 | |
| Establishment CHEESECAKE FACTOR | Y, THE #209 | | | - | | | - | | |
| Record ID # FA0008691 | | | | Est. Type | | | | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Facility closed until all employees tested.

Inspection Result: NOT APPLICABLE

Required Action: NOT APPLICABLE

Signatures

MATTHEW ELIZONDO

EHS II RS CPO

Page 1 of 1

| | | | | | _ | | | | 1 age 1 of 1 |
|---|-------|---------------|---|-------------------|----------|---------|-----------|------|--------------|
| | | • | , | No. of Violations | 0 | | Priority: | | |
| 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902 No. of Repeat Violations Time In 11:45 am Core: Activity Date 06/19/2020 Purpose of Inspection COMPLAINT INVESTIGATION Tot. Minutes: 70 | | | | | | | | | |
| • | TEXAS | | | Time In | 11:45 am | | Core: | | |
| 1 - | | • | | Time Out | 12:55 pm | Tot. Mi | nutes: | 70 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| | | Permit Holder | | Est. Type | _ | | | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Chicken Run: At time of incident response, PIC stated that facility is aware of one positive case who last worked on Sunday the 14th. That employee was confirmed yesterday. Positive employee's roommate had tested positive. One other possible, they have been tested currently self-isolated until results are known. Employees wiped down and sanitized all surfaces, restrooms etc. front and back of house this past evening after closing. At time of investigation the following was observed. All employees were wearing mask. Every other table is blocked off limiting capacity to around 50%. When entering, groups are separated while waiting to be seated or required to wait in their vehicle. Observed person in charge perform temperature checks on employees which ranged from 97.1 – 98.1°F with the exception of a cook that was in front of a stove, 99.3°F. Correct proper handwash was observed by employees. Salt and pepper shakers are only condiments placed on tables, they are sanitized between guests. General sanitation practices were good. Recommended GM for preparing temp logs, increasing general sanitation practices, and monitoring of employee health.

Inspection Result: NOT APPLICABLE Required Action: NOT APPLICABLE

Signatures

NIRAJAN SHRESTHA

Jurestra)

EHS I RSIT CPO

Follow up : No

Page 1 of 1

| | 2020 COMPLAINT INVESTIGATION Time Out Iot. Minutes: 10 ishment Address City/State Zip Code Telephon /'S CERVECERIA 2417 BROADWAY AVE LUBBOCK, TX 79401 (806) 763 d ID # Permit Holder Est. Type Risk Category | • | | No. of Violations | 0 | | Priority: | | |
|---|---|---|-------|-------------------|---|---------|-----------|------|---------------------------------|
| Lubbo | | | | | | | | | |
| 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902 Ro. of Repeat Violations No. of Repeat Violations Time In Activity Date 06/16/2020 COMPLAINT INVESTIGATION Establishment CHIMY'S CERVECERIA Record ID # Permit Holder No. of Repeat Violations City/State LUBBOCK, TX Est. Type | | | Core: | | | | | | |
| _ | - | • | | Time Out | | Tot. Mi | nutes: | 10 | |
| | | | | 1 - | | | - | | Telephone (806) 763-7369 |
| | | | | Est. Type | | | | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Drove by facility. No one was present inside facility. Called and left voicemail with owner.

Inspection Result: NOT APPLICABLE Required Action: RE-INSPECTION

Signatures

JACKIE DICKSON

EHS I RSIT CPO

Page 1 of 1

| City City | _ 13 | • | | | 0 | | | | |
|--|--|-----|--|----------|---------|---------|--------|------|-----|
| Lubbo | 1314 Ave. K 4th Floor No. of Repeat 0 Priority Foundation: | · · | | | | | | | |
| 1314 Ave. K 4th Floor 1314 | Core: | | | | | | | | |
| 1 | | • | | Time Out | 2:35 pm | Tot. Mi | nutes: | 25 | |
| | | | | 1 - | | | - | | · · |
| | | | | | | | | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF RESPONSE, MANAGEMENT WAS AWARE OF ONE POSITIVE CASE. EMPLOYEE TEMPERATURES ARE TAKEN UPON ARRIVAL, AND IF AN EMPLOYEE HAS ANY SIGNS OF ANY ILLNESS THEY ARE SENT HOME. ALL EMPLOYEES WERE WEARING MASKS. SOCIAL DISTANCING IS ENFORCED THROUGHOUT FACILITY, TABLES HAVE SIGNS SAYING NOT TO SIT AT THEM, AND EMPLOYEES ARE SPACED OUT THROUGHOUT THE KITCHEN TO MINIMIZE CONTACT. TEMPERATURES OF GUESTS ARE NOT TAKEN. HIGH CONTACT TOUCH AREAS ARE SANITIZED EVERY 30 MINUTES, AND TABLES ARE SANITIZED AFTER GUESTS LEAVE. FACILITY IS USING DISPOSABLE MENUS, BUT STILL USING NON DISPOSABLE SILVERWARE. NO CONDIMENTS ARE ON THE TABLE.

| | | Signatures |
|--------------|---------------|-------------|
| Jacob | Kenner | |
| JACOB KEMMER | EHS II RS CPO | |

Page 1 of 1

| | _ 1 | • | ١ | No. of Violations | 0 | | Priority: | | |
|-----------------------------|--|------------------------------|------------|-------------------|---------|--------|-----------|------|----------------|
| Lubbo | Colz | No. of Repeat 0 Priority | - 1 | | | | | | |
| | 1314 Ave. K 4th Floor 1314 | | | | | | | | |
| Activity Date 06/23/2020 | | • | | Time Out | 2:35 pm | Tot. M | nutes: | 25 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| CHUY'S OPCO INC | | 4805 S LOOP 289 | | LUBBOCK, TX | | | 79424 | | (806) 698-6264 |
| Record ID # | | Permit Holder | | Est. Type | | • | Risk Cate | gory | |
| PR0007371 CHUY'S OPCO, INC | | | RESTAURANT | | | PH01 | | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF RESPONSE, MANAGEMENT WAS AWARE OF ONE POSITIVE CASE. EMPLOYEE TEMPERATURES ARE TAKEN UPON ARRIVAL, AND IF AN EMPLOYEE HAS ANY SIGNS OF ANY ILLNESS THEY ARE SENT HOME. ALL EMPLOYEES WERE WEARING MASKS. SOCIAL DISTANCING IS ENFORCED THROUGHOUT FACILITY, TABLES HAVE SIGNS SAYING NOT TO SIT AT THEM, AND EMPLOYEES ARE SPACED OUT THROUGHOUT THE KITCHEN TO MINIMIZE CONTACT. TEMPERATURES OF GUESTS ARE NOT TAKEN. HIGH CONTACT TOUCH AREAS ARE SANITIZED EVERY 30 MINUTES, AND TABLES ARE SANITIZED AFTER GUESTS LEAVE. FACILITY IS USING DISPOSABLE MENUS, BUT STILL USING NON DISPOSABLE SILVERWARE. NO CONDIMENTS ARE ON THE TABLE.

| | | Signatures | |
|--------------|---------------|------------|--|
| Jacob | Kenner | | |
| JACOB KEMMER | EHS II RS CPO | | |

| | | · · | . K 4th Floor | | 0 | | Priority: | 0 | |
|--|--|------------------|---------------|-------------|----------|---------|-----------|------|----------------|
| Lubbo | 1314 Ave. K 4th Floor 1316 | ıbbock, TX 79457 | | · | | - 1 | | | |
| 1314 Ave. K 4th Floor No. of Repeat Violations No. of Repeat No. of Repeat Violations Violations Violations Violations Violations Violation | | Core: 0 | | | | | | | |
| 1 | - | - | | Time Out | 11:58 am | Tot. Mi | nutes: | 49 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| A & W/LONG JOHN SILV | ER'S #31540 | 1101 50TH ST | | LUBBOCK, TX | | | 79412313 | 5 | (806) 763-1732 |
| | | | | Est. Type | _ | | | gory | _ |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

COMPLAINT STATED; "a female employee was eating something while at the counter and in the process was licking her fingers. She did not lick her fingers just once, but licked them twice. The same employee then grabbed a drink that we being stored in a cup near the register. The cup did not have a lid or a straw. The employee then drank from the cup and used the same cup to refill her drink using the restaurants soda dispenser and allowed the rim of her cup to touch the soda dispenser, possibly allowing her lip moisture o cross contaminate to the next customer."

AT TIME OF COMPLAINT INVESTIGATION, STORE MANAGER (PIC) STATED THAT THE FACILITY FOLLOWS THE COVID-19 CLEANING CHECK LIST AS DIRECTED BY THE COMPANY. PIC STATED THAT EMPLOYEES CLEAN FRONT AND BACK OF THE HOUSE EVERY TWO HOURS WITH QUAT SANITIZER TESTED WITH TEST STRIPS. AT TIME OF INVESTIGATION, OBSERVED DAILY CLEANING LOG SHEETS INCLUDING WEEKS OF LOG IN IT WITH EMPLOYEE INITIALS. ACCORDING TO THE CLEANING CHECK LIST EMPLOYEES ARE CLEANING FRONT OF THE HOUSE INCLUDING LOBBY AREA, CHAIRS, BOOTHS, DOOR HANDLES AT THE EXITS, CREDIT CARD MACHINES, BEHIND REGISTERS, COUNTER TOPS, BATHROOM DOOR HANDLES, PAPER TOWEL DISPENSERS, HAND DRYER EVERY TWO HOURS. THE LOG SHEETS ALSO SHOWS THAT EMPLOYEES ARE CLEANING BACK OF THE HOUSE, WHICH INCLUDES UTENSILS, 3 COMPARTMENT SINKS, FOOD HANDLING UTENSILS AND AREAS EVERY TWO HOURS. ALSO, OBSERVED CLEAN FLOORS, WALLS AND CEILING IN THE BACK AND IN THE FRONT AREA OF THE FACILITY.

MOREOVER, PIC STATED THAT EMPLOYEES ARE NOT ALLOWED TO EAT OR DRINK BEHIND COUNTERS OR FOOD PREPARATION AREA AND EMPLOYEES CLOCK-OUT FOR BREAK AND EAT AT LOBBY. ALSO, OBSERVED EMPLOYEE DRINK STATION AT THE BACK BY MANAGERS DESK WITH CUPS COVERED WITH LID AND STRAW IN IT. PIC EXPLAINED EMPLOYEES ARE PERFORMING MORE FREQUENT HAND WASHES AND HAND WASHES BETWEEN THE TASKS. WHEN ASKED, AN EMPLOYEE PERFORMED GOOD HAND WASH USING PROPER HAND WASHING STEPS. HENCE, AT TIME OF COMPLAINT INVESTIGATION OBSERVED NO VIOLATION.

Inspection Result: NO VIOLATION Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO

Page 1 of 1

| Lubbe | | Priority | | | | | | | |
|--|---------|---|--|-------------|---------|---------|----------|------|----------------|
| Lubble | | 1314 Ave. K 4th Floor No. of Repeat No. | | | | | | | |
| Activity Date O6/23/2020 INCIDENT RESPONSE Establishment CRICKETS DRAFTHOUSE OF ONE OF OTHER OF ONE OF OTHER OF ONE OF O | Time In | 2:50 pm | | Core: | | | | | |
| 1 | | • | | Time Out | 3:50 pm | Tot. Mi | inutes: | 60 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| CRICKETS DRAFTHOUS | E OF | 2412 BROADWAY | | LUBBOCK, TX | | | 79401 | | (806) 744-4677 |
| | | | | 1 | | | | gory | |
| PR0000259 | | CRICKETS OF LUBBOCK, LLC | | RESTAURANT | | | PH01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

I spoke to Chance Masaichy, general manager. Facility will not reopen for at least a week or two weeks; has been closed since June 14.

Management had not been contacted from the Health Department. They shut down as soon as they had been told that a handful of employees were tested without knowing results. Staff is required to wear PPE. Employee temperatures are being taken and documented as well as questioned on symptoms/contact with anyone who tested positive for COVID19 prior to shift. They are cleaning high touch points at least every 30 minutes. They are cleaning and sanitizing tables between guests with quaternary ammonia. Condiments are dispensed in shakers and sanitized after use or in disposable cups. Tablewares are not disposable and are washed, rinsed, and sanitized after each use. No one is allowed to sit at the bar. Everyone has to be seated by staff. Customers are not allowed to "drift" between groups, or they will be asked to leave. Employees use a counter to ensure they were not over limit on capacity about every 30 minutes. Tables and chairs are cleaned and sanitized (tables and chairs are allowed to air dry) after each guest leaves and before another guest is seated. Copies of screening questions, enhanced cleaning and sanitizing protocols, and employee health policy and procedure updated with COVID information were provided.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

Signatures

JACKIE DICKSON

South Dickson

EHS I RSIT CPO

Follow up: No

Page 1 of 1

| | ### COMPLAINT INVESTIGATION #### Address ################################## | | | | | | | | |
|----------------------------------|--|---|-------------------|----------|---------|-----------|---------|------|---|
| | 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902 No. of Repeat Violations No. of Repeat Violations No. of Repeat No. of Repeat Violations No. of Repeat Violations | ı | No. of Violations | 0 | | Priority: | | | |
| Lubb | | | | | | | | | |
| • | | | | | | | | | |
| Activity Date 06/23/2020 | 1 - | • | | Time Out | 3:50 pm | Tot. M | inutes: | 60 | |
| Establishment CRICKETS DRAFTHOUS | SE OF | | | 1 - | | | l . | | • |
| | | | | 1 '' | | | | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

I spoke to Chance Masaichy, general manager. Facility will not reopen for at least a week or two weeks; has been closed since June 14.

Management had not been contacted from the Health Department. They shut down as soon as they had been told that a handful of employees were tested without knowing results. Staff is required to wear PPE. Employee temperatures are being taken and documented as well as questioned on symptoms/contact with anyone who tested positive for COVID19 prior to shift. They are cleaning high touch points at least every 30 minutes. They are cleaning and sanitizing tables between guests with quaternary ammonia. Condiments are dispensed in shakers and sanitized after use or in disposable cups. Tablewares are not disposable and are washed, rinsed, and sanitized after each use. No one is allowed to sit at the bar. Everyone has to be seated by staff. Customers are not allowed to "drift" between groups, or they will be asked to leave. Employees use a counter to ensure they were not over limit on capacity about every 30 minutes. Tables and chairs are cleaned and sanitized (tables and chairs are allowed to air dry) after each guest leaves and before another guest is seated. Copies of screening questions, enhanced cleaning and sanitizing protocols, and employee health policy and procedure updated with COVID information were provided.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

Signatures

JACKIE DICKSON

Sackin Dickson

EHS I RSIT CPO

Follow up: No

| | Lul | obe | y of Ock | 1: Li | | | epartment - | No. of Violations No. of Repeat Violations | 0 | Fou | Priority: Priority ndation: | 0 | Sc | ore |
|----------|------------------|---------|-------------|----------|---------------------|--------------|---------------------------------------|---|-------------|--------------|-----------------------------|----------|---------------|-------|
| Y | Lui | | TEXA | 15 | 006) 775-2 | :902 | - | Time In | 2:00 pm | 100 | Core: | 0 | 4 | 3 |
| | rity Date | | | | spection PECTION | 1 | | Time Out | 3:00 pm | Tot. Min | inutes: 60 | | • | J |
| Estal | olishment | | | | Address | | | City/State Zip Code Telep | | | | | | 1 |
| EAT | & ART CAFE | | | | 7604 MI | LWAUKEE S | STE. 600 AVE | LUBBOCK, TX | | 7 | 79424 | | | |
| | rd ID # 10316 | | | | Permit I | | DMDANY II C | Est. Type | | | Risk Cate | gory | | |
| FRUC | | r = OUT | OF COM | PLIANCE | • | | OMPANY, LLC | RESTAURANT VED NA = NOT APPLICABLE | COS = CORRE | | FR03 TE REP= | REPE | AT VIOLATIC |)N |
| | | | O1 00WII | LITATOL | | OWN EN 1140E | NO NOT OBOLIN | VES TAX TROTAL FLOADER | | | 12 ((2) | | THE VIOLENTIC | |
| | | | | | | | | PRIORITY | | | | | | |
| 1 | □ OUT | □IN | ■ NO | □NA | □ cos | | • | oling time and temperature | | | | | | |
| 2 | □ OUT | | □ NO | □NA | | □ REP | <u> </u> | d holding temperature (41 F | | | | | | |
| 3 | | | □ NO | □NA | □ COS | □ REP | <u> </u> | t holding temperature (135 F) | | | | | | |
| 4 | OUT | | ■ NO | | □ cos | □ REP | | oking time and temperature | n O br | | | | | |
| 5 6 | OUT | □ IN | ■ NO | | □ cos | □ REP | <u> </u> | neating for hot holding 165 F in ontrol; procedures/records | n 2 nr. | | | | | |
| 7 | OUT | | | ⊔NA | | □ REP | | source; Condition/parasite de | atrustian | | | | | |
| | OUT | | | | □ COS | □ REP | | ' ' | Struction | | | | | |
| 8 | OUT | | | | □ COS | □ REP | | ived at proper temperature & protected; contamination p | revented | | | | | 6/27/ |
| | ■ OUT | | | | ■ COS | □REP | 09 Separated | & protected, contamination p | nevented | | | | | 0/2// |
| | | ntain a | | | | enough to p | revent bacteria gr | arted cleaning machine durin owth. ırfaces/returnables; clean & s | · . | Advised till | em to sam | ilize ai | lei | |
| 11 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 11 Proper dis | position; returned/served/rec | ondition | | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | □ REP | 12 Manageme | ent, employees; knowledge & | reporting | | | | | |
| 13 | □ OUT | ■ IN | | | □ cos | □ REP | · · · · · · · · · · · · · · · · · · · | e of restriction and exclusion | | | | | | |
| 14 | □ OUT | | | | | □ REP | | aned and properly washed / (| | | | | | |
| 15 | □ OUT | | | | □ cos | | | and contact w/RTE or approv | | | | | | |
| 16 | □ OUT | | | □ NA | □ cos | | | ed foods used; prohibited not | | | | | | |
| 17 | □ OUT | | | □ NA | □ cos | | | approved/used Washing fruit | | | | | | |
| 18 | □ OUT | | | | □ cos | | | stances; identified/stored/use | | | | | | |
| 19 | OUT | | | | □ COS | | | proved source; plumbing, bac | | | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | LI REP | | Sewage / Wastewater dispos | iai | | | | | |
| | | | | | | | | TY FOUNDATION | | | | | | |
| 21 | □ OUT | | | | □ cos | | | nt / demonstration / duties / C | | | | | | |
| 22 | □ OUT | | | | □ COS | | | dler/no unauthorized persons | • | | | | | |
| 23 | □ OUT | | | | □ cos | | | old water available; adequate | - | | | | | |
| 24 | □ OUT | | | □ NA | □ COS | | | vailable shellstock/destruction | | | | | | |
| 25 | □ OUT | | | □NA | □ cos | | <u> </u> | ce with variance, specialized | | | | | | |
| 26 | OUT | | | □ NA | □ cos | | <u> </u> | consumer advisories, Allerge | | | | | | |
| 27 | OUT | | | □ NA | □ cos | | | oling method used; equipmen | ı adequate | | | | | |
| 28 | OUT | | □NO | □ NA | | □ REP | <u> </u> | te marking and disposition | ourata | | | | | |
| 29 | OUT | | | □ NA | □ cos | | | eters / test strips provided, ac | | | | | | |
| 30 | OUT | | | □ NA | □ COS | | | blishment Permit (Current & Variations: accessible/supplier | | | | | | |
| 31 32 | OUT | | | | □ COS | □ REP | | n facilities; accessible/supplied n-food contact surfaces clear | | | | | | |
| JZ | | | □NO | □ NA | □ cos | | | in-1000 contact surfaces clear | | | | | | |
| 33 | □ OUT | = IIN | LI NO | ⊔NA | ц cos | LI KEP | JJ WAIEWASI | | TOVIUEU | | | | | |
| 33 | | | | | | | | CORE | | | | | | |
| 33 | □ OUT | | | | □ cos | - DES | 24 [] | of contamination; insect/rode | at/atha= | | | | ı | |



Activity Date 06/24/2020

Establishment EAT & ART CAFE Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0010316

| | OUT = 0 | OUT OF CO | MPLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATIC | N |
|----|---------|-----------|----------|-----------|-----------|---|---|
| 35 | □ OUT ■ | IN | | □ cos | □ REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | □ OUT ■ | IN | | □ cos | □ REP | 36 Wiping clothes; properly used and stored | |
| 37 | □ OUT ■ | IN 🗆 N | O □ NA | □ cos | □ REP | 37 Environmental contamination | |
| 38 | □ OUT ■ | IN 🗆 N | D □ NA | □ cos | □ REP | 38 Approved thawing method | |
| 39 | □ OUT ■ | IN | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ OUT ■ | IN | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | |
| 41 | □ OUT ■ | IN 🗆 N | O □ NA | □ cos | □ REP | 41 Original container labeling (Bulk Food) | |
| 42 | □ OUT ■ | IN 🗆 N |) | □ cos | □ REP | 42 Non-food contact surfaces clean | |
| 43 | □ OUT ■ | IN 🗆 N |) | □ cos | □ REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | □ OUT ■ | IN 🗆 N |) | □ cos | □ REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | □ OUT ■ | IN 🗆 N |) | □ cos | □ REP | 45 Physical facilities installed/maintained/clean | |
| 46 | □ OUT ■ | IN 🗆 N |) | □ cos | □ REP | 46 Toilet facilities; constructed/supplied/clean | |

Measured Observations

47 Other violations

rte pork hot hold 140.00 Degrees Fahrenheit rte pork walk in cooler 41.00 Degrees Fahrenheit

■IN □NO □NA □COS □REP

Overall Inspection Comments

No Overall Inspection Comments

Lestie Moreyan

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

LESLIE MORGAN

47

□ OUT

EHS II REHS/RS CPO

| 4 | | City | r of | 13 | 314 Ave. I | ntal Health De K 4th Floor | epartment | No. of Violations | 5 | Pri | iority: | 2 | | |
|---|---|---|--|--------------------------------------|--|--|--|--|---|---------------|--------------------|------|---------------------------------|--------|
| | Lub | bč | őck | | ubbock, T 306) 775-2 | | | No. of Repeat Violations | 0 | Pr Founda | riority lation: | 0 | Sco | re |
| Š | | | TEXAS | | | | | Time In | 9:30 am | , | Core: | 3 | 9 | |
| | vity Date 4/2020 | | - | | spection SPECTION | I | | Time Out | 10:10 am | Tot. Minute | es: | 40 | | |
| | blishment ILY DOLLAR | STORE | #22879 | | Addres: 4426 34 | | | City/State LUBBOCK, TX | | 1 - | Code 1102417 | 7 | Telephone (806) 797-7576 | ĥ |
| | ord ID# | OTOTAL | 1122010 | | Permit I | | | Est. Type | | | k Cate | | (000) 101 1010 | |
| PR0 | 004286 | | | | FAMILY | DOLLAR ST | ORE OF TEXAS | 7. | - | FRO | | | | |
| | OUT | = OUT C | F COMPL | IANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | VED NA = NOT APPLICABLE | COS = CORRE | CTED ON SITE | REP = | REPE | AT VIOLATION | |
| | | | | | | | | PRIORITY | | | | | | |
| 1 | □ OUT | ■ IN | □ NO I | □ NA | □ cos | | 01 Proper co | oling time and temperature | | | | | | |
| _ | REP | | ENO I | - NIA | П.000 | | 00 D | Id b aldia a taura anatana (44 F | / 45 E) | | | | | |
| 2 | REP | ■ IN | ⊔ NO I | ⊔NA | □ cos | П | ∪∠ Proper col | ld holding temperature (41 F | / 45 F) | | | | | |
| 3 | 1 | ■ IN | □ NO I | □ NA | □ cos | | 03 Proper ho | t holding temperature (135 F) |) | | | | | |
| 4 | REP | = INI | | | ПСОС | | 04 Proper se | oking time and temperature | | | | | | |
| 4 | REP | ■ IN | ⊔ NO I | ⊔NA | □ cos | П | 04 FTOPET CO | oking time and temperature | | | | | | |
| 5 | □ OUT | ■ IN | □ NO I | □ NA | □ cos | | 05 Proper reh | neating for hot holding 165 F | in 2 hr. | | | | | |
| 6 | REP | - IN1 | | - N: A | П.000 | | 06 Time as 0 | Control: propodures /reser-1- | | | | | | |
| O | REP | ■ IN | ⊔ NO I | ⊔NA | □ cos | П | uo rime as C | Control; procedures/records | | | | | | |
| 7 | ■ OUT | □IN | | | ПСОС | | | | | | | | | |
| Obs una | dulterated. Re | shelves | Cos. | | All items | | ustomers should | source; Condition/parasite do | | resented hone | est with | out | 6 | 6/27/ |
| Obs una | erved cans on | shelves moved (good co | Cos. | | All items | for sale for c | ustomers should | | | resented hone | est witho | out | 6 | 6/27/2 |
| Obs una 228 8 | erved cans on dulterated. Re 61 Food safe, □ OUT | shelves moved (good co IN | Cos. | | All items terated, a | for sale for cond honestly p☐ REP☐ REP | ustomers should presented 08 Food rece 09 Separated | be verified from an approved sived at proper temperature d & protected; contamination | I source and p | resented hone | est witho | out | 6 | 6/27/2 |
| Obs unac 228. 8 9 | erved cans on dulterated. Rei 61 Food safe, | shelves moved (good co | Cos. ondition, (| unadul | All items terated, a COS COS | for sale for cond honestly particle REP REP | ustomers should bresented 08 Food rece 09 Separated | be verified from an approved eived at proper temperature d & protected; contamination purfaces/returnables; clean & s | I source and p prevented sanitized | resented hone | est with | out | | |
| Obs unac 228. 8 | erved cans on dulterated. Rei 61 Food safe, | shelves moved (good co | Cos. ondition, (| unadul | All items terated, a | for sale for cond honestly particle REP REP | ustomers should bresented 08 Food rece 09 Separated | be verified from an approved sived at proper temperature d & protected; contamination | I source and p prevented sanitized | resented hone | est with | out | | 6/27/2 |
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| Obs unac 228. 8 9 10 11 | erved cans on dulterated. Rei 61 Food safe, OUT OUT OUT OUT REP | shelves moved (composed or shelpes) IN | Cos. ondition, t | unaduli □ NA | All items terated, a COS COS COS COS | for sale for cond honestly p | oustomers should bresented 08 Food rece 09 Separated 10 Contact st | be verified from an approved eived at proper temperature d & protected; contamination purfaces/returnables; clean & s | I source and p prevented sanitized condition | | est with | out | | |
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| Obssunace 228. 8 9 10 11 Viol Obss 228. 12 13 | erved cans on dulterated. Rei 61 Food safe, OUT OUT OUT REP ation Comme 83(e) Damage OUT | shelves moved (good or IN IN IN IN IN other dented ded foods IN IN | Oos. ondition, to | unaduli □ NA | All items terated, a COS COS COS COS COS | for sale for c | oresented 08 Food rece 09 Separated 10 Contact st 11 Proper dis have employees ds, or without the 12 Managem 13 Proper use | be verified from an approved sived at proper temperature d & protected; contamination purfaces/returnables; clean & seposition; returned/served/recordenses de manufacturer's complete laborat, employees; knowledge & e of restriction and exclusion | prevented sanitized condition frequently. Dispelling reporting | | est with | out | | |
| Obs 228. 9 10 11 Viol Obs 228. 12 | erved cans on dulterated. Rei 61 Food safe, OUT OUT OUT REP ation Comme erved multiple 83(e) Damage OUT OUT OUT | shelves moved (good or IN | Oos. ondition, to the condition on the condition on the condition of the condition of the condition on the condition on the condition on the condition on the condition of the condition on the condition of the condition on the c | unadul: □ NA shelvee | All items terated, a COS COS COS COS COS | for sale for c | ustomers should resented 08 Food rece 09 Separated 10 Contact st 11 Proper dis have employees ds, or without the 12 Managem 13 Proper use | be verified from an approved sived at proper temperature d & protected; contamination purfaces/returnables; clean & sposition; returned/served/red removed dented cans more for manufacturer's complete labilitient, employees; knowledge & | prevented sanitized condition frequently. Dispelling Reporting Glove use | | est with | out | | |
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| Obs unac 228. 8 9 10 11 Viol Obs 228. 12 13 14 15 16 17 18 19 20 | erved cans on dulterated. Rei 61 Food safe, OUT OUT OUT REP ation Comme erved multiple 83(e) Damage OUT | shelves moved (good or good or IN | Cos. ondition, sondition, sonditi | unaduli NA shelvee rim/se NA NA NA | All items terated, a COS | for sale for cond honestly per level | pustomers should bresented 08 Food rece 09 Separated 10 Contact su 11 Proper dis have employees ds, or without the 12 Managem 13 Proper us 14 Hands cle 15 No bare h 16 Pasteurize 17 Additives 18 Toxic subs 19 Water; ap 20 Approved PRIOR 21 PIC prese 22 Food Han | be verified from an approved sived at proper temperature d & protected; contamination purfaces/returnables; clean & seposition; returned/served/recordenses and contacturer's complete labelent, employees; knowledge & e of restriction and exclusion and contact w/RTE or approved foods used; prohibited not approved/used Washing fruit stances; identified/stored/use proved source; plumbing, backsewage / Wastewater dispositions and properly washed / sepositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewater dispositions of the proved source; plumbing, backsewage / Wastewage / | prevented sanitized condition frequently. Dispelling reporting Glove use red method offered ts/veg and ckflow sal | | est with | out | | |
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Follow up : Yes Followup Date: 06/27/2020



Activity Date

Purpose of Inspection

| | | ⊸ Ci | ty of 🖫 | | 06/24/202 | 0 | ROUTINE INSPECTION | |
|------------|-------------------------------|----------|-----------|------------|---------------|-----------------------|---|-----------|
| 6 | Lul | วb | ock | 7 | Establish | | Record ID # | |
| V | | | TEXA | 15 | FAMILY | DOLLAR ST | FORE #22879 PR0004286 | |
| | OUT | Γ = OUT | OF COM | PLIANCE | E IN = IN C | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATI | ON |
| 27 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 27 Proper cooling method used; equipment adequate | 1 |
| 28 | □ OUT | ■ IN | □NO | □NA | □ cos | | 28 Proper date marking and disposition | |
| | REP | | | | | | | |
| 29 | □ OUT | ■ IN | | □ NA | | □ REP | 29 Thermometers / test strips provided, accurate | |
| 30 | □ OUT | | | □ NA | □ cos | | 30 Food Establishment Permit (Current & Valid) | |
| 31 | OUT | | | | □ COS | | 31 Handwash facilities; accessible/supplied/used | |
| 32 | OUT | | NO | | □ cos | | 32 Food & non-food contact surfaces cleanable/use | |
| 33 | □ OUT REP | ■ IN | □ NO | ⊔NA | □ cos | | 33 Warewashing facilities & Service sink provided | |
| | | | | | | | CORE | |
| 34 | □ OUT | ■ IN | | | □ cos | □ REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | □ OUT | ■ IN | | | □ cos | □ REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | □ OUT | ■ IN | | | □ cos | □ REP | 36 Wiping clothes; properly used and stored | |
| 37 | | □IN | □ NO | □NA | □ cos | | 37 Environmental contamination | 9/22/20 |
| /iolo | REP | onto | | | | | | <u> </u> |
| | tion Comm | | | | | | | |
| | rved food bo 39(a)(1)(C) S | | • | | | | h back storage area. Shall be stored 6 inches off the ground. Discussed. NRI | |
| 38 | | | | | COS | | 38 Approved thawing method | |
| | REP | | | | | | • | |
| 39 | □ OUT | ■ IN | | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 10 | □ OUT | ■ IN | | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | |
| 11 | □ OUT REP | ■ IN | □ NO | □ NA | □ cos | | 41 Original container labeling (Bulk Food) | |
| 12 | ■ OUT | □IN | □ NO | | □ cos | □ REP | 42 Non-food contact surfaces clean | 9/22/20 |
| /iola | tion Comm | ents: | | | | | | |
| hse | rved multinle | dry sh | elves thr | onapon | t facility an | d shelves in | n reach in cooler soiled. Maintain clean and sanitized. Discussed. NRI. | |
| | | | | | | | s of equipment that are exposed to splash, spillage, or other food soiling or that require frequent | |
| | | | | a corrosi | | | rbent, and smooth material | |
| 43 | OUT | | | | | □ REP | 43 Adequate ventilation, lighting; designated area | |
| 44 45 | □ OUT | | | | | □ REP | 44 Garbage & refuse properly disposed/maintained | 0/00/00 |
| 45 | ■ OUT | | | | ⊔ cos | □ REP | 45 Physical facilities installed/maintained/clean | 9/22/20 |
| /iola | tion Comm | ents: | | | | | | |
| | | | | | | | Discussed. NRI. | |
| 28.1 46 | 71(1) Mater | | | ill, and c | | l be smooth, ☐ REP | , durable, and easily cleanable 46 Toilet facilities; constructed/supplied/clean | I |
| 47 | | | | □ NA | □ cos | | 47 Other violations | |
| | REP | | | | | | | |
| | | | | | | | Measured Observations | |
| | s ric 39.00 [| - | | | | | | |
| mill | ric 39.00 D | egrees | Fahrenh | eit | | | | |
| | | | | | | | Overall Inspection Comments | |
| | | | | | | | | |
| No | Overall Insp | ection (| Commen | ts | | | | |
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| | | | | | | | Follow up a Voc. Follow up De | 00/07/000 |

Page 3 of 3

Follow up : Yes Followup Date: 06/27/2020



Activity Date 06/24/2020

Purpose of Inspection ROUTINE INSPECTION

Record ID # Establishment PR0004286 FAMILY DOLLAR STORE #22879 Inspection Result: VIOLATION Required Action: NEXT REGULAR INSPECTION Signatures MATTHEW ELIZONDO EHS II RS CPO CARISSA MEANS MANAGER

| | Luk | ob ^{ci} | ock | 1: L: | | | epartment | No. of Violations No. of Repeat Violations | 0 | | Priority: Priority ndation: | | Score |
|----|---------------------|------------------|--------|----------|---------------------|----------------------------|----------------|--|-------------|--------------|-----------------------------------|------|--|
| • | | | TEXA | S | | | | Time In | 1:45 pm | | Core: | | 0 |
| | rity Date 3/2020 | | | | spection NVESTIG | ATION | | Time Out | 2:30 pm | Tot. Minu | utes: | 45 | |
| | olishment | | | | Address | - | | City/State | • | | ip Code | | Telephone |
| | CREST COU | NTRY | CLUB | | 1 | BOSTON AV | E | LUBBOCK, TX | | | 9408 | | (806) 765-6601 |
| | rd ID # 00464 | | | | Permit I | Holder ROBERTSON | | Est. Type RESTAURANT | | | Risk Cate PH01 | gory | |
| | OUT | = OUT | OF COM | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | VED NA = NOT APPLICABLE | COS = CORRE | ECTED ON SIT | TE REP = | REPE | AT VIOLATION |
| | | | | | | | | DDIODITY | | | | | |
| 1 | □ OUT | ■ IN | □NO | □ NA | □ COS | □ REP | 01 Proper co | PRIORITY oling time and temperature | | | | | I |
| 2 | OUT | | | | □ cos | □ REP | • | ld holding temperature (41 F | 45 F) | | | | + |
| 3 | □ OUT | | □NO | □NA | □ cos | □ REP | • | t holding temperature (135 F) | | | | | |
| 4 | □ OUT | | □NO | □NA | □ COS | □ REP | 04 Proper co | oking time and temperature | | | | | <u> </u> |
| 5 | □ OUT | | □NO | □NA | | □ REP | 05 Proper rel | neating for hot holding 165 F | in 2 hr. | | | | + |
| 6 | □ OUT | | | | | □ REP | 06 Time as C | Control; procedures/records | | | | | |
| 7 | □ OUT | ■ IN | | | □ cos | □ REP | 07 Approved | source; Condition/parasite de | estruction | | | | |
| 8 | □ OUT | ■ IN | | | □ cos | □ REP | 08 Food rece | ived at proper temperature | | | | | |
| 9 | □ OUT | ■ IN | | | □ cos | □ REP | 09 Separated | l & protected; contamination լ | orevented | | | | |
| 10 | □ OUT | ■ IN | | | □ cos | □ REP | 10 Contact si | urfaces/returnables; clean & s | anitized | | | | |
| 11 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 11 Proper dis | sposition; returned/served/rec | ondition | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | □ REP | 12 Managem | ent, employees; knowledge & | reporting | | | | |
| 13 | □ OUT | ■ IN | | | □ cos | □ REP | 13 Proper us | e of restriction and exclusion | | | | | |
| 14 | □ OUT | ■ IN | | | □ cos | □ REP | 14 Hands cle | aned and properly washed / 0 | Glove use | | | | |
| 15 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 15 No bare h | and contact w/RTE or approv | ed method | | | | |
| 16 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 16 Pasteurize | ed foods used; prohibited not | offered | | | | |
| 17 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 17 Additives | approved/used Washing fruit | s/veg | | | | |
| 18 | □ OUT | ■ IN | | | □ cos | □ REP | 18 Toxic sub | stances; identified/stored/use | d | | | | |
| 19 | □ OUT | ■ IN | | | □ cos | □ REP | 19 Water; ap | proved source; plumbing, bac | kflow | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | □ REP | 20 Approved | Sewage / Wastewater dispos | al | | | | |
| | | | | | | | PRIOR | ITY FOUNDATION | | | | | |
| 21 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 21 PIC prese | nt / demonstration / duties / C | FM | | | | |
| 22 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 22 Food Han | dler/no unauthorized persons | /personnel | | | | |
| 23 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 23 Hot and C | old water available; adequate | pressure | | | | |
| 24 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | vailable shellstock/destructio | | | | | |
| 25 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | • | ce with variance, specialized | | | | | |
| 26 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | consumer advisories, Allerge | | | | | |
| 27 | □ OUT | ■ IN | | □ NA | □ cos | | | oling method used; equipmer | t adequate | | | | |
| 28 | □ OUT | | □ NO | □NA | □ cos | | • | te marking and disposition | | | | | |
| 29 | □ OUT | | | | □ cos | | | eters / test strips provided, ac | | | | | |
| 30 | □ OUT | | | □ NA | □ COS | | | ablishment Permit (Current & | , | | | | |
| 31 | □ OUT | | | | □ cos | | | n facilities; accessible/supplie | | | | | |
| 32 | □ OUT | | | | □ cos | | | on-food contact surfaces clear | | | | | |
| 33 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 33 Warewash | ning facilities & Service sink p | rovided | | | | |
| | | | | | | | | CORE | | | | | |
| 34 | □ OUT | | | | □ COS | | | of contamination; insect/rode | | | | | |
| 35 | □ OUT | | | | | □ REP | | Cleanliness; eating/drinking/to | | | | | |
| 36 | □ OUT | | | | □ cos | | | othes; properly used and store | ed | | | | |
| 37 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 37 Environme | ental contamination | | | | | |



Activity Date 06/23/2020

Establishment HILLCREST COUNTRY CLUB Purpose of Inspection
COMPLAINT INVESTIGATION

Record ID # PR0000464

| OUT = OUT OF COMPLIANCE IN = IN | I COMPLIANCE NO = NOT OBSERVED | NA = NOT APPLICABLE CO | OS = CORRECTED ON SITE | REP = REPEAT VIOLATION |
|---------------------------------|--------------------------------|------------------------|------------------------|------------------------|
|---------------------------------|--------------------------------|------------------------|------------------------|------------------------|

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

Public Health Observational Inspection:

- 1. Advise they have a positive for the facility, Health Dept will be in contact with them. We do not know the name.
- 2. What is their procedures for addressing positive cases in their facility? Sick policy? What is their policy for Covid 19? If an employee has been tested positive, they will be sent home on paid leave and will not be allowed back for 14 days.
- 3. Are staff wearing mask?

Staff are now required to wear a mask in the kitchen and any other staff are recommended.

4. Are they following guidelines on social distancing and how?

Yes.

- a. Employees & guest
- b. Are occupancy guidelines being followed? How are they verifying?

Yes, through hourly counting.

5. Are they taking temperatures of employees?

Yes

6. How often are they washing hands?

Employee are proceeding with normal hand washing but are given sanitizer at every station.

7. Are they taking temperatures of guest?

No

8. How often are they cleaning and sanitizing high touch points?

Surfaces are being sanitized at least twice per day and some high touch points are being sanitized more often.

9. Are tableware's disposable?

Nc

10. How are condiments dispensed? Salt pepper etc. If it's on the table are they wiping them down between guests.

No but after discussion, facility will switch back to disposable condiment packets. But they have been wiped down between each guest.

11. How do they clean and sanitize tables / booths between guests?

Sanitizer from kitchen (quaternary) is being used to sanitize tables after each group of guests



Activity Date 06/23/2020

Establishment HILLCREST COUNTRY CLUB Purpose of Inspection
COMPLAINT INVESTIGATION

Record ID # PR0000464

| Inspection Res | sult: NOT APPLICABLE | Required Action: NEXT REGULAR INSPECTION |
|----------------|----------------------|--|
| | | Signatures |
| May | | |
| N KLOEPPER | EHS I RSIT CPO | |
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Page 1 of 1

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|-----------------------------|----------------|----------------------------------|-----------------------------|----------|---------|------------------------|------|-----------|
| | 43 | nvironmental Health Department | No. of Violations | 0 | | Priority: | | |
| Lubbo | ock (8 | ubbock, TX 79457 06) 775-2902 | No. of Repeat Violations | 0 | Fo | Priority oundation: | | |
| | TEXAS | | Time In | 1:00 pm | | Core: | | |
| Activity Date 06/22/2020 | Purpose of Ins | spection NVESTIGATION | Time Out | 11:15 am | Tot. Mi | nutes: | 45 | |
| Establishment | | Address | City/State | | | Zip Code | | Telephone |
| Record ID # N/A | | Permit Holder | Est. Type | _ | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Home Depot 2615 50th

Even though they have a positive case, management is telling employees to come to work even if they are sick and not to let the health department know.

During complaint investigation spoke with Manager on Duty, Mark, who advised that facility has informed everyone who worked with person who tested positive to get tested or quarantine. They take temps of all employees daily and are taking it very seriously. He advised they would not tell an employee to come in sick. They have screens up as barriers at cashiers and all employees I saw were wearing masks.

Inspection Result: NO VIOLATION Required Action: NOT APPLICABLE

| Signatures |
|------------|
|------------|

Vestie Moreyan

LESLIE MORGAN EHS II REHS/RS CPO

Follow up : No

Page 1 of 1

| | . 13 | nvironmental Health Department | 1 | No. of Violations | 0 | | Priority: | | |
|-------------------------------------|----------------|----------------------------------|---|-----------------------------|---------|---------|------------------------|------|---------------------------------|
| Lubbo | 1017 | ubbock, TX 79457 06) 775-2902 | | No. of Repeat /iolations | 0 | Fo | Priority oundation: | | |
| * | TEXAS | | | Time In | 1:15 pm | | Core: | | |
| Activity Date 06/18/2020 | Purpose of Ins | spection NVESTIGATION | | Time Out | 1:45 pm | Tot. Mi | nutes: | 30 | |
| Establishment IKE'S WOOD FIRE GRILL | _ | Address 4414 82ND ST STE 218 | | City/State LUBBOCK, TX | | | Zip Code 79424 | | Telephone (806) 368-8036 |
| Record ID # FA0008907 | | Permit Holder CURTIS JORDAN | | Est. Type | | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

At first time of arrival around 11:00, waitress said management was running errands and wouldn't be back for a while. When asked if they could take a message, I said I needed to discuss health policy with management since two employees tested positive. Waitress said she would let the manager know I had come by.

At time of second arrival around 1:15, management was aware of one employee who had tested positive, and he said a one or two others had gone to get tested. Facility was verifying temperatures for employees before entering kitchen. They gave the staff options to wear the masks, but no employees were wearing masks during discussion. I informed the manager that they may have to close for a deep cleaning and have employees tested before they can return to work if more employees tested positive. Management did not appreciate being told they may have to close down for cleaning and testing, and said we were scaring away employees and customers. They said the store should not have to close just because of the things their employees did outside of work. Management said the confirmed cases had not been in the facility since they had been tested. They asked why they should have to pay for someone to come in for a thousand-dollar cleaning when they could do in-house cleaning for much cheaper, and then proceeded to asked if we would close a Walmart or United for cleaning and testing if employees tested positive there. I informed them that several places had to close for the same reasons, and some were closing voluntarily for a cleaning. I thanked them for taking temperatures, highly encouraged them to wear masks, and said we would be in contact with them if anything else happened.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

Signatures

JACOB KEMMER

EHS II RS CPO

Jacob Kenner

| | MIZ | co | by of | | | ntal Health D K 4th Floor | epartment | | . of Violations | 0 | | Priority: | 0 | 000- |
|----------|--------------------------|-------|---------|---------|--------------------------|------------------------------|---------------------------------------|------------|--|-------------|------------|--------------------|------|----------------|
| 6 | Lul | bö | ŏck | - | ubbock, T. 306) 775-2 | | | | of Repeat lations | 0 | Fo | Priority undation: | 0 | Score |
| • | | | TEXA | \$ | | | | | Time In | 1:55 pm | | Core: | 0 | 0 |
| | rity Date 1/2020 | | | | spection PECTION | l | | | Time Out | 2:25 pm | Tot. Mi | nutes: | 30 | |
| | olishment | | _ | | Address | | | | City/State | | | Zip Code | | Telephone |
| | BARBQE | XPRES | S | | 7924 SL | | | | UBBOCK, TX | | | 79424283 | | (806) 796-1164 |
| | rd ID # 100518 | | | | Permit I TEXAS | Holaer SMOKEHOL | JSE. LLC | | ist. Type RESTAURANT | _ | | Risk Cate FR02 | gory | _ |
| | TUO | = OUT | OF COMP | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | RVED NA | = NOT APPLICABLE | COS = CORRE | ECTED ON S | SITE REP = | REPE | AT VIOLATION |
| | | | | | | | | PRIOF | RITY | | | | | |
| 1 | □ OUT | □IN | ■ NO | | | | • | | e and temperature | | | | | |
| 2 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | • | | g temperature (41 F / | | | | | |
| 3 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | · · · · · · · · · · · · · · · · · · · | | temperature (135 F) | | | | | |
| 4 | □ OUT | | ■ NO | □NA | □ COS | □ REP | · · · · · · · · · · · · · · · · · · · | | e and temperature | 0.1 | | | | |
| 5 | OUT | □ IN | ■ NO | □ NA | □ cos | □ REP | · · · · · · · · · · · · · · · · · · · | | or hot holding 165 F i | n 2 hr. | | | | |
| 6 | OUT | □ IN | ■ NO | □ NA | □ cos | □ REP | | | rocedures/records | | | | | |
| 7 | □ OUT | ■ IN | | | □ COS | □ REP | | | Condition/parasite de | estruction | | | | |
| 8 | OUT | ■ IN | | | □ COS | □ REP | | | roper temperature | | | | | |
| 9 | □ OUT | ■ IN | | | □ cos | □ REP | <u> </u> | | cted; contamination p | | | | | |
| 10 | OUT | ■ IN | | | □ cos | □ REP | | | eturnables; clean & s | | | | | |
| 11 | □ OUT | | □NO | □ NA | □ cos | □ REP | <u> </u> | | returned/served/reco | | | | | |
| 12 | □ OUT | | | | □ cos | □ REP | | | oloyees; knowledge & | reporting | | | | |
| 13 | □ OUT | | | | □ cos | □ REP | <u> </u> | | iction and exclusion | | | | | |
| 14 | □ OUT | ■ IN | | | □ cos | □ REP | | | d properly washed / (| | | | | |
| 15 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | | act w/RTE or approv | | | | | |
| 16 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | | used; prohibited not | | | | | |
| 17 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | • • | d/used Washing fruit | | | | | |
| 18 | OUT | ■ IN | | | □ cos | □ REP | | | identified/stored/used | | | | | |
| 19 | □ OUT | ■ IN | | | □ COS | □ REP | , i | • | ource; plumbing, bac | | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | □ REP | 20 Approved | Sewage | / Wastewater dispos | aı | | | | |
| 24 | | | | | | | | | UNDATION | - FAA | | | | |
| 21 22 | | | | | □ cos | | | | onstration / duties / C | | | | | |
| | OUT | | | □ NA | COS | | | | nauthorized persons | · | | | | |
| 23 24 | □ OUT | | | □ NA | □ COS | | | | r available; adequate shellstock/destruction | · | | | | |
| 24 25 | OUT | | | | □ COS | | | | | | | | | |
| 25 26 | □ OUT | | | | □ COS | | | | ariance, specialized / er advisories, Allerge | | | | | |
| 26 27 | □ OUT | | | | □ COS | | | | thod used; equipmen | | | | | |
| 28 | □ OUT | | | □ NA | □ COS | | | | · · · · | ı aucyuale | | | | |
| 28 | □ OUT | | | □ NA | | □ REP | · · · · · · · · · · · · · · · · · · · | | ng and disposition st strips provided, ac | curate | | | | |
| 30 | □ OUT | | | □ NA | COS | | | | <u> </u> | | | | | |
| 31 | □ OUT | | | ⊔NA | □ COS | | | | nt Permit (Current & \ | | | | | |
| 32 | □ OUT | | | ПМ | □ COS | | | | s; accessible/supplied | | | | | |
| 33 | □ OUT | | пмо | | □ COS | | | | ities & Service sink p | | | | | |
| | □ OUT | = IN | LI NO | ⊔NA | □ cos | LI KEP | JJ WAIEWAS | | | ovided | | | | |
| | | | | | | | 04.5.11 | COF | | 11. H | | | | • |
| 34 | □ OUT | | | | □ cos | □ REP | | | mination; insect/roder | | | | | |
| 35 | □ OUT | | | | | □ REP | | | ess; eating/drinking/to | | | | | |
| 36 | □ OUT | | _ | | □ cos | □ REP | | | operly used and store | ed | | | | |
| 37 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | 37 Environm | nental con | tamination | | | | | |



| | | Ci | ty of | | Activity D 06/24/202 | | Purpose of Inspection ROUTINE INSPECTION | |
|------|--------------|----------|-----------|-----------|------------------------------|----------------------|---|---|
| 7 | Lul | obo | ock | | Establish J & M BA | iment R B Q EXPRE | Record ID # ESS PR0000518 | |
| | ТИО | Γ = OUT | OF COMP | PLIANCE | IN = IN C | OMPLIANCE N | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | |
| 38 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 38 Approved thawing method | |
| 39 | □ OUT | ■ IN | | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ OUT | ■ IN | | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | |
| 41 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 41 Original container labeling (Bulk Food) | |
| 42 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 42 Non-food contact surfaces clean | |
| 43 | □ OUT | ■ IN | □NO | | □ cos | | 43 Adequate ventilation, lighting; designated area | |
| 44 | □ OUT | ■ IN | □ NO | | □ cos | | 44 Garbage & refuse properly disposed/maintained | |
| 45 | □ OUT | | □ NO | | □ cos | | 45 Physical facilities installed/maintained/clean | |
| 46 | □ OUT | | □ NO | | □ cos | | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 47 Other violations | |
| | | | | | | | Measured Observations | |
| Che | ese RIC 40 | .00 Deg | rees Fal | nrenheit | | | | |
| Pota | ato Salad Cl | H 41.00 | Degrees | s Fahren | heit | | | |
| Bris | ket HH 139. | .00 Deg | rees Fah | renheit | | | | |
| Sau | sage HH 13 | 8.00 D | egrees F | ahrenhe | it | | | |
| | | | | | | | Overall Inspection Comments | |
| | sed. Employ | ee tem | perature | s are tak | en, and n | | e allowed in the kitchen at a time to enforce social distancing, and the dining room is ilable for employees. | |
| | sed. Employ | ee tem | - | s are tak | en, and n | | | |
| | sed. Employ | ee tem | perature | s are tak | en, and n | | ilable for employees. | |
| | sed. Employ | ection I | perature | s are tak | en, and n | | ilable for employees. Required Action: NOT APPLICABLE | |
| clo | sed. Employ | ection I | Result: N | s are tak | en, and m | | ilable for employees. Required Action: NOT APPLICABLE | _ |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | ection I | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | vee tem | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | vee tem | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |
| clo | Insp | vee tem | Result: N | o VIOLA | en, and m | | Required Action: NOT APPLICABLE Signatures | |

| | MA | Ci | tvof | 1 | 314 Ave. I | ntal Health Der K 4th Floor | partment | No. of Violations | 7 | | Priority: | 1 | | |
|--|---|--|--------------------------|---|--|--|--|--|--|------------|--------------------------|----------|------------------------------|-------|
| - | Luk | bö | ŏck | | ubbock, T 806) 775-2 | | | No. of Repeat Violations | 0 | Fo | Priority undation: | 1 | So | core |
| 1 | | | TEXA | \$ | | | | Time In 2:00 pm | | | Core: | 5 | 1 | |
| | vity Date 4/2020 | | | | spection SPECTION | ١ | | Time Out | 2:50 pm | Tot. Mi | nutes: | 50 | | |
| | blishment IY JOHN'S | | | | Address 4730 St | | | City/State LUBBOCK, TX | | | Zip Code 79424 | | Telephone (806) 795-0 | |
| | ord ID # 005262 | | | | Permit I CHARL | Holder ES D'AMIRO | | Est. Type RESTAURANT | _ | | Risk Cate FR02 | gory | | |
| | OUT | = OUT | OF COMP | PLIANCE | IN = IN C | OMPLIANCE N | O = NOT OBSERV | /ED NA = NOT APPLICABLE | COS = CORRE | CTED ON S | SITE REP = | REPE | AT VIOLATIC | DN |
| | | | | | | | | PRIORITY | | | | | | |
| 1 | □ OUT REP | ■ IN | □NO | □NA | □ COS | | 01 Proper coo | ling time and temperature | | | | | | |
| 2 | □ OUT REP | ■ IN | □NO | □NA | □ COS | | 02 Proper colo | d holding temperature (41 F / | 45 F) | | | | | |
| 3 | □ OUT REP | ■ IN | □NO | □NA | □ COS | | 03 Proper hot | holding temperature (135 F) | | | | | | |
| 4 | □ OUT REP | ■ IN | □NO | □NA | □ cos | | 04 Proper coo | king time and temperature | | | | | | |
| 5 | □ OUT REP | ■ IN | □NO | □NA | □ COS | | 05 Proper reh | eating for hot holding 165 F i | n 2 hr. | | | | | |
| 6 | □ OUT REP | ■ IN | □NO | □NA | □ COS | | 06 Time as Co | ontrol; procedures/records | | | | | | |
| 7 | □ OUT | ■ IN | | | □ COS | □ REP | 07 Approved s | source; Condition/parasite de | estruction | | | | | |
| • | | | | | | | | | | | | | | |
| 8 | □ OUT | ■ IN | | | □ cos | □ REP | 08 Food recei | ved at proper temperature | | | | | | |
| 8 9 Viola Obse | ■ OUT ation Comme | □ IN ents: ee ope | • | | □ COS | □ REP | 09 Separated | & protected; contamination p | | nives used | for food co | ontact | surfaces | 6/27/ |
| 8 9 Viola Obse o op 228.0 | ■ OUT ation Comme erved employ pen contamina 66(a)(1)(A) Fo | □ IN ents: ee ope ated su bood pro ■ IN | rfaces su tected fro | ich as c om cros | □ COS | □ REP use knife to op | 09 Separated been box and place yed and set to wa rating, storage, p 10 Contact su | & protected; contamination p | hall not use k olay sanitized | nives used | for food co | ontact | surfaces | 6/27/ |
| 8 9 Viola Obseto op 228.0 | ■ OUT ation Comme erved employ een contamina 66(a)(1)(A) Fo □ OUT □ OUT | ents: ee ope ated su ood pro IN | rfaces su tected fro | ich as c om cros | ooxes and ard board s contami | □ REP use knife to op boxes. Remove nation by sepa □ REP | oen box and place wed and set to we rating, storage, p 10 Contact su 11 Proper disp | & protected; contamination p ed back on cutting board. St are wash. Discussed. COS. preparation, holding, and disp rfaces/returnables; clean & s | hall not use k olay sanitized ondition | nives used | for food co | ontact : | surfaces | 6/27/ |
| 8 9 Obseto op 228.1 10 11 | ■ OUT ation Comme erved employ ben contamina 66(a)(1)(A) Fo □ OUT □ OUT REP | ents: ee ope ated su pod pro IN IN | rfaces su tected fro | ich as c om cros | ooxes and ard board s contami | □ REP use knife to op boxes. Remov nation by sepa □ REP □ | oen box and placeved and set to warating, storage, p 10 Contact su 11 Proper disp 12 Manageme | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recent, employees; knowledge & of restriction and exclusion. | hall not use ki olay sanitized ondition k reporting | nives used | for food co | ontact | surfaces | 6/27/ |
| 8 9 Viola Obse 0 op 228.1 10 11 | ■ OUT ation Comme erved employ pen contamina 66(a)(1)(A) Fe □ OUT REP □ OUT □ OUT □ OUT | ee ope ated su ood pro IN IN IN IN IN | rfaces su | om cros | ooxes and ard board s contami COS COS COS | use knife to op boxes. Remonation by sepa REP | oen box and place ved and set to warating, storage, proper disparate to the set of the s | & protected; contamination proceed back on cutting board. Stare wash. Discussed. COS. preparation, holding, and dispraces/returnables; clean & sposition; returned/served/recont, employees; knowledge & of restriction and exclusion and and properly washed / Contamination of the conta | hall not use kilolay sanitized ondition k reporting | nives used | for food co | ontact | surfaces | 6/27/ |
| 8 9 Viola Obse o op 228.1 10 11 13 14 15 | ■ OUT ation Comme erved employ en contamina 66(a)(1)(A) Fo □ OUT REP □ OUT REP | ee ope ated su ood pro IN IN IN IN IN IN | rfaces su | □ NA | coxes and ard board s contami COS COS COS COS | use knife to op boxes. Remonation by sepa REP | oen box and place ved and set to warating, storage, p 10 Contact su 11 Proper disp 12 Manageme 13 Proper use 14 Hands cleated to 15 No bare har | & protected; contamination ped back on cutting board. Share wash. Discussed. COS. preparation, holding, and dispraces/returnables; clean & sposition; returned/served/recont, employees; knowledge & e of restriction and exclusion and and properly washed / Contact w/RTE or approve | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use hall not | nives used | for food co | ontact | surfaces | 6/27, |
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| 8 9 Viola Obse o op 10 11 12 13 14 15 | ■ OUT ation Comme erved employ en contamina 66(a)(1)(A) Fe □ OUT REP □ OUT □ OUT □ OUT □ OUT REP □ OUT REP □ OUT REP □ OUT REP □ OUT | ents: ee ope ated su ood pro IN IN IN IN IN IN IN | rfaces su | □ NA | coxes and ard board s contamic COS | use knife to op boxes. Removation by sepa REP REP REP REP REP REP | oen box and place ved and set to warating, storage, p 10 Contact su 11 Proper disp 12 Manageme 13 Proper use 14 Hands clea 15 No bare ha 16 Pasteurize | & protected; contamination ped back on cutting board. Stare wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recent, employees; knowledge & of restriction and exclusion and and properly washed / Central of the contact w/RTE or approved foods used; prohibited not approved/used Washing fruit | hall not use kindle hall not use kindle hall not use kindle hall hall hall hall hall hall hall ha | nives used | for food co | ontact | surfaces | 6/27/ |
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| 8 9 Wiola Obse 0 op 2228.0 11 11 12 13 14 15 16 17 18 | ■ OUT ation Comme erved employ ben contamina 66(a)(1)(A) Fo OUT REP OUT OUT OUT OUT OUT OUT OUT OU | ents: ee ope ated su pood pro IN | rfaces su | □ NA | coses and ard board s contami cos | use knife to opboxes. Remonation by sepa REP | oen box and place yed and set to warating, storage, programmed 10 Contact sure 12 Managemed 13 Proper use 14 Hands cleated 15 No bare has 16 Pasteurized 17 Additives and 18 Toxic subsure 19 Water; app | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and dispraces/returnables; clean & sposition; returned/served/recont, employees; knowledge & of restriction and exclusion and and properly washed / Contact w/RTE or approved foods used; prohibited not approved/used Washing fruit tances; identified/stored/used proved source; plumbing, backgroved source; plumbing, backgroved. | hall not use kilolay sanitized ondition k reporting Glove use ed method offered s/veg d | nives used | for food co | ontact | surfaces | 6/27 |
| 8 9 Wiola Obse 0 op 2228.0 11 11 12 13 14 15 16 17 18 | ■ OUT ation Comme erved employ een contamina 66(a)(1)(A) Fo □ OUT REP □ OUT REP □ OUT OUT OUT OUT OUT OUT OUT OUT | ents: ee ope ated su pood pro IN | rfaces su | □ NA | coxes and ard board s contami COS | use knife to opboxes. Remonation by sepa REP | oen box and place ved and set to warating, storage, proper disparated and set to warating, storage, proper disparated and set to warating, storage, proper disparate and proper used to the proper used to the proper used and proper used to proper used to the proper used to prop | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recont, employees; knowledge & profestriction and exclusion and and properly washed / Control of the contact w/RTE or approved foods used; prohibited not approved/used Washing fruit tances; identified/stored/used proved source; plumbing, backsewage / Wastewater dispose | hall not use kilolay sanitized ondition k reporting Glove use ed method offered s/veg d | nives used | for food co | ontact | surfaces | 6/27 |
| 8 9 Viola Dbse o op 228.0 10 11 12 13 14 15 16 17 18 19 20 | ation Comme erved employ en contamina 66(a)(1)(A) Fe OUT REP OUT OUT COUT COUT COUT COUT COUT COUT C | ents: ee ope ated su ood pro IN | rfaces su | □ NA □ NA □ NA | coxes and ard board s contamic COS | use knife to op boxes. Remonation by sepa REP | oen box and place ved and set to warating, storage, p 10 Contact su 11 Proper disp 12 Manageme 13 Proper use 14 Hands clear 15 No bare ha 16 Pasteurize 17 Additives a 18 Toxic subs 19 Water; app 20 Approved \$\frac{1}{2} \text{PRIORI*} | & protected; contamination proceed back on cutting board. Stare wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recent, employees; knowledge & of restriction and exclusion and and properly washed / Outline of the contact w/RTE or approved foods used; prohibited not approved/used Washing fruit tances; identified/stored/used wroved source; plumbing, backsewage / Wastewater disposerty FOUNDATION | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use | nives used | for food co | ontact : | surfaces | 6/27/ |
| 8 9 9 //iola 228.0 10 11 12 13 14 15 16 17 18 19 20 21 | ■ OUT ation Comme erved employ ten contamina 66(a)(1)(A) Fe □ OUT REP □ OUT □ OUT □ OUT REP □ OUT □ OUT COUT | ents: ee ope ated su pood pro IN | rfaces su | □ NA □ NA □ NA | cos contamical cos contamical cos contamical cos | use knife to opboxes. Remonation by sepa REP | oen box and place ved and set to warating, storage, proper disparated. The proper disparated is a proper use to the prop | & protected; contamination proceed back on cutting board. Stare wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recont, employees; knowledge & expression and exclusion and and properly washed / Contact w/RTE or approved foods used; prohibited not approved/used Washing fruit tances; identified/stored/used roved source; plumbing, backstopping. Sewage / Wastewater disposent / Contact / C | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use | nives used | for food co | ontact | surfaces | 6/27/ |
| 8 9 9 Viola 10 11 11 12 13 14 15 16 17 18 19 20 21 22 | ■ OUT ation Comme erved employ ten contamina 66(a)(1)(A) Fo OUT REP OUT OUT OUT OUT OUT OUT OUT OU | ents: ee ope ated su bood pro IN | rfaces su | □ NA □ NA □ NA □ NA □ NA | COS COS COS COS COS COS COS COS | Use knife to opboxes. Remonation by sepa REP REP REP REP REP REP REP REP REP RE | oen box and place ved and set to warating, storage, proper disparated and set to warating, storage, proper disparated and set to warating, storage, proper disparated and proper used and prop | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and dispraces/returnables; clean & sposition; returned/served/recont, employees; knowledge & expression of restriction and exclusion and and properly washed / Contact w/RTE or approved/used Washing fruit tances; identified/stored/used/roved source; plumbing, backstowed source; plumbing, bac | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use hal | nives used | for food co | ontact | surfaces | 6/27 |
| 8 9 Viola Dbse o op 228.4 10 11 12 13 14 15 16 17 18 19 20 21 22 23 | ■ OUT ation Comme erved employ en contamina 66(a)(1)(A) Fe □ OUT REP □ OUT | ents: ee ope ated su ood pro IN | rfaces su | □ NA □ NA □ NA □ NA □ NA □ NA | COS COS COS COS COS COS COS COS | Use knife to op boxes. Remonation by sepa REP | oen box and place ved and set to warating, storage, p 10 Contact su 11 Proper disp 12 Manageme 13 Proper use 14 Hands clea 15 No bare ha 16 Pasteurize 17 Additives a 18 Toxic subs 19 Water; app 20 Approved 5 PRIORI 21 PIC preser 22 Food Hand 23 Hot and Co | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and dispraces/returnables; clean & sposition; returned/served/recont, employees; knowledge & e of restriction and exclusion and and properly washed / Control of the contact w/RTE or approved washing fruit trances; identified/stored/used waster disposition of the control of the contro | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use and hall not use kindle hall no | nives used | for food co | ontact | surfaces | 6/27 |
| 8 9 Viola 0 Obse 0 op 228.1 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 | OUT ation Comme erved employ en contamina 66(a)(1)(A) Fo OUT REP OUT OUT OUT COUT | ee ope ated su ood pro IN | rfaces su | NA NA NA | COS | Use knife to op boxes. Removation by sepa REP | oen box and place ved and set to warating, storage, proper dispart of the proper dispart | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and dispraces/returnables; clean & sposition; returned/served/recont, employees; knowledge & end of restriction and exclusion and and properly washed / Control of the contact w/RTE or approved washing fruit trances; identified/stored/used washing fruit trances; identified/stored/us | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use and the hall not use kindle hall not use and the hall not use kindle | nives used | for food ex | ontact | surfaces | 6/27 |
| 8 9 Viola 10 Obse to op 228.4 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 | OUT ation Comme erved employ en contamina 66(a)(1)(A) Fe OUT COUT COUT | ee ope ated su ood pro IN | rfaces su | □ NA □ NA □ NA □ NA □ NA □ NA | COS COS COS COS COS COS COS COS | Use knife to op boxes. Removation by sepa REP | oen box and place ved and set to warating, storage, proper dispart of the proper dispart | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recont, employees; knowledge & cof restriction and exclusion and and properly washed / Control of the contact w/RTE or approved washing fruit trances; identified/stored/used | hall not use kindle hall not use kindle hall not use hall not use kindle hal | nives used | for food ex | ontact : | surfaces | 6/27 |
| 8 9 Viola 10 Obset to op 228.1 10 11 12 13 14 15 16 17 | OUT ation Comme erved employ en contamina 66(a)(1)(A) Fo OUT REP OUT OUT OUT COUT | ee ope ated su ood pro IN | rfaces su | NA NA NA | COS | Use knife to op boxes. Removation by sepa REP | one box and place and set to warating, storage, proper dispersion of the box and place and set to warating, storage, proper dispersion of the box and place and proper use the box and | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recontent, employees; knowledge & profestriction and exclusion and and properly washed / Control of the content with the con | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use an interest of the hall not use and hall not use the hall not use kindle hall not use the hall not use kindle hall not use the hall not use kindle hall not use kindl | nives used | for food co | ontact | surfaces | 6/27 |
| 8 9 Viola 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 | ■ OUT ation Comme erved employ en contamina 66(a)(1)(A) Fe □ OUT | ents: ee ope ated su ood pro IN | rfaces subtected from NO | NA NA NA NA | COS COS COS COS COS COS COS COS | Use knife to op boxes. Removation by sepa REP | one box and place and set to warating, storage, proper dispersion of the box and place and set to warating, storage, proper dispersion of the box and place and proper use the box and | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recont, employees; knowledge & cof restriction and exclusion and and properly washed / Control of the contact w/RTE or approved washing fruit trances; identified/stored/used | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use an interest of the hall not use and hall not use the hall not use kindle hall not use the hall not use kindle hall not use the hall not use kindle hall not use kindl | nives used | I for food co | ontact : | surfaces | 6/27. |
| 8 9 Viola 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 | ation Comme erved employ en contamina 66(a)(1)(A) Fe OUT REP OUT OUT COUT COUT COUT COUT COUT COUT C | ents: ee ope ated su ood pro IN | rfaces subtected from NO | ONA | COS COS COS COS COS COS COS COS | Use knife to opboxes. Remonation by sepa REP REP REP REP REP REP REP REP REP RE | oen box and place ved and set to warating, storage, proper disparated and set to warating, storage, proper disparated and set to warating, storage, proper disparate and proper disparate and proper used and proper used and proper used and proper used and proper disparate and proper | & protected; contamination proceed back on cutting board. Share wash. Discussed. COS. preparation, holding, and disprfaces/returnables; clean & sposition; returned/served/recontent, employees; knowledge & profestriction and exclusion and and properly washed / Control of the content with the con | hall not use kindle hall not use kindle hall not use kindle hall not use kindle hall not use an interest of the hall not use and hall not use the hall not use kindle hall not use the hall not use kindle hall not use the hall not use kindle hall not use kindl | nives used | l for food co | ontact | surfaces | 6/27/ |

Page 2 of 3

| Lubbock | |
|---------|--|
|---------|--|

| | | ⊸ Ci | ty of ¬ | 06/24/202 | | ROUTINE INSPECTION | |
|------------------------|--|---|-------------------|-----------------------------------|---------------|--|---------|
| V | Lul | obo | OCK | Establish JIMMY J | | Record ID # PR0005262 | |
| | OUT | Γ = OUT | OF COMPLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATI | ON |
| 30 | □ OUT | ■ IN | □NA | □ cos | □REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | □ OUT | ■ IN | | □ cos | □ REP | 31 Handwash facilities; accessible/supplied/used | |
| 32 | ■ OUT | □IN | □NA | □ cos | □ REP | 32 Food & non-food contact surfaces cleanable/use | 7/4/20 |
| Viola | ation Comm | ents: | | | | | |
| Obse 228.7 228.7 | erved damag 104(a) Clean 103(a) Equip nal use condi | ed tiles ability. ment a tions | by drive through | n window. rfaces. pment and | repair to ha | for sandwiches. Remove to have easily cleanable surfaces. Discussed. NRI. we easily cleanable surfaces. Discussed. NRI. all be designed and constructed to be durable and to retain their characteristic qualities under 33 Warewashing facilities & Service sink provided | |
| | _ | | | | | CORE | |
| 34 | ■ OUT | □IN | | □ cos | □ REP | 34 Evidence of contamination; insect/rodent/other | 9/22/20 |
| Viola | ation Comm | ents: | | | | | |
| | | | • | • | | nt insect contamination. Discussed. NRI. | |
| 35 | □ OUT | | bors used as exit | COS | | sing if they are solid and tight-fitting 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | □ OUT | ■ IN | | □ cos | □ REP | 36 Wiping clothes; properly used and stored | |
| 37 | ■ OUT REP | □IN | □NO □NA | □ cos | | 37 Environmental contamination | 9/22/20 |
| Obse | 69(a)(1)(C) S | chips s Storing | the food at least | 15 cm (6 i | nches) abov | | |
| 38 | □ OUT REP | ■ IN | □NO □NA | □ cos | | 38 Approved thawing method | |
| 39 | □ OUT | | | □ cos | | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | ■ OUT | | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | 9/22/20 |
| | erved single : | | items stored on | floor. Shal | I be stored 6 | inches off the ground. Discussed. NRI. | |
| | | | | | | ginal protective package or other means of protection | 1 |
| 41 | REP | ■ IN | □NO □NA | ⊔ COS | П | 41 Original container labeling (Bulk Food) | |
| 42 | ■ OUT | □IN | □NO | □ cos | □ REP | 42 Non-food contact surfaces clean | 9/22/20 |
| Viola | tion Comm | ents: | | | | | |
| 228.1 | 101(i) Nonfo | od-cont | act surfaces. No | nfood-con | tact surfaces | lean and sanitized. Discussed. NRI s of equipment that are exposed to splash, spillage, or other food soiling or that require frequent rbent, and smooth material | |
| 43 | OUT | | | | □ REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | □ OUT | ■ IN | □NO | □ cos | □ REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | ■ OUT | □IN | □NO | □ cos | □ REP | 45 Physical facilities installed/maintained/clean | 9/22/20 |
| Viola | ation Comm | ents: | | | | | |
| Obse | erved person | al drink | stored above fo | od in walk | in cooler. A | w to properly air dry. Discussed. NRI ny personal items shall be stored below any items used for facility. Discussed. NRI. | |
| 46 | OUT | | | | □ REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | REP | ■ IN | □NO □NA | □ cos | | 47 Other violations | |
| | | | | | | Measured Observations | |
| ton | natoes ric 38 | .00 De | grees Fahrenheit | | | | |

cheese wic 40.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 06/27/2020

Page 3 of 3



Activity Date 06/24/2020

Establishment JIMMY JOHN'S Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0005262

turkey ric 39.00 Degrees Fahrenheit roast beef ric 43.00 Degrees Fahrenheit tomatoes ric 40.00 Degrees Fahrenheit **Overall Inspection Comments** No Overall Inspection Comments Inspection Result: VIOLATION Required Action: NEXT REGULAR INSPECTION **Signatures** MATTHEW ELIZONDO EHS II RS CPO ABIGAIL WALSDORF

Follow up : Yes Followup Date: 06/27/2020

| | | | | | | | | | Page 1 of 1 |
|--------------------|---------------|--|-------|-----------------------------|----------|---------|------------------------|------|-------------|
| | | nvironmental Health Department No. of Violations 0 | | | | | Priority: | | |
| Lubbock TEXAS | | Lubbock, TX 79457 (806) 775-2902 | | lo. of Repeat /iolations | 0 | Fo | Priority oundation: | | |
| | TEXAS | | | Time In | 10:00 am | | Core: | | |
| Activity Date | Purpose of In | spection | | Time Out | 10:30 am | Tot M | inutes: | 30 | |
| 06/11/2020 | INCIDENT RE | ESPONSE | | Time Out | .0.00 a | 100.101 | iiiutes. | 00 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| Record ID # N/A | | Permit Holder | | Est. Type | _ | | Risk Cate PH01 | gory | |
| | | OBS | SER' | VATIONS | | | | | |
| | | Measur | red C | bservations | | | | | |
| | · | · | | | | | | | |

No Temperature Observations

Overall Inspection Comments

Request from Health Department to make contact with Johnson Controls regarding one of their employees testing positive.

Contact made with EHS Manager - information sent to Katherine Wells.

Inspection Result: NOT APPLICABLE Required Action: NOT APPLICABLE

Signatures

NATHAN KLOEPPER

Mayor

EHS I RSIT CPO

| | Til | sh ^{Cit} | y of lz | 13 Lu | | | epartment | N | No. of Violations No. of Repeat | 3 | | Priority: | 0 | Score |
|--------------|-----------------------|-------------------------------|------------|----------|---------------------|-----------------------|---|----------|---|-------------|-------------|-----------------------|------|-----------------------------|
| 1 | Lui | יטנ | TEXAS | (0) | 06) 775-2 | :902 | | | Time In | 1:15 pm | Foun | dation: | 2 | _ |
| ctivi | ity Date | | Purpose | of Ins | spection | | | | | | | Core: | | 5 |
| | /2020 | | ROUTINE | | • | I | | | Time Out | 1:45 pm | Tot. Minu | tes: | 30 | |
| | lishment STOP LIQU | IOR BE | FR & WINE | | Address 4010 CH | S HICAGO AVE | | | City/State LUBBOCK, TX | | | p Code 9414 | | Telephone (806) 776-5945 |
| | rd ID# | 70.12 | | - | Permit I | | | | Est. Type | | | isk Cate | gory | (000) 0 00 .0 |
| R00 | 06704 | | | | MANKA | MANA HOLD | INGS LLC | | CONVENIENCE | - | | R01 | | |
| | TUO | = OUT | OF COMPLIA | ANCE | IN = IN C | OMPLIANCE I | NO = NOT OBSER | VED N | NA = NOT APPLICABLE (| COS = CORRE | CTED ON SIT | E REP = | REPE | AT VIOLATION |
| | | | | | | | | PRIC | DRITY | | | | | |
| 1 | | ■ IN | □NO □ | NA | □ cos | | 01 Proper co | oling ti | ime and temperature | | | | | |
| 2 | REP DUT | ■ IN | | NA | □ cos | П | 02 Proper col | ld hold | ling temperature (41 F / | 45 F) | | | | |
| | REP | - 114 | | | | | | | | , | | | | |
| 3 | □ OUT REP | ■ IN | | NA | □ cos | | 03 Proper ho | t holdii | ng temperature (135 F) | | | | | |
| 4 | □ OUT | ■ IN | | NA | □ cos | | 04 Proper co | oking t | time and temperature | | | | | |
| | REP | | | | | | · | | · | | | | | |
| 5 | □ OUT REP | ■ IN | | NA | □ cos | | 05 Proper reh | neating | g for hot holding 165 F i | n 2 hr. | | | | |
| 6 | □ OUT | ■ IN | | NA | □ cos | | 06 Time as C | ontrol; | ; procedures/records | | | | | |
| ╝ | REP | | | | | | | | | | | | | |
| 7 | OUT | | | | | □ REP | • | | e; Condition/parasite de | estruction | | | | |
| 8 | OUT | | | | □ COS | □ REP | | | t proper temperature | rovented | | | | |
| 9 10 | | | | | □ cos | □ REP | <u> </u> | | otected; contamination postreturnables; clean & s | | | | | |
| 11 | □ OUT | | | | □ cos | | | | on; returned/served/reco | | | | | |
| | REP | | | | | _ | ' | | , | | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | □ REP | | | mployees; knowledge & | reporting | | | | |
| 13 | □ OUT | | | | □ cos | □ REP | | | striction and exclusion | | | | | |
| 14 | □ OUT | | | | | □ REP | | | and properly washed / 0 | | | | | |
| 15 | □ OUT REP | ■ IN | | NA | □ cos | | 15 No bare h | and co | ontact w/RTE or approve | ed method | | | | |
| 16 | □ OUT | ■ IN | | NA | □ cos | □ REP | 16 Pasteurize | ed food | ds used; prohibited not | offered | | | | |
| 17 | □ OUT | ■ IN | | NA | □ cos | □ REP | 17 Additives | approv | ved/used Washing fruit | s/veg | | | | |
| 18 | ■ OUT | □IN | | | □ cos | □ REP | 18 Toxic subs | stance | s; identified/stored/used | d | | | | 6/27 |
| bser 28.2 | 203 Poisonou □ OUT | ottle cas us/toxic ■ IN | | r chen | nicals sto □ COS | red properly □ REP | | proved | d source; plumbing, bac | | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | ⊔ KEP | 20 Approved | Sewa | ge / Wastewater dispos | aı | | | | |
| | | | | | | | | | OUNDATION | | | | | |
| 21 | □ OUT | | | | □ cos | | • | | monstration / duties / C | | | | | |
| 22 | OUT | | | | □ cos | | | | o unauthorized persons | • | | | | |
| 23 | OUT | | | | □ cos | | | | ater available; adequate | • | | | | |
| 24 25 | □ OUT | | | | □ COS | | | | le shellstock/destruction variance, specialized / | | | | | |
| 25 26 | | | | | □ cos | | • | | ı varıance, specialized / ımer advisories, Allerge | | | | | |
| 20 27 | □ OUT | | | | □ COS | | <u> </u> | | nethod used; equipmen | | | | | |
| 28 | □ OUT | | | | □ COS | | • | | king and disposition | . adoquate | | | | - |
| -~ | REP | - 114 | | 14/7 | _ 505 | _ | 20 i Topol da | .s mai | g and disposition | | | | | |
| 29 | □ OUT | ■ IN | | NA | □ cos | □ REP | 29 Thermome | eters / | test strips provided, ac | curate | | | | |

Page 2 of 2



Activity Date

Purpose of Inspection

| | | ⊸ Ci | ty of 💂 | 06/24/202 | 20 | ROUTINE INSPECTION | |
|---------------|------------------|----------|------------------|--------------|----------------------|---|---------|
| | 11.11 | ٦h | òck | Establish | hment | Record ID # | |
| | Lul | | TEXAS | KWIK ST | OP LIQUOF | R BEER & WINE PR0006704 | |
| | | | | | | | |
| | OUT | = OUT | OF COMPLIANC | E IN = IN C | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATI | ON |
| 30 | □ OUT | ■ IN | □ NA | COS | □ REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | □ OUT | ■ IN | | □ cos | □ REP | 31 Handwash facilities; accessible/supplied/used | |
| 32 | □ OUT | ■ IN | □ NA | COS | □ REP | 32 Food & non-food contact surfaces cleanable/use | |
| 33 | □ OUT REP | ■ IN | □ NO □ NA | COS | | 33 Warewashing facilities & Service sink provided | |
| | | | | | | CORE | |
| 34 | □ OUT | ■ IN | | □ cos | □ REP | 34 Evidence of contamination; insect/rodent/other | I |
| 35 | □ OUT | ■ IN | | □ cos | □ REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | □ OUT | ■ IN | | □ cos | □ REP | 36 Wiping clothes; properly used and stored | |
| 37 | □ OUT | ■ IN | | | | 37 Environmental contamination | |
| | REP | | | | | | |
| 38 | □ OUT REP | ■ IN | □ NO □ NA | COS | | 38 Approved thawing method | |
| 39 | □ OUT | ■ IN | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ OUT | ■ IN | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | |
| 41 | □ OUT REP | ■ IN | □ NO □ NA | COS | | 41 Original container labeling (Bulk Food) | |
| 42 | ■ OUT | □IN | □NO | □ cos | □ REP | 42 Non-food contact surfaces clean | 9/22/20 |
| Viola | ı ıtion Comme | ents: | | | | | 1 |
| obse | rved fans in v | walk in | cooler soiled. n | naintain cle | an and sanit | tized. discussed. nri. | |
| | . , | | | | | s of equipment that are exposed to splash, spillage, or other food soiling or that require frequent | |
| clean 43 | | | | | nt, nonabso □ REP | rbent, and smooth material 43 Adequate ventilation, lighting; designated area | _ |
| 44 | | | | | | 44 Garbage & refuse properly disposed/maintained | |
| 45 | ■ OUT | | | | □ REP | 45 Physical facilities installed/maintained/clean | 9/22/20 |
| | | | | | LI KEP | 43 Fifysical facilities installed/maintailled/death | 9/22/20 |
| | tion Comme | | | | | | |
| | | | • | | | an and sanitized, discussed, nri. | |
| 46 | OUT | | | | □ REP | , durable, and easily cleanable 46 Toilet facilities; constructed/supplied/clean | T |
| 47 | | | | | | 47 Other violations | |
| | REP | | | 000 | _ | | |
| | | | | | | Measured Observations | |
| | | | | | | | |
| No. | Temperature | Obco | ryations | | | | |
| 140 | Temperature | Obsc | Vations | | | Overall Inquestion Comments | |
| | | | | | | Overall Inspection Comments | |
| _{N=} | 0 | 4: (| 0 | | | | |
| No | Overall Inspe | ection (| Comments | | | | |
| | Insp | ection | Result: VIOLAT | ION | | Required Action: NEXT REGULAR INSPECTION | |
| | · | | | | | | |
| | | | | | | Signatures | |
| | 2 1 | | | | | C.g.i.u.u.vo | |
| 4 | Mes | | 2 | | | | |
| l — | • | | <u> </u> | | | _ | |
| MAT | THEW ELIZO | ONDO | EHS II | I RS CPO | | CHANDRA KUMAR | |
| | | | | | | SHUMISTHA | |
| | | | | | | | |
| | | | | | | | |
| l | | | | | | | |

Follow up : Yes Followup Date: 06/27/2020

| | Luk | b | ock | 1: Li | | | epartment | No. of Violations No. of Repeat Violations | 0 | Fo | Priority: Priority undation: | | Score |
|----------|-----------------|-------|---------|----------|-----------------|---------------------------|----------------|---|-------------|-----------|------------------------------|-------|----------------|
| ctivi | ty Date | | Purno | se of In | spection | | | Time In | 3:30 pm | | Core: | _ | 0 |
| | 2020 | | | | T INVESTIGATION | | | Time Out | 3:35 pm | Tot. Mi | nutes: | 5 | |
| stabl | lishment | | | | Address | 5 | | City/State | | | Zip Code | | Telephone |
| UBB | OCK COUN | TRY C | LUB | | 3400 MI | ESA RD | | LUBBOCK, TX | | | 79403 | | (806) 762-0414 |
| | d ID # 00666 | | | | Permit I | Holder A WATSON | | Est. Type RESTAURANT | | | Risk Catego PH01 | ory | |
| 11000 | | = OUT | OF COME | PLIANCE | | | NO = NOT OBSER | VED NA = NOT APPLICABLE | COS = CORRE | CTED ON S | | REPE/ | AT VIOLATION |
| | | | | | | | | | | | | | |
| | | | | | | | | PRIORITY | | | | | |
| 1 | □ OUT | | □ NO | □NA | | □ REP | • | oling time and temperature | | | | | |
| 2 | □ OUT | | □ NO | □NA | □ COS | □ REP | • | ld holding temperature (41 F | | | | | |
| 3 | □ OUT | | □ NO | □ NA | □ COS | □ REP | <u> </u> | t holding temperature (135 F |) | | | | |
| 4 5 | OUT OUT | | | □ NA | □ COS | □ REP | <u> </u> | oking time and temperature neating for hot holding 165 F | in 2 hr | | | | |
| 6 | | | | □ NA | | □ REP | | Control; procedures/records | nı Z III. | | | | |
| 7 | □ OUT | | ⊔ NO | ⊔ NA | □ COS | | | source; Condition/parasite d | estruction | | | | |
| 8 | □ OUT | | | | □ COS | □ REP | | eived at proper temperature | | | | | |
| 9 | □ OUT | | | | □ COS | □ REP | | d & protected; contamination | prevented | | | | |
| 10 | □ OUT | ■ IN | | | □ cos | □ REP | | urfaces/returnables; clean & | ' | | | | |
| 11 | □ OUT | ■ IN | □NO | □NA | □ cos | □REP | 11 Proper dis | sposition; returned/served/red | ondition | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | □ REP | 12 Managem | ent, employees; knowledge a | & reporting | | | | |
| 13 | □ OUT | ■ IN | | | □ cos | □ REP | 13 Proper us | e of restriction and exclusion | | | | | |
| 14 | □ OUT | ■ IN | | | □ cos | □ REP | 14 Hands cle | aned and properly washed / | Glove use | | | | |
| 15 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 15 No bare h | and contact w/RTE or approv | ed method | | | | |
| 16 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 16 Pasteurize | ed foods used; prohibited not | offered | | | | |
| 17 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | | approved/used Washing frui | | | | | |
| 18 | □ OUT | | | | | □ REP | | stances; identified/stored/use | | | | | |
| 19 | OUT | | | | □ cos | □ REP | | proved source; plumbing, ba | | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | LI REP | 20 Approved | Sewage / Wastewater dispo | saı | | | | |
| | | | | | | | PRIOR | ITY FOUNDATION | | | | | <u> </u> |
| 21 | □ OUT | | | □ NA | □ cos | □ REP | | ent / demonstration / duties / 0 | | | | | |
| 22 | OUT | | | □ NA | □ cos | | | dler/no unauthorized persons | · | | | | |
| 23 24 | □ OUT | | | | □ cos | | | cold water available; adequat | | | | | |
| 24 25 | | | | | □ cos | | | available shellstock/destruction | | | | | |
| 26 26 | | | | | □ COS | □ REP | • | ce with variance, specialized consumer advisories, Allerg | | | | | |
| 27 | □ OUT | | | | □ COS | | | oling method used; equipmen | | | | | + |
| 28 | □ OUT | | □NO | □ NA | □ cos | | | te marking and disposition | , | | | | - |
| 29 | □ OUT | | | | □ cos | | • | eters / test strips provided, ad | ccurate | | | | |
| 30 | □ OUT | | | | □ cos | | 30 Food Esta | ablishment Permit (Current & | Valid) | | | | |
| 31 | □ OUT | ■ IN | | | □ cos | □ REP | 31 Handwasł | n facilities; accessible/supplie | d/used | | | | |
| 32 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 32 Food & no | on-food contact surfaces clea | nable/use | | | | |
| 33 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 33 Warewash | ning facilities & Service sink p | provided | | | | |
| | | | | | | | | CORE | | | | | |
| 34 | □ OUT | ■ IN | | | □ cos | □ REP | 34 Evidence | of contamination; insect/rode | nt/other | | | | I |
| 35 | □ OUT | ■ IN | | | □ cos | □ REP | | Cleanliness; eating/drinking/t | | | | | |
| 36 | □ OUT | ■ IN | | | □ cos | □ REP | 36 Wiping clo | othes; properly used and stor | ed | | | | |
| 37 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 37 Environme | ental contamination | _ | | | | |



Activity Date 06/23/2020

Establishment LUBBOCK COUNTRY CLUB Purpose of Inspection
COMPLAINT INVESTIGATION

Record ID # PR0000666

| OUT = OUT OF COMPLIANCE IN = IN | I COMPLIANCE NO = NOT OBSERVED | NA = NOT APPLICABLE CO | OS = CORRECTED ON SITE | REP = REPEAT VIOLATION |
|---------------------------------|--------------------------------|------------------------|------------------------|------------------------|
|---------------------------------|--------------------------------|------------------------|------------------------|------------------------|

| 38 | □ TUO □ | NO □ NO | ⊐ cos | □ REP | 38 Approved thawing method | |
|----|------------|---------|-------|-------|--|--|
| 39 | □ OUT ■ II | 1 | COS | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ TUO □ | 1 | COS | □ REP | 40 Single-service/use; properly stored, and used | |
| 41 | □ TUO □ | NO NO | ⊐ cos | □ REP | 41 Original container labeling (Bulk Food) | |
| 42 | □ TUO □ | NO □ NO | cos | □ REP | 42 Non-food contact surfaces clean | |
| 43 | □ OUT ■ II | NO □ NO | cos | □ REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | □ TUO □ | NO □ NO | cos | □ REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | □ TUO □ | NO □ NO | cos | □ REP | 45 Physical facilities installed/maintained/clean | |
| 46 | □ TUO □ | NO NO | COS | □ REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | □ OUT ■ II | NO □ NO | ⊐ cos | □ REP | 47 Other violations | |

Measured Observations

No Temperature Observations

Overall Inspection Comments

Public Health Observational Inspection:

- 1. Advise they have a positive for the facility, Health Dept will be in contact with them. We do not know the name.
- 2. What is their procedures for addressing positive cases in their facility? Sick policy? What is their policy for Covid 19? If an employee has been tested positive, they will be sent home and will not be allowed back for 14 days.
- 3. Are staff wearing mask?

Staff are now required to wear a mask in the kitchen and dining room and any other staff are recommended to wear a mask.

4. Are they following guidelines on social distancing and how?

Yes. Parties are being seated at least 6 feet apart

- a. Employees & guest
- b. Are occupancy guidelines being followed? How are they verifying?

Yes, through hourly counting.

5. Are they taking temperatures of employees?

Not yet. They are waiting on thermometers.

6. How often are they washing hands?

Employee are proceeding with normal hand washing but are given sanitizer at every station.

7. Are they taking temperatures of guest?

No

8. How often are they cleaning and sanitizing high touch points?

Once per day

9. Are tableware's disposable?

No

10. How are condiments dispensed? Salt pepper etc. If it's on the table are they wiping them down between guests. Condiments are being dispensed through waiters with disposable packets.

11. How do they clean and sanitize tables / booths between guests?

Sanitizer from kitchen (quaternary) is being used to sanitize tables after each group of guests



Activity Date 06/23/2020

Establishment LUBBOCK COUNTRY CLUB Purpose of Inspection
COMPLAINT INVESTIGATION

Record ID # PR0000666

| Inspection Result: NOT APPLICABLE | Required Action: NEXT REGULAR INSPECTION | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|
| | Signatures | | | | | | |
| Mayor | | | | | | | |
| KLOEPPER EHS I RSIT CPO | | | | | | | |
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Page 1 of 1

| | | nvironmental Health Department | N | No. of Violations | 0 | | Priority: | | |
|--------------------------|----------------|--|---|-----------------------------|---|---------|-----------------------|------|----------------|
| Lubbo | y of L | ubbock, TX 79457 06) 775-2902 | | No. of Repeat /iolations | 0 | Fo | Priority undation: | | |
| • | TEXAS | | | Time In | | | Core: | | |
| Activity Date 06/18/2020 | Purpose of Ins | spection INSPECTION | | Time Out | | Tot. Mi | nutes: | 20 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| PARMA RESTERANTE L | LC | 4646 50TH ST ST | | LUBBOCK, TX | | | 79414 | | (806) 785-9299 |
| Record ID # FA0001640 | | Permit Holder ERIC COWAN & PEIRRE GABELLI | | Est. Type | | | Risk Cate PH01 | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

facility provided thermometer and temperature log sheet. Complied.

Inspection Result: NOT APPLICABLE

Signatures

Required Action: NOT APPLICABLE

MATTHEW ELIZONDO

EHS II RS CPO

| | | Cit | y of ¬ | 1; | | ntal Health D K 4th Floor X 79457 | epartment) | | o. of Violations | 0 | | Priority: | 0 | Score |
|----|---------------------|---------|---------|---------|---------------------|---|----------------|-------------|--------------------------|-------------|-----------|--------------------|------|--|
| 0 | Lul | obo | ock | - | 306) 775-2 | | | I | olations | 0 | Fo | undation: | 0 | |
| • | | | TEXA | 5 | | | | | Time In | 12:30 pm | | Core: | 0 | 0 |
| | rity Date 1/2020 | | | | spection PECTION | I | | | Time Out | 1:30 pm | Tot. Mir | nutes: | 60 | |
| | olishment | | | | Address | | A) /⊏ | | City/State | | | Zip Code | | Telephone |
| | SAR 2 rd ID# | | | | Permit I | LWAUKEE | AVE | | Est. Type | | | 79424 Risk Cate | | (806) 687-2618 |
| | 10820 | | | | | N MCCABE | | | RESTAURANT | | | FR01 | gory | |
| | OUT | r = OUT | OF COMP | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | RVED N | A = NOT APPLICABLE | COS = CORRE | CTED ON S | SITE REP = | REPE | AT VIOLATION |
| | | | | | | | | DDIO | DITY | | | | | |
| 1 | □ OUT | □ IN | ■ NO | □NA | □ cos | ПРЕР | 01 Proper co | PRIO | ne and temperature | | | | | |
| 2 | □ OUT | ■ IN | □NO | □ NA | □ COS | | • | | ng temperature (41 F / | 45 F) | | | | + |
| 3 | □ OUT | | ■ NO | | □ COS | □ REP | • | | g temperature (135 F) | | | | | + |
| 4 | □ OUT | | ■ NO | | □ cos | □ REP | • | | me and temperature | | | | | - |
| 5 | □ OUT | | ■ NO | | □ cos | □ REP | • | | for hot holding 165 F i | n 2 hr. | | | | + |
| 6 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | | | procedures/records | | | | | |
| 7 | □ OUT | ■ IN | | | □ cos | □ REP | | | Condition/parasite de | struction | | | | |
| 8 | □ OUT | | | | □ cos | □ REP | | | proper temperature | | | | | |
| 9 | □ OUT | ■ IN | | | □ cos | □ REP | | | ected; contamination p | revented | | | | |
| 10 | □ OUT | | | | □ cos | □ REP | 10 Contact s | urfaces/ | returnables; clean & s | anitized | | | | |
| 11 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 11 Proper dis | spositior | n; returned/served/reco | ondition | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | □ REP | 12 Managem | nent, em | ployees; knowledge & | reporting | | | | |
| 13 | □ OUT | ■ IN | | | □ cos | □ REP | 13 Proper us | se of res | triction and exclusion | | | | | |
| 14 | □ OUT | ■ IN | | | □ cos | □ REP | 14 Hands cle | eaned ar | nd properly washed / C | Glove use | | | | |
| 15 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 15 No bare h | nand cor | ntact w/RTE or approv | ed method | | | | |
| 16 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 16 Pasteuriz | ed foods | s used; prohibited not | offered | | | | |
| 17 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 17 Additives | approve | ed/used Washing fruit | s/veg | | | | |
| 18 | □ OUT | ■ IN | | | □ cos | □ REP | 18 Toxic sub | stances | ; identified/stored/used | d | | | | |
| 19 | □ OUT | ■ IN | | | □ cos | □ REP | 19 Water; ap | proved | source; plumbing, bac | kflow | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | □ REP | 20 Approved | l Sewag | e / Wastewater dispos | al | | | | |
| | | | | | | | PRIOR | RITY FO | OUNDATION | | | | | |
| 21 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 21 PIC prese | ent / den | nonstration / duties / C | FM | | | | |
| 22 | □ OUT | | | □NA | □ cos | | 22 Food Har | ndler/no | unauthorized persons | /personnel | | | | |
| 23 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 23 Hot and 0 | Cold wat | er available; adequate | pressure | | | | |
| 24 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 24 Records a | available | e shellstock/destruction | n/labels | | | | |
| 25 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 25 Complian | ce with | variance, specialized / | HACCP | | | | |
| 26 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 26 Posting o | f consur | mer advisories, Allerge | n label | | | | |
| 27 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 27 Proper co | ooling me | ethod used; equipmen | t adequate | | | | |
| 28 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | 28 Proper da | ate mark | ing and disposition | | | | | |
| 29 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 29 Thermom | neters / to | est strips provided, ac | curate | | | | |
| 30 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 30 Food Esta | ablishme | ent Permit (Current & \ | /alid) | | | | |
| 31 | □ OUT | ■ IN | | | □ COS | □ REP | 31 Handwas | h facilitie | es; accessible/supplied | d/used | | | | |
| 32 | □ OUT | ■ IN | | | □ cos | | 32 Food & n | on-food | contact surfaces clear | nable/use | | | | |
| 33 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 33 Warewas | hing fac | ilities & Service sink p | rovided | | | | |
| | | | | | | | | СО | RE | | | | | |
| 34 | □ OUT | ■ IN | | | □ cos | □ REP | 34 Evidence | of conta | amination; insect/roder | nt/other | | | | |
| 35 | □ OUT | ■ IN | | | □ cos | □ REP | 35 Personal | Cleanlin | ness; eating/drinking/to | bacco | | | | |
| 36 | □ OUT | ■ IN | | | □ cos | □ REP | 36 Wiping cl | othes; p | roperly used and store | d | | | | |
| 37 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 37 Environm | ental co | ntamination | | | | | |



Activity Date 06/24/2020

Establishment PIE BAR 2

□ cos

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☐ REP

Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0010820

| | OUT = OUT OF COMPLIANCE IN = IN COM | MPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | |
|----|-------------------------------------|---|--|
| 38 | □OUT ■IN □NO □NA □COS □ | □ REP 38 Approved thawing method | |
| 39 | □ OUT ■ IN □ COS □ | REP 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ OUT ■ IN □ COS □ | REP 40 Single-service/use; properly stored, and used | |
| 41 | □OUT ■IN □NO □NA □COS □ | □ REP 41 Original container labeling (Bulk Food) | |
| 42 | □OUT ■IN □NO □COS □ | □ REP 42 Non-food contact surfaces clean | |
| 43 | □OUT ■IN □NO □COS □ | □ REP 43 Adequate ventilation, lighting; designated area | |
| 44 | □OUT ■IN □NO □COS □ | ☐ REP 44 Garbage & refuse properly disposed/maintained | |

Measured Observations

47 Other violations

45 Physical facilities installed/maintained/clean

46 Toilet facilities; constructed/supplied/clean

ambient ric 38.00 Degrees Fahrenheit

■ IN

■ IN

 \square NO

□ NO

■IN □NO □NA

Overall Inspection Comments

No Overall Inspection Comments

Lesie Moreyan

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

LESLIE MORGAN

45

46

47

□ OUT

□ OUT

□ OUT

EHS II REHS/RS CPO

Page 1 of 1

| Lubbook | | nvironmental Health Department B14 Ave. K 4th Floor Libbock, TX 79457 Li06) 775-2902 | No. of Violations No. of Repeat Violations Time In | 0 | Fo | Priority: Priority oundation: Core: | | |
|---|----------------|--|---|---|---------------|-------------------------------------|---|---------------------------------|
| Activity Date 06/29/2020 | Purpose of Ins | spection NVESTIGATION | Time Out | | Tot. Minutes: | | 0 | |
| Establishment RED ROBIN RESTAURANT #537 | | Address 4805 S LOOP 289 | City/State LUBBOCK, TX | | | | | Telephone (806) 794-4800 |
| Record ID # FA0005246 | | Permit Holder RED ROBIN INTERNATIONAL, INC. | Est. Type | | | Risk Category PH01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Inspect policies due to positive test.

- At time of complaint investigation observed the following:
- -no condiments on table
- -only prepackaged condimnents available
- -all employees wearing masks and gloves

Lestie Moreyan

- -facility only allows employees to come in one at time and temps and questions them
- -employee who tested positive did not work because she felt bad and then tested positive
- -tables are blocked so there is more than 6ft between tables
- -they wash hands every 30 minutes or after touching high contact surfaces
- -they sanitize high contact surfaces after being touched

Inspection Result: NO VIOLATION Required Action: NOT APPLICABLE

Signatures

LESLIE MORGAN

EHS II REHS/RS CPO

Page 1 of 1

| | | nvironmental Health Department 314 Ave. K 4th Floor | 1 | No. of Violations | 0 | | Priority: | | |
|-----------------------------------|---------------|--|---------|---------------------------|---------|-------------------|------------------------|------|-----------|
| Lubbock | | Lubbock, TX 79457 (806) 775-2902 | | No. of Repeat Violations | | | Priority oundation: | | |
| • | TEXAS | | Time In | | 3:45 pm | | Core: | | |
| Activity Date 06/18/2020 | Purpose of In | INVESTIGATION | | Time Out | 3:50 pm | Tot. Minutes: | | 5 | |
| Establishment SLIM CHICKENS #2 | | | | City/State LUBBOCK, TX | | Zip 0 7942 | | | Telephone |
| Record ID # FA0006010 | | Permit Holder C & G VENTURES, LP | | Est. Type | _ | | Risk Cate | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Went by facility to discuss health policy since employee tested positive, but facility was closed already.

Inspection Result: NOT APPLICABLE

Pacob Kemmer

Required Action: NEXT REGULAR INSPECTION

Signatures

JACOB KEMMER

EHS II RS CPO

Page 1 of 1

| | | Environmental Health Department 1314 Ave. K 4th Floor | | lo. of Violations | 0 | | Priority: | | |
|---------------------------------------|---------------|--|--------------------------|-------------------------|---------|-------------------------|-----------|----|---------------------------------|
| Lubbo | | ubbock, TX 79457 806) 775-2902 | No. of Repeat Violations | | | Priority Foundation: | | | |
| • | TEXAS | | Time In | | 1:45 pm | | Core: | | |
| Activity Date 06/23/2020 | Purpose of In | - | | Time Out | 2:30 pm | Tot. Minutes: | | 45 | |
| Establishment SONIC DRIVE IN #4556 | | Address 5202 50TH ST B | | | | Zip Code 79414 | | | Telephone (806) 785-3393 |
| Record ID # PR0002651 | | Permit Holder MARQUIS CUMMINGS | | Est. Type RESTAURANT | | Risk Cate PH01 | | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Incident response for positive Covid case: Questionaire

- 1. Advise they have a positive for the facility, Health Dept will be in contact with them. We do not know the name. known of employee being tested and last worked last monday. Not confirmed to facility.
- 2. We are there to check their procedures. What is their procedures for addressing positive cases in their facility? Sick policy? Write what they tell you in the comment section. What is their policy for Covid 19?
- shut down and clean after exposure and send home anyone that worked with employee for 2 weeks. sending home employees with symptoms (2 sent home today). handwashing and increased standards. coughs of any kind require maks
- 3. Are staff wearing mask? only with employees with any sort of coughs
- 4. Are they following guidelines on social distancing and how? full business separating as much as possible in small work environments
- a. Employees & guest no guests
- b. Are occupancy guidelines being followed? How are they verifying? no guest inside
- 5. Are they taking temperatures of employees? questionaire only for now and waiting on thermometer to come in. has been ordered
- 6. How often are they washing hands? increase handwashing. 20 minutes. increase for car hop as they are dealing with customers
- 7. Are they taking temperatures of guest? no guests
- 8. How often are they cleaning and sanitizing high touch points? every hour and shifts
- 9. Are tableware's disposable? All even to guests and all disposable
- 10. How are condiments dispensed? Salt pepper etc. all disposable

| 11. How do they clean a and screens and red butto | nd sanitize tables / booths betweenns. | n guests? - If it's on the | table are they wiping them d | lown between guests. every | hour for tables | | | | |
|---|--|----------------------------|--|----------------------------|-----------------|--|--|--|--|
| Inspection Resu | ult: NOT APPLICABLE | | Required Action: NEXT REGULAR INSPECTION | | | | | | |
| | | Sign | atures | | | | | | |
| gho S | | | | | | | | | |
| MATTHEW ELIZONDO | EHS II RS CPO | _ | brian whitman | gm | | | | | |
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Page 1 of 1

| | | nvironmental Health Department | N | lo. of Violations | 0 | | Priority: | | |
|---------------------------------------|---------------|-----------------------------------|---|-----------------------------|---------|---------------|------------------------|----|---------------------------------|
| Lubbo | | ubbock, TX 79457 806) 775-2902 | | lo. of Repeat /iolations | 0 | Fo | Priority oundation: | | |
| • | TEXAS | | | Time In | 1:45 pm | | Core: | | |
| Activity Date 06/23/2020 | Purpose of In | INVESTIGATION | | Time Out | 2:30 pm | Tot. Minutes: | | 45 | |
| Establishment SONIC DRIVE IN #4556 | | | | City/State LUBBOCK, TX | | | Zip Code 79414 | | Telephone (806) 785-3393 |
| Record ID # PR0002651 | | Permit Holder MARQUIS CUMMINGS | | Est. Type RESTAURANT | | Risk Cate | | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Incident response for positive Covid case: Questionaire

- 1. Advise they have a positive for the facility, Health Dept will be in contact with them. We do not know the name. known of employee being tested and last worked last monday. Not confirmed to facility.
- 2. We are there to check their procedures. What is their procedures for addressing positive cases in their facility? Sick policy? Write what they tell you in the comment section. What is their policy for Covid 19?

shut down and clean after exposure and send home anyone that worked with employee for 2 weeks. sending home employees with symptoms (2 sent home today). handwashing and increased standards. coughs of any kind require maks

- 3. Are staff wearing mask? only with employees with any sort of coughs
- 4. Are they following guidelines on social distancing and how? full business separating as much as possible in small work environments
- a. Employees & guest no guests
- b. Are occupancy guidelines being followed? How are they verifying? no guest inside
- 5. Are they taking temperatures of employees? questionaire only for now and waiting on thermometer to come in. has been ordered
- 6. How often are they washing hands? increase handwashing. 20 minutes. increase for car hop as they are dealing with customers
- 7. Are they taking temperatures of guest? no guests
- 8. How often are they cleaning and sanitizing high touch points? every hour and shifts
- 9. Are tableware's disposable? All even to guests and all disposable
- 10. How are condiments dispensed? Salt pepper etc. all disposable
- 11. How do they clean and sanitize tables / booths between guests? If it's on the table are they wiping them down between guests. every hour for tables and screens and red buttons.

Inspection Result: NOT APPLICABLE Required Action: NEXT REGULAR INSPECTION

| | Signatures | | | | | | |
|------------------|---------------|---------------|----|--|--|--|--|
| gho S | | | | | | | |
| MATTHEW ELIZONDO | EHS II RS CPO | brian whitman | gm | | | | |

Page 1 of 1

| | 1. | Environmental Health Department 1314 Ave. K 4th Floor | | No. of Violations | 0 | | Priority: | | |
|-----------------------------|----------------|--|-----------------------------|-------------------|-------------------|-------------------------|-----------|----|-----------|
| Lubbock (| | ubbock, TX 79457 306) 775-2902 | No. of Repeat Violations | | 0 | Priority Foundation: | | | |
| | TEXAS | | | Time In | 9:30 am | | Core: | | |
| Activity Date 06/18/2020 | Purpose of Ins | spection NVESTIGATION | | Time Out | 10:15 am | Tot. Minutes: | | 45 | |
| Establishment | | Address | City/State | | | | Zip Code | | Telephone |
| Record ID # N/A | | Permit Holder | Est. Type | | Risk Cate PH01 | | gory | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Sophisticuts Salon 4210 98th

Complainant states at least 30 people in the salon, and no one is wearing a face mask.

AT TIME OF COMPLAINT INVESTIGATION, DISCUSSED WITH PIC OF HAIR SALON ABOUT EMPLOYEES WEARING MASKS AND RECOMMENDATIONS FOR CLIENTS AND EMPLOYEES TO WEAR MASKS. FACILITY IS NOT REQUIRED TO WEAR MASKS.

NO VIOLATION.

Inspection Result: NO VIOLATION

Gody Bergguss

Required Action: NOT APPLICABLE

Signatures

GRADY BERGQUIST

EHS II RS CPO

| AND. | | Environmental Health Department | Na atvestige | 0 | | Driesite | 0 | |
|-----------------------------------|--------------------|---|----------------------------------|----------------------|-----------|--------------------------|-------|-----------------|
| | City of | 1314 Ave. K 4th Floor Lubbock, TX 79457 | No. of Violations No. of Repeat | 0 | | Priority: Priority | 0 | |
| Lubl | bock | (806) 775-2902 | Violations | 0 | Foundatio | | 0 | |
| | TEXAS | | Time In | 11:10 am | Core | | 0 | |
| Activity Date 06/26/2020 | | of Inspection INSPECTION | Time Out | 11:35 am Tot. Minute | | nutes: | 25 | |
| stablishment 020 SUNSHINE'S S | SMOKEHOUSE | Address | City/State LUBBOCK, TX | | | Zip Code 79401 | | Telephone |
| Record ID # PR0013874 | | Permit Holder 2020 SUNSHINE'S SMOKEHOUSE | Est. Type 2020 TEMPORARY | | | Risk Cate | gory | |
| Event Name 2020 SUNSHINE'S | SMOKEHOUSE | Event Address | Event City/State | | | Zip Code |) | Event Telephone |
| Event Organizer RAUL PEREZ III | | Event Organizer Phone | Booth / Space No. | | | Serial Nu DAX2G8 | | |
| | | ОВ | SERVATIONS | | | | | |
| | | Measu | red Observations | | | | | |
| Beef CH 38.00 Deg | _ | | | | | | | _ |
| Brisket HH 178.00 | Degrees Fahrenh | neit | | | | | | |
| | | Overall In | spection Comments | | | | | |
| No violation obser | | pection. | | | | | | |
| | ved at time of ins | pection. | Requ | ired Action: NI | EXT REGI | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO VI | pection. OLATION | Requ Signatures | ired Action: NI | EXT REGI | ULAR INSI | PECTI | ON |
| | ion Result: NO VI | pection. OLATION | | ired Action: NI | EXT REGU | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | | | EXT REGU | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |
| Inspect | ion Result: NO V | pection. OLATION | Signatures | | | ULAR INSI | PECTI | ON |

Page 1 of 1

| All Cin | . 1 | Environmental Health Department 1314 Ave. K 4th Floor | | No. of Violations | 0 | | Priority: | | |
|-----------------------------|---------------|--|--|-----------------------------|---|---------------|-----------|------|-----------|
| I IIIDDAAD | | ubbock, TX 79457 306) 775-2902 | | No. of Repeat /iolations | 0 | 0 F c | | | |
| W = 0.5 5 5 | TEXAS | 00) 113-2302 | | Time In | | | Core: | | |
| Activity Date 06/29/2020 | Purpose of In | Inspection T INVESTIGATION | | Time Out | | Tot. Minutes: | | 60 | |
| Establishment | | Address | | City/State | | | Zip Code | | Telephone |
| TEDDY JACK'S HUB CITY GRILL | | 7205 MILWAUKEE AVE | | LUBBOCK, TX | | | 79424 | | |
| Record ID # | | Permit Holder | | Est. Type | | | Risk Cate | gory | |
| FA0005718 | | CURTIS JORDAN | | | | | PH01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

At time of complaint investigation observed tables still spaced 6ft apart. PIC denies putting employees in cooler to lower temperatures. No violation observed during inspection.

Inspection Result: NO VIOLATION Required Action: NOT APPLICABLE

Signatures

Vesti Moreyan

LESLIE MORGAN EHS II REHS/RS CPO

Page 1 of 2

| | | 01 | 6 | | | ntal Health De < 4th Floor | epartment | No. of Violations | i | 0 | | Priority: | 0 | | |
|----------|--------------------|---------|---------|---------|--------------------------|-------------------------------|----------------|--|----------|-------------|---------|-------------------------|------|--------------|------|
| | Lul | b_0 | ock | _ | ubbock, T. 306) 775-2 | | | No. of Repeat Violations | | 0 | Fo | Priority Foundation: | | Sc | ore |
| *4 | | | TEXA | 15 | | | | Ti | me In | 1:00 pm | | Core: | 0 | | |
| | ity Date //2020 | | | | nspection SPECTION | | | Tim | e Out | 2:00 pm | Tot. Mi | nutes: | 60 | | |
| | lishment | | | | Address | - | | City/State | 1 - | | | Zip Code | | Telephone | |
| | BEN'S BBQ | ΓEXAS | DINNER | | + | INIVERSITY | AVE | LUBBOCK, TX | | | | 79423 | | (806) 496-5 | 5554 |
| | rd ID # 13238 | | | | Permit I BENJAN | | URITE WOELFLI | Est. Type MOBILE FOOI |) UNIT | - | | Risk Cate FR02 | gory | _ | |
| | OUT | Γ = OUT | OF COMI | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | VED NA = NOT APPLIC | ABLE | COS = CORRE | CTED ON | SITE REP = | REPE | AT VIOLATIOI | N |
| | | | | | | | | PRIORITY | | | | | | | |
| 1 | | | | | □ COS | | • | oling time and tempera | | = . | | | | | |
| 2 | OUT | | □NO | | □ cos | | | d holding temperature | | · · | | | | | |
| 3 | OUT | | □NO | | □ cos | | • | t holding temperature | ` , | | | | | | |
| 4 | OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | • | oking time and temper | | 0.1 | | | | | |
| 5 | OUT | □ IN | | □ NA | □ cos | □ REP | | neating for hot holding | | n 2 hr. | | | | | |
| 6 | □ OUT | ■ IN | | □NA | | □ REP | | ontrol; procedures/rec | | | | | | | |
| 7 | OUT | | | | □ cos | □ REP | | source; Condition/para | | estruction | | | | | |
| 8 | OUT | | | | □ cos | □ REP | | ived at proper tempera | | | | | | | |
| 9 | OUT | | | | □ cos | □ REP | · | I & protected; contami | | | | | | | |
| 10 | □ OUT | | | | □ cos | □ REP | | urfaces/returnables; cl | | | | | | | |
| 11 | □ OUT | | | □NA | □ cos | | <u> </u> | position; returned/serv | | | | | | | |
| 12 | □ OUT | | | | | □ REP | | ent, employees; know | | reporting | | | | | |
| 13 | □ OUT | | | | | □ REP | <u> </u> | e of restriction and exc | | | | | | | |
| 14 | □ OUT | | | | | □ REP | | aned and properly was | | | | | | | |
| 15 | □ OUT | | | | □ cos | | | and contact w/RTE or | • • | | | | | | |
| 16 | □ OUT | | | □NA | □ cos | | | ed foods used; prohibit | | | | | | | |
| 17 | □ OUT | | | □ NA | □ cos | | | approved/used Washi | | | | | | | |
| 18 | □ OUT | | | | | □ REP | | stances; identified/stor | | | | | | | |
| 19 | OUT | | | | □ COS | □ REP | | proved source; plumbi | • | | | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | □ REP | | Sewage / Wastewater | • | saı | | | | | |
| 04 | E OUT | - 151 | | | F 000 | E DED | | ITY FOUNDATION | | \ | | | | | |
| 21 22 | OUT | | | □ NA | □ COS | □ REP | | nt / demonstration / du dler/no unauthorized p | | | | | | | |
| 23 | OUT | | | | □ COS | | | <u>.</u> | | • | | | | | |
| 23 24 | | | | | □ cos | | | old water available; ac | | • | | | | | |
| 24 25 | □ OUT | | | | □ COS | | | ce with variance, speci | | | | | | | |
| 25 26 | □ OUT | | | | □ COS | | <u> </u> | consumer advisories, | | | | | | | |
| 20 27 | □ OUT | | | | □ COS | | | oling method used; eq | | | | | | | |
| 28 | □ OUT | | | | □ COS | | | te marking and dispos | • | ii aucyuale | | | | | |
| 28 | □ OUT | | L NO | | □ COS | | • | eters / test strips provi | | curate | | | | | |
| | □ OUT | | | □ NA | □ COS | | | eters / test strips provi | | | | | | | |
| 30 31 | | | | ⊔ INA | □ COS | | | n facilities; accessible/ | | , | | | | | |
| | | | | | □ COS | | | | | | | | | | |
| 32 | | | | | □ COS | | | on-food contact surface ning facilities & Service | | | | | | | |
| 33 | □ OUT | = IIN | LI NO | LI NA | <u>п соз</u> | LI KEY | oo vvarewasi | | энк р | roviueu | | | | | |
| 24 | E OUT | _ 15.1 | | | ПООО | FIDES | 24 F.dd | CORE | ot/sc-l | at/athar | | | | ı | |
| 34 | OUT | | | | □ COS | | | of contamination; inse | | | | | | | |
| 35 | OUT | | | | □ cos | | | Cleanliness; eating/dri | | | | | | | |
| 36 | □ OUT | | | = | □ cos | | | othes; properly used ar | ia store | ea | | | | | |
| 37 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 37 Environme | ental contamination | | | | | | | |



Activity Date 06/27/2020

EstablishmentBIG BEN'S BBQ TEXAS DINNER BELL

Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0013238

| | ТИО | = OUT | OF COMI | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION |
|----|-------|-------|---------|---------|-----------|-----------|--|
| 38 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 38 Approved thawing method |
| 39 | □ OUT | ■ IN | | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled |
| 40 | □ OUT | ■ IN | | | □ cos | □ REP | 40 Single-service/use; properly stored, and used |
| 41 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 41 Original container labeling (Bulk Food) |
| 42 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 42 Non-food contact surfaces clean |
| 43 | □ OUT | ■ IN | □NO | | □ cos | □ REP | 43 Adequate ventilation, lighting; designated area |
| 44 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 44 Garbage & refuse properly disposed/maintained |
| 45 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 45 Physical facilities installed/maintained/clean |
| 46 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 46 Toilet facilities; constructed/supplied/clean |
| 47 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 47 Other violations |

Measured Observations

potato salad ric 41.00 Degrees Fahrenheit sausage hot hold 180.00 Degrees Fahrenheit brisket hot hold 170.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Vesti Moreyan

LESLIE MORGAN

EHS II REHS/RS CPO

| 4 | Ww. | | | Е | nvironmeı | ntal Health D | epartment | No. of Violations | 0 | | Priority: | 0 | | |
|---|------------------|---------|-----------|---------|--------------|--|--|----------------------------------|-------------|------------|----------------------|------|----------------|--|
| Lubbook | | | ubbock, T | | | No. of Repeat Violations | 0 | Fo | Priority | 0 | Score | | | |
| TEXAS | | | | | 06) 775-2902 | | | Time In | 3:00 pm | 1 10 | Foundation: Core: | | n | |
| Activity Date Purpose of In: 06/25/2020 ROUTINE INS | | | | | • | | | Time Out | 3:25 pm | Tot. Mi | nutes: | 25 | U | |
| Stab | olishment | | | | Address | <u> </u> | City/State | | | | Zip Code | | Telephone | |
| JNITI | ED FUEL EX | (PRES | S #552 | | 6321 4T | H ST | | LUBBOCK, TX | | | 79416 | | (806) 783-0206 | |
| | rd ID # 06533 | | | | Permit I | | TREET #543 | Est. Type CONVENIENCE | _ | | Risk Cate FR01 | gory | | |
| | TUO | T = OUT | OF COMP | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | VED NA = NOT APPLICABLE | COS = CORRE | ECTED ON S | SITE REP = | REPE | AT VIOLATION | |
| | | | | | | | | PRIORITY | | | | | | |
| 1 | □ OUT | □ IN | □ NO | ■ NA | □ cos | □ REP | 01 Proper co | oling time and temperature | | | | | | |
| 2 | □ OUT | ■ IN | □NO | □ NA | □ cos | □ REP | 02 Proper co | ld holding temperature (41 F | / 45 F) | | | | | |
| 3 | □ OUT | ■ IN | □NO | □ NA | □ cos | □ REP | • | t holding temperature (135 F |) | | | | | |
| 4 | □ OUT | □IN | ■ NO | □ NA | □ cos | □ REP | ' | oking time and temperature | | | | | | |
| 5 | □ OUT | □IN | ■ NO | □ NA | □ cos | □ REP | • | heating for hot holding 165 F | in 2 hr. | | | | | |
| 6 | □ OUT | ■ IN | □NO | □ NA | □ cos | □ REP | | Control; procedures/records | | | | | | |
| 7 | □ OUT | ■ IN | | | □ cos | □ REP | 07 Approved | source; Condition/parasite d | estruction | | | | | |
| 8 | □ OUT | ■ IN | | | □ cos | □ REP | 08 Food rece | eived at proper temperature | | | | | | |
| 9 | □ OUT | ■ IN | | | □ cos | □ REP | 09 Separated | d & protected; contamination | prevented | | | | | |
| 10 | □ OUT | ■ IN | | | □ cos | □ REP | 10 Contact s | urfaces/returnables; clean & | sanitized | | | | | |
| 11 | □ OUT | ■ IN | □NO | □ NA | □ cos | □ REP | 11 Proper dis | sposition; returned/served/red | condition | | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | COS ☐ REP 12 Management, employees; knowledge & reporting | | | | | | | | |
| 13 | □ OUT | ■ IN | | | □ cos | COS ☐ REP 13 Proper use of restriction and exclusion | | | | | | | | |
| 14 | □ OUT | ■ IN | | | □ cos | COS ☐ REP 14 Hands cleaned and properly washed / Glove use | | | | | | | | |
| 15 | □ OUT | ■ IN | □NO | □ NA | □ cos | COS ☐ REP 15 No bare hand contact w/RTE or approved method | | | | | | | | |
| 16 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | EP 16 Pasteurized foods used; prohibited not offered | | | | | | | |
| 17 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 17 Additives | approved/used Washing fru | ts/veg | | | | | |
| 18 | □ OUT | ■ IN | | | □ cos | □ REP | 18 Toxic sub | stances; identified/stored/use | ed | | | | | |
| 19 | □ OUT | ■ IN | | | □ cos | □ REP | REP 19 Water; approved source; plumbing, backflow | | | | | | | |
| 20 | □ OUT | ■ IN | | | □ cos | □ REP 20 Approved Sewage / Wastewater disposal | | | | | | | | |
| | | | | | | | PRIOR | ITY FOUNDATION | | | | | | |
| 21 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 21 PIC prese | ent / demonstration / duties / | CFM | | | | | |
| 22 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 22 Food Handler/no unauthorized persons/personnel | | | | | | | |
| 23 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 23 Hot and C | Cold water available; adequat | e pressure | | | | | |
| 24 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 24 Records a | available shellstock/destruction | on/labels | | | | | |
| 25 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 25 Complian | ce with variance, specialized | / HACCP | | | | | |
| 26 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 26 Posting o | f consumer advisories, Allerg | en label | | | | | |
| 27 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 27 Proper co | oling method used; equipme | nt adequate | | | | | |
| 28 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | 28 Proper da | te marking and disposition | | | | | | |
| 29 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 29 Thermom | eters / test strips provided, a | ccurate | | | | | |
| 30 | □ OUT | ■ IN | | □NA | □ cos | □ REP | 30 Food Esta | ablishment Permit (Current & | Valid) | | | | | |
| 31 | □ OUT | ■ IN | | | □ cos | □ REP | 31 Handwas | h facilities; accessible/suppli | ed/used | | | | | |
| 32 | □ OUT | ■ IN | | □ NA | □ cos | □ REP | 32 Food & no | on-food contact surfaces clea | nable/use | | | | | |
| 33 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | 33 Warewas | hing facilities & Service sink | orovided | | | | | |
| | | | | | | | | CORE | | | | | | |
| 34 | □ OUT | ■ IN | | | □ cos | □ REP | 34 Evidence | of contamination; insect/rode | ent/other | | | | | |
| 35 | □ OUT | ■ IN | | | □ cos | □ REP | 35 Personal | Cleanliness; eating/drinking/ | obacco | | | | | |
| 36 | □ OUT | ■ IN | | | □ cos | □ REP | 36 Wiping clo | othes; properly used and stor | ed | | | | | |
| 37 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 37 Environm | ental contamination | | | | | | |



Activity Date 06/25/2020

Establishment
UNITED FUEL EXPRESS #552

Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0006533

| | OUT | = OUT | OF COM | PLIANCE | IN = IN Co | OMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | |
|----|-------|-------|--------|---------|------------|-----------|--|---|
| 38 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 38 Approved thawing method | |
| 39 | □ OUT | ■ IN | | | □ cos | □ REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | □ OUT | ■ IN | | | □ cos | □ REP | 40 Single-service/use; properly stored, and used | |
| 41 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 41 Original container labeling (Bulk Food) | |
| 42 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 42 Non-food contact surfaces clean | |
| 43 | □ OUT | ■ IN | □NO | | □ cos | □ REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | □ OUT | ■ IN | □ NO | | □ cos | □ REP | 45 Physical facilities installed/maintained/clean | • |
| 46 | □ OUT | ■ IN | □NO | | □ cos | □ REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | □ OUT | ■ IN | □ NO | □ NA | □ cos | □ REP | 47 Other violations | |

Measured Observations

Hot dog roller grill 145.00 Degrees Fahrenheit RIC ambient 32.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

CHARLES SEIFERT

EHS II RS CPO

Page 1 of 1

| | | Environmental Health Department No. of Violations 0 Priority: | | | | | | | |
|-------------------------------|---------------|---|--|-----------------------------|--------------|---------------|--------------------------|------|---------------------------------|
| Lubbock | | ubbock, TX 79457 306) 775-2902 | | No. of Repeat /iolations | 0 | Fo | Priority Foundation: | | |
| | | | | Time In | 5:00 pm | | Core: | | |
| Activity Date 06/16/2020 | Purpose of In | spection INVESTIGATION | | Time Out | 5:40 pm | Tot. Minutes: | | 40 | |
| Establishment LITTLE WOODROWS | | Address 6313 66TH ST | | City/State LUBBOCK, TX | | | Zip Code 79424 | | Telephone (806) 698-6601 |
| Record ID # FA0009355 | | Permit Holder BOB WILSON | | Est. Type | Risk Categor | | | gory | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

AT TIME OF VISIT, DISCUSSED WITH PIC ABOUT POSSIBLE COVID-19 EXPOSURE. DISCUSSED WITH PIC ABOUT VARIOUS STEPS FACILITY COULD TAKE TO REDUCE THE RISK OF SPREADING DISEASE. OBSERVED FACILITY TO BE TAKING NUMEROUS ACTIONS.

NO VIOLATION.

Inspection Result: NOT APPLICABLE

Required Action: NOT APPLICABLE

Signatures

Gody Berggist GRADY BERGQUIST

EHS II RS CPO

| Lubbook | | | | | nvironmental Health Department 314 Ave. K 4th Floor ubbock, TX 79457 306) 775-2902 | | | No. o | No. of Violations 0 No. of Repeat Violations | | Foi | Priority 0 Priority 0 oundation: | | Score |
|--|-------|---------|-------------|---------|---|--|---|---------------|--|------------------------|----------------|----------------------------------|------|----------------|
| .4 | | | TEXA | 15 | | | | | Time In | | | Core: | 0 | 0 |
| Activity Date Purpose of Ins 06/23/2020 ROUTINE INS | | | | | • | | | | Time Out | 10:00 am Tot. M | | nutes: | 60 |) |
| Establishment | | | | | Address | | | | City/State LUBBOCK, TX | | | | | Telephone |
| COST PLUS WORLD MARKET Record ID # | | | | | Permit I | LOOP 289 | | - | 79407 | | (806) 507-3372 | | | |
| | 11950 | | | | | | Est. Type Risk Category FR01 FR01 | | | | | | | |
| | TUO | r = OUT | OF COM | PLIANCE | IN = IN C | OMPLIANCE | NO = NOT OBSER | RVED NA = | NOT APPLICABLE | COS = CORRE | CTED ON S | SITE REP = | REPE | AT VIOLATION |
| | | | | | | | | | | | | | | |
| 1 | Поит | | - NO | | F.000 | E DED | 01 Proper co | PRIORI | | | | | | |
| 2 | | | ■ NO | □ NA | □ COS | | • | | and temperature temperature (41 F / | 45 F) | | | | |
| 3 | □ OUT | | ■ NO | | □ COS | □ REP | | | emperature (135 F) | | | | | |
| 4 | □ OUT | | ■ NO | | | | <u> </u> | | and temperature | | | | | - |
| 5 | □ OUT | | ■ NO | | □ cos | □ REP | • | | hot holding 165 F i | n 2 hr. | | | | |
| 6 | □ OUT | ■ IN | □NO | | □ cos | □ REP | 06 Time as C | Control; pro | ocedures/records | | | | | |
| 7 | □ OUT | ■ IN | | | □ cos | □ REP | 07 Approved | source; C | ondition/parasite de | struction | | | | |
| 8 | □ OUT | ■ IN | | | □ cos | □ REP | 08 Food rece | eived at pro | oper temperature | | | | | |
| 9 | □ OUT | ■ IN | | | □ cos | □ REP | 09 Separated | d & protect | ted; contamination p | revented | | | | |
| 10 | □ OUT | ■ IN | | | □ cos | □ REP | 10 Contact s | urfaces/ret | turnables; clean & s | anitized | | | | |
| 11 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 11 Proper dis | sposition; r | eturned/served/reco | ondition | | | | |
| 12 | □ OUT | ■ IN | | | □ cos | ☐ COS ☐ REP 12 Management, employees; knowledge & reporting | | | | | | | | |
| 13 | □ OUT | ■ IN | | | □ cos | ☐ COS ☐ REP 13 Proper use of restriction and exclusion | | | | | | | | |
| 14 | □ OUT | ■ IN | | | □ cos | | | | | | | | | |
| 15 | □ OUT | ■ IN | □ NO | □NA | □ cos | | | | | | | | | |
| 16 | □ OUT | | | □ NA | □ cos | | | | | | | | | |
| 17 | □ OUT | | | □ NA | □ cos | □ REP | | • • • | used Washing fruit | | | | | |
| 18 19 | OUT | | | | □ COS | | | | | | | | | |
| 20 | OUT | | | | | □ COS □ REP 19 Water; approved source; plumbing, backflow □ COS □ REP 20 Approved Sewage / Wastewater disposal | | | | | | | | |
| 20 | □ OUT | = IIN | | | L COS | LI REP | | | · | aı | | | | |
| | ı | | | | | | PRIOR | RITY FOL | JNDATION | | | | | |
| 21 | OUT | | | □NA | □ cos | □ REP | | | nstration / duties / C | | | | | |
| 22 | OUT | | | □ NA | □ cos | □ REP | | | authorized persons | • | | | | |
| 23 24 | □ OUT | | | □ NA | □ COS | □ REP | | | available; adequate hellstock/destruction | · | | | | |
| 24 25 | □ OUT | | | □ NA | | □ REP | | | riance, specialized / | | | | | |
| 26 | | | | □ NA | □ cos | | · · · · · · · · · · · · · · · · · · · | | r advisories, Allerge | | | | | |
| 27 | □ OUT | | | □NA | □ COS | | | | nod used; equipmen | | | | | + |
| 28 | □ OUT | | □ NO | | □ COS | | | | g and disposition | 4 | | | | + |
| 29 | □ OUT | | | □ NA | □ cos | | · | | t strips provided, ac | curate | | | | |
| 30 | □ OUT | | | □ NA | □ cos | | | | Permit (Current & \ | | | | | |
| 31 | □ OUT | | | | | □ REP | 31 Handwasl | h facilities; | accessible/supplied | d/used | | | | |
| 32 | □ OUT | | | □ NA | □ cos | | 32 Food & no | on-food co | ntact surfaces clear | nable/use | | | | |
| 33 | □ OUT | ■ IN | □ NO | □NA | □ cos | □ REP | 33 Warewasl | hing faciliti | es & Service sink p | rovided | | | | |
| | | | | | | | | COR | | | | | | • |
| 34 | □ OUT | ■ IN | | | □ COS | □ REP | 34 Evidence | | ination; insect/roder | nt/other | | | | |
| 35 | □ OUT | | | | □ COS | | 35 Personal | Cleanlines | s; eating/drinking/to | bacco | | | | |
| 36 | □ OUT | ■ IN | | | □ COS | | 36 Wiping clo | othes; prop | perly used and store | d | | | | |
| 37 | □ OUT | ■ IN | □NO | □NA | □ cos | □ REP | 37 Environme | ental conta | amination | | | | | |



Activity Date 06/23/2020

Establishment
COST PLUS WORLD MARKET

Purpose of Inspection ROUTINE INSPECTION

Record ID # PR0011950

| | OUT = 0 | OUT OF COM | IPLIANCE IN = II | I COMPLIANCE | NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION |
|----|---------|------------|------------------|--------------|--|
| 38 | □ OUT ■ | IN □ NO | □NA □CC | S 🗆 REP | 38 Approved thawing method |
| 39 | □ OUT ■ | IN | □ CO | S 🗆 REP | 39 Utensils/equipment/linens; used/stored/handled |
| 40 | □ OUT ■ | IN | □ CO | S 🗆 REP | 40 Single-service/use; properly stored, and used |
| 41 | □ OUT ■ | IN □ NO | □NA □CC | S 🗆 REP | 41 Original container labeling (Bulk Food) |
| 42 | □ OUT ■ | IN □ NO | □ CC | S 🗆 REP | 42 Non-food contact surfaces clean |
| 43 | □ OUT ■ | IN □ NO | □ CC | S 🗆 REP | 43 Adequate ventilation, lighting; designated area |
| 44 | □ OUT ■ | IN □ NO | □ CC | S 🗆 REP | 44 Garbage & refuse properly disposed/maintained |
| 45 | □ OUT ■ | IN □ NO | □ CC | S 🗆 REP | 45 Physical facilities installed/maintained/clean |
| 46 | □ OUT ■ | IN □ NO | □сс | S 🗆 REP | 46 Toilet facilities; constructed/supplied/clean |
| 47 | пошт∎ | IN DINO | ПИА ПСС | S FIREP | 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

Verlie Moreyan

LESLIE MORGAN

EHS II REHS/RS CPO