


# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	11:00 am	Core:	
Activity Date 06/25/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	11:30 am	Tot. Minutes:	30
Establishment 50TH STREET CABOOSE	Address 5025 50TH ST	City/State LUBBOCK, TX	Zip Code 794143420	Telephone (806) 796-2240	
Record ID # FA0000005	Permit Holder SPECTRUM JOINT VENTURE	Est. Type	Risk Category PH01		

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

At time of investigation:

Went over covid questionnaire 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


### Signatures



MATTHEW ELIZONDO

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 3:05 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 3:35 pm	<b>Tot. Minutes:</b> 30	
<b>Establishment</b> ABUELO'S	<b>Address</b> 4401 82ND ST 200	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79423	<b>Telephone</b> (806) 794-4179
<b>Record ID #</b> PR0000009	<b>Permit Holder</b> ABUELOS INTERNATIONAL LP	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


### Signatures



JACOB KEMMER

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 3:05 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> INCIDENT RESPONSE	<b>Time Out</b> 3:35 pm	<b>Tot. Minutes:</b> 30	
<b>Establishment</b> ABUELO'S	<b>Address</b> 4401 82ND ST 200	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79423	<b>Telephone</b> (806) 794-4179
<b>Record ID #</b> PR0000009	<b>Permit Holder</b> ABUELOS INTERNATIONAL LP	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


### Signatures



JACOB KEMMER

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	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 NEIGHBORHOOD GRILL	Address 4025 S LOOP 289	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 785-4025	
Record ID # PR0000036	Permit Holder RMH FRANCHISE CORPORATION	Est. Type RESTAURANT	Risk Category PH01		

## 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION

### Signatures

*Grady Bergquist*


GRADY BERGQUIST

EHS II RS CPO

Mark Garcia

Kitchen Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	Priority:	
		<b>No. of Repeat Violations</b> 0	Priority Foundation:	
		<b>Time In</b> 2:00 pm	Core:	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> INCIDENT RESPONSE	<b>Time Out</b> 2:15 pm	<b>Tot. Minutes:</b> 15	
<b>Establishment</b> ATOMIC LOUNGE & PIZZA KITCHEN	<b>Address</b> 2420 BROADWAY, SUITE A ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79401	<b>Telephone</b> (806) 407-3221
<b>Record ID #</b> PR0013663	<b>Permit Holder</b> MICHAEL & PAGE CLINTSMAN	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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


### Signatures

*Jackie Dickson*

JACKIE DICKSON

EHS I RSIT CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 2:00 pm	<b>Core:</b>	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 2:15 pm	<b>Tot. Minutes:</b> 15	
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Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


#### Signatures

*Jackie Dickson*

JACKIE DICKSON

EHS I RSIT CPO

# Inspection Report

 Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902		<b>No. of Violations</b>	0	<b>Priority:</b>		<b>Score</b> <b>0</b>	
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>			
		<b>Time In</b>	1:30 pm	<b>Core:</b>			
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	2:30 pm	<b>Tot. Minutes:</b>	60		
<b>Establishment</b> BAHAMA BUCK'S		<b>Address</b> 5741 50TH ST		<b>City/State</b> LUBBOCK, TX		<b>Zip Code</b> 79424	<b>Telephone</b> (806) 771-2189
<b>Record ID #</b> PR0003492		<b>Permit Holder</b> BLAKE BUCHANAN		<b>Est. Type</b> PROCESSING		<b>Risk Category</b> PR03	
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION							
<b>PERSONNEL</b>							
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	1. Personnel with illness, open lesion, boil, sore
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	2. Hygienic Practices
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	3. Outer Garments
<b>PLANT AND GROUNDS</b>							
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	4. Adequate maintenance
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	5. Construction and Design
<b>SANITARY OPERATIONS</b>							
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	6. Cleaning and sanitizing; storage of toxic
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	7. Pest Control
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	8. Sanitation of Food-Contact Surfaces
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	9. Sanitation of Non-Food-Contact Surfaces
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	10. Single-service articles
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11. Sanitizing Agents adequate, safe
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	12. Storage, handling of equipment & utensils
<b>SANITARY FACILITIES &amp; CONTROLS</b>							
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	13. Water Supply, approved source
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	14. Proper Temperature, Pressure
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15. Wastewater Disposal
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16. Proper Drainage
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17. Backflow Prevention
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	18. Toilet facilities self closing doors, located
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	19. Hand Washing Facilities Adequate, located
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	20. Hand Cleaner/Sanitizer Available
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21. Hand Drying Devices Available
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22. Hand Washing Signage
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23. Rubbish and Offal Disposal
<b>EQUIPMENT &amp; UTENSILS</b>							
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24. Designed, constructed
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25. Measuring Instruments accurate, maintained
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26. Compressed air
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27. Maintained in Sanitary Condition
<b>PRODUCTION &amp; PROCESS CONTROLS</b>							
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28. Raw Materials
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29. Manufacturing Operations
<b>NATURAL OR UNAVOIDABLE DEFECTS THAT POSE NO HEALTH HAZARD</b>							
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30. FDA Maximum Levels
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	31. Quality Control Operations Utilized
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32. Mixing one lot with another

# Inspection Report



**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	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33. Plant and Grounds	
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34. Sanitary facilities	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35. Food Stored off Floor	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36. Pest Free	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37. Damaged, Distressed Food Stored in Morgue area	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38. Proper Food Temperature Maintained	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39. Chemicals Separated from Food	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40. FIFO Rotation	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41. Transportation Vehicles	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42. Use of EPA Approved Pesticides	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43. Distressed foods	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44. OTC or Prescription Drugs	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45. 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


*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 6:00 pm	<b>Core:</b>	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 7:00 pm	<b>Tot. Minutes:</b> 60	
<b>Establishment</b> BILLIARDS PLUS	<b>Address</b> 5610 FRANKFORD AVE F	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794241125	<b>Telephone</b> (806) 795-7034
<b>Record ID #</b> FA0000076	<b>Permit Holder</b> CHRIS MCCLURE	<b>Est. Type</b>	<b>Risk Category</b> PH01	

### 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 dont 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

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	2:40 pm	Core:	
Activity Date 06/23/2020	Purpose of Inspection INCIDENT RESPONSE	Time Out	3:00 pm	Tot. Minutes:	20
Establishment BJ'S RESTAURANT AND BREW	Address 4805 S LOOP 289	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 783-8600	
Record ID # PR0007545	Permit Holder BJ'S RESTAURANTS, INC.	Est. Type RESTAURANT	Risk Category PH01		

## 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


### Signatures

*Jacob Kemmer*

\_\_\_\_\_  
JACOB KEMMER

\_\_\_\_\_  
EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 2:40 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 3:00 pm	<b>Tot. Minutes:</b> 20	
<b>Establishment</b> BJ'S RESTAURANT AND BREW	<b>Address</b> 4805 S LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 783-8600
<b>Record ID #</b> PR0007545	<b>Permit Holder</b> BJ'S RESTAURANTS, INC.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> PH01	

## 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


### Signatures



JACOB KEMMER

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	10:30 am	Core:	
Activity Date 06/26/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	11:30 am	Tot. Minutes:	60
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category PH01		

### OBSERVATIONS

#### Measured Observations

No Temperature Observations

#### Overall Inspection Comments

BPL Plasma  
2217 34th

POSITIVE COVID EMPLOYEES MADE TO WORK.

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

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	10:00 am	<b>Core:</b>	0	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	11:00 am	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> CABELAS OUTPOST	<b>Address</b> 3030 W LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79407	<b>Telephone</b> (806) 472-4300		
<b>Record ID #</b> PR0008647	<b>Permit Holder</b> CABELAS	<b>Est. Type</b> MOBILE FOOD UNIT	<b>Risk Category</b> FR01			

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/23/2020

**Establishment**  
CABELAS OUTPOST

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0008647

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

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

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION


### Signatures

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 1:40 pm	<b>Core:</b>	
<b>Activity Date</b> 06/26/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 2:05 pm	<b>Tot. Minutes:</b> 25	
<b>Establishment</b> CASA OLE' #10	<b>Address</b> 4413 S LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794242322	<b>Telephone</b> (806) 793-9351
<b>Record ID #</b> PR0000161	<b>Permit Holder</b> MEXICAN RESTAURANTS INC.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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 KEMMER

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 1:40 pm	<b>Core:</b>	
<b>Activity Date</b> 06/26/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 2:05 pm	<b>Tot. Minutes:</b> 25	
<b>Establishment</b> CASA OLE' #10	<b>Address</b> 4413 S LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794242322	<b>Telephone</b> (806) 793-9351
<b>Record ID #</b> PR0000161	<b>Permit Holder</b> MEXICAN RESTAURANTS INC.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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 KEMMER

EHS II RS CPO



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In		Core:	
Activity Date 06/18/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out		Tot. Minutes:	10
Establishment CHEESECAKE FACTORY, THE #209	Address 6014 SLIDE RD	City/State LUBBOCK, TX	Zip Code 79414	Telephone (806) 785-8636	
Record ID # FA0008691	Permit Holder THE CHEESECAKE FACTORY	Est. Type	Risk Category PH01		

## 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

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	11:45 am	Core:	
Activity Date 06/19/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	12:55 pm	Tot. Minutes:	70
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category PH01		

### 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

EHS I RSIT CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In		Core:	
Activity Date 06/16/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out		Tot. Minutes:	10
Establishment CHIMY'S CERVECERIA	Address 2417 BROADWAY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 763-7369	
Record ID # FA0002103	Permit Holder KYLE R WRIGHT	Est. Type	Risk Category PH01		

## 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*

JACKIE DICKSON

EHS I RSIT CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 2:10 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 2:35 pm	<b>Tot. Minutes:</b> 25	
<b>Establishment</b> CHUY'S OPCO INC	<b>Address</b> 4805 S LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 698-6264
<b>Record ID #</b> PR0007371	<b>Permit Holder</b> CHUY'S OPCO, INC	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


### Signatures



JACOB KEMMER

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 2:10 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> INCIDENT RESPONSE	<b>Time Out</b> 2:35 pm	<b>Tot. Minutes:</b> 25	
<b>Establishment</b> CHUY'S OPCO INC	<b>Address</b> 4805 S LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 698-6264
<b>Record ID #</b> PR0007371	<b>Permit Holder</b> CHUY'S OPCO, INC	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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.

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION


### Signatures



JACOB KEMMER

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b> 0	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 11:09 am	<b>Core:</b> 0	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 11:58 am	<b>Tot. Minutes:</b> 49	
<b>Establishment</b> A & W/LONG JOHN SILVER'S #31540	<b>Address</b> 1101 50TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794123135	<b>Telephone</b> (806) 763-1732
<b>Record ID #</b> FA0000571	<b>Permit Holder</b> YUMMY SEAFOODS, LLC.	<b>Est. Type</b>	<b>Risk Category</b> FR02	

## 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

# Inspection Report

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">                 Environmental Health Department                  1314 Ave. K 4th Floor                  Lubbock, TX 79457                  (806) 775-2902             </div>		<b>No. of Violations</b>	0	<b>Priority:</b>			
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>			
		<b>Time In</b>	2:50 pm	<b>Core:</b>			
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> INCIDENT RESPONSE		<b>Time Out</b>	3:50 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> CRICKETS DRAFTHOUSE OF		<b>Address</b> 2412 BROADWAY		<b>City/State</b> LUBBOCK, TX		<b>Zip Code</b> 79401	<b>Telephone</b> (806) 744-4677
<b>Record ID #</b> PR0000259		<b>Permit Holder</b> CRICKETS OF LUBBOCK, LLC		<b>Est. Type</b> RESTAURANT		<b>Risk Category</b> 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*

JACKIE DICKSON

EHS I RSIT CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	
		<b>Time In</b>	2:50 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b>	3:50 pm	<b>Tot. Minutes:</b>	60
<b>Establishment</b> CRICKETS DRAFTHOUSE OF	<b>Address</b> 2412 BROADWAY	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79401	<b>Telephone</b> (806) 744-4677	
<b>Record ID #</b> PR0000259	<b>Permit Holder</b> CRICKETS OF LUBBOCK, LLC	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> 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

EHS I RSIT CPO



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	1	<b>Priority:</b>	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">3</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	2:00 pm	<b>Core:</b>	0	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	3:00 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> EAT & ART CAFE	<b>Address</b> 7604 MILWAUKEE STE. 600 AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b>		
<b>Record ID #</b> PR0010316	<b>Permit Holder</b> THE HOLY KALE COMPANY, LLC	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03			

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

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	6/27/20

**Violation Comments:**

Observed ice machine deflector panel soiled. PIC voluntarily discarded ice and started cleaning machine during inspection. Advised them to sanitize after cleaning and maintain a cleaning schedule frequent enough to prevent bacteria growth.

10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

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

### CORE

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



**Activity Date**  
06/24/2020

**Establishment**  
EAT & ART CAFE

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0010316

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

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

### Measured Observations

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

### Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION


### Signatures

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	5	Priority:	2	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 20px;">9</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:30 am	Core:	3	
Time Out	10:10 am	Tot. Minutes:	40			
Activity Date 06/24/2020	Purpose of Inspection ROUTINE INSPECTION					
Establishment FAMILY DOLLAR STORE #22879	Address 4426 34TH ST	City/State LUBBOCK, TX	Zip Code 794102417	Telephone (806) 797-7576		
Record ID # PR0004286	Permit Holder FAMILY DOLLAR STORE OF TEXAS	Est. Type GROCERY	Risk Category FR01			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	6/27/20

**Violation Comments:**  
 Observed cans on shelves without labels. All items for sale for customers should be verified from an approved source and presented honest without unadulterated. Removed Cos.  
 228.61 Food safe, good condition, unadulterated, and honestly presented

8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	6/27/20

**Violation Comments:**  
 Observed multiple dented cans on shelved for customers. Shall have employees removed dented cans more frequently. Discussed cos  
 228.83(e) Damaged foods. Heavily rim/seam-dented canned foods, or without the manufacturer's complete labeling

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

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	

# Inspection Report



**Activity Date**  
06/24/2020

**Establishment**  
FAMILY DOLLAR STORE #22879

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0004286

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

27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/>	28 Proper date marking and disposition	
	REP					
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/>	33 Warewashing facilities & Service sink provided	
	REP					

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/>	37 Environmental contamination	9/22/20
	REP					

**Violation Comments:**

observed food boxes and single service items stored on floor in back storage area. Shall be stored 6 inches off the ground. Discussed. NRI  
228.69(a)(1)(C) Storing the food at least 15 cm (6 inches) above the floor

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/>	38 Approved thawing method	
	REP					
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/>	41 Original container labeling (Bulk Food)	
	REP					
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	42 Non-food contact surfaces clean	9/22/20

**Violation Comments:**

observed multiple dry shelves throughout facility and shelves in reach in cooler soiled. Maintain clean and sanitized. Discussed. NRI.  
228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	9/22/20

**Violation Comments:**

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

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

### Measured Observations

eggs ric 39.00 Degrees Fahrenheit  
milk ric 39.00 Degrees Fahrenheit

### Overall Inspection Comments

No Overall Inspection Comments

# Inspection Report



**Activity Date**  
06/24/2020

**Establishment**  
FAMILY DOLLAR STORE #22879

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0004286

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

## Signatures

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


MATTHEW ELIZONDO

EHS II RS CPO

CARISSA MEANS

MANAGER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 1:45 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 2:30 pm	<b>Tot. Minutes:</b> 45	
<b>Establishment</b> HILLCREST COUNTRY CLUB	<b>Address</b> 4011 N BOSTON AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79408	<b>Telephone</b> (806) 765-6601
<b>Record ID #</b> PR0000464	<b>Permit Holder</b> GLEN ROBERTSON	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> PH01	

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/23/2020

**Establishment**  
HILLCREST COUNTRY CLUB

**Purpose of Inspection**  
COMPLAINT INVESTIGATION

**Record ID #**  
PR0000464

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

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

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

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?  
No
  
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 (quatarnary) is being used to sanitize tables after each group of guests

Follow up : No

# Inspection Report



**Activity Date**  
06/23/2020  
**Establishment**  
HILLCREST COUNTRY CLUB

**Purpose of Inspection**  
COMPLAINT INVESTIGATION  
**Record ID #**  
PR0000464

Inspection Result: NOT APPLICABLE

Required Action: NEXT REGULAR INSPECTION

## Signatures


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

NATHAN KLOEPPER

EHS I RSIT CPO



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	1:00 pm	Core:	
Activity Date 06/22/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	11:15 am	Tot. Minutes:	45
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category PH01		

## 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

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 1:15 pm	<b>Core:</b>	
<b>Activity Date</b> 06/18/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 1:45 pm	<b>Tot. Minutes:</b> 30	
<b>Establishment</b> IKE'S WOOD FIRE GRILL	<b>Address</b> 4414 82ND ST STE 218	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 368-8036
<b>Record ID #</b> FA0008907	<b>Permit Holder</b> CURTIS JORDAN	<b>Est. Type</b>	<b>Risk Category</b> PH01	

### 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

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	1:55 pm	<b>Core:</b>	0	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	2:25 pm	<b>Tot. Minutes:</b>	30	
<b>Establishment</b> J & M BAR B Q EXPRESS	<b>Address</b> 7924 SLIDE RD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794242834	<b>Telephone</b> (806) 796-1164		
<b>Record ID #</b> PR0000518	<b>Permit Holder</b> TEXAS SMOKEHOUSE. LLC	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR02			

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/24/2020

**Establishment**  
J & M BAR B Q EXPRESS

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0000518

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

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

### Measured Observations

Cheese RIC 40.00 Degrees Fahrenheit  
 Potato Salad CH 41.00 Degrees Fahrenheit  
 Brisket HH 139.00 Degrees Fahrenheit  
 Sausage HH 138.00 Degrees Fahrenheit

### Overall Inspection Comments

Discussed employee health policy. There are only three people allowed in the kitchen at a time to enforce social distancing, and the dining room is closed. Employee temperatures are taken, and masks are available for employees.

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

### Signatures


*Jacob Kemmer*

\_\_\_\_\_  
JACOB KEMMER

\_\_\_\_\_  
EHS II RS CPO

\_\_\_\_\_  
Shalese Sanchez

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 7	<b>Priority:</b> 1	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">10</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 1	
		<b>Time In</b> 2:00 pm	<b>Core:</b> 5	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 2:50 pm	<b>Tot. Minutes:</b> 50	
<b>Establishment</b> JIMMY JOHN'S	<b>Address</b> 4730 SLIDE RD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 795-0800
<b>Record ID #</b> PR0005262	<b>Permit Holder</b> CHARLES D'AMIRO	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR02	

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

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented

6/27/20

**Violation Comments:**

Observed employee opening cardboard boxes and use knife to open box and placed back on cutting board. Shall not use knives used for food contact surfaces to open contaminated surfaces such as card board boxes. Removed and set to ware wash. Discussed. COS.

228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display


10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION

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

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

# Inspection Report

		<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION
		<b>Establishment</b> JIMMY JOHN'S	<b>Record ID #</b> PR0005262
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION			
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use
7/4/20			
<b>Violation Comments:</b>			
Observed tape on the bottom of inside of reach in cooler used for sandwiches. Remove to have easily cleanable surfaces. Discussed. NRI. Observed damaged tiles by drive through window. repair to have easily cleanable surfaces. Discussed. NRI. 228.104(a) Cleanability. Food-contact surfaces. 228.103(a) Equipment and utensils. Equipment and utensils shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions			
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		33 Warewashing facilities & Service sink provided
<b>CORE</b>			
34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other
9/22/20			
<b>Violation Comments:</b>			
Observed back door cracked opened. Keep door shut to prevent insect contamination. Discussed. NRI. 228.174(e)(3) Exterior doors used as exits need not be self-closing if they are solid and tight-fitting			
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		37 Environmental contamination
9/22/20			
<b>Violation Comments:</b>			
Observed box of chips stored on floor. Shall be stored 6 inches off the floor. Discussed. NRI. 228.69(a)(1)(C) Storing the food at least 15 cm (6 inches) above the floor			
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		38 Approved thawing method
9/22/20			
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
9/22/20			
<b>Violation Comments:</b>			
Observed single service items stored on floor. Shall be stored 6 inches off the ground. Discussed. NRI. 228.124(a)(3) Single-service/ single-use articles kept in the original protective package or other means of protection			
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		41 Original container labeling (Bulk Food)
9/22/20			
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
9/22/20			
<b>Violation Comments:</b>			
Observed sandwich reach in coolers gaskets soiled. Maintain clean and sanitized. Discussed. NRI 228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material			
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
9/22/20			
<b>Violation Comments:</b>			
Observed damp mop stored on floor by back door. Hang to allow to properly air dry. Discussed. NRI Observed personal drink stored above food in walk in cooler. Any personal items shall be stored below any items used for facility. Discussed. NRI.			
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		47 Other violations
9/22/20			
<b>Measured Observations</b>			
tomatoes ric 38.00 Degrees Fahrenheit cheese wic 40.00 Degrees Fahrenheit			
Follow up : Yes    Followup Date: 06/27/2020			

# Inspection Report



**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

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	10:00 am	Core:	
Activity Date 06/11/2020	Purpose of Inspection INCIDENT RESPONSE	Time Out	10:30 am	Tot. Minutes:	30
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category PH01		

### OBSERVATIONS

#### Measured Observations

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      EHS I RSIT CPO



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	3	<b>Priority:</b>	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">5</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	1:15 pm	<b>Core:</b>	2	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	1:45 pm	<b>Tot. Minutes:</b>	30	
<b>Establishment</b> KWIK STOP LIQUOR BEER & WINE	<b>Address</b> 4010 CHICAGO AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79414	<b>Telephone</b> (806) 776-5945		
<b>Record ID #</b> PR0006704	<b>Permit Holder</b> MANKAMANA HOLDINGS LLC	<b>Est. Type</b> CONVENIENCE	<b>Risk Category</b> FR01			

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

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	6/27/20

**Violation Comments:**

observed soda bottle case stored under chemicals on store shelf. rearranged. discussed. cos.  
 228.203 Poisonous/toxic materials or chemicals stored properly

19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

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

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

# Inspection Report



**Activity Date**  
06/24/2020

**Establishment**  
KWIK STOP LIQUOR BEER & WINE

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0006704

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

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

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other		
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco		
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored		
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	37 Environmental contamination	
	REP					
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	38 Approved thawing method	
	REP					
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled		
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	40 Single-service/use; properly stored, and used		
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	41 Original container labeling (Bulk Food)	
	REP					
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	42 Non-food contact surfaces clean	9/22/20

**Violation Comments:**

observed fans in walk in cooler soiled. maintain clean and sanitized. discussed. nri.  
 228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	9/22/20

**Violation Comments:**

observed floor and ceiling of walk in cooler soiled. Maintain clean and sanitized. discussed. nri.  
 228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

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

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION


### Signatures

MATTHEW ELIZONDO

EHS II RS CPO

C H A N D R A   K U M A R  
SHUMISTHA

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 3:30 pm	<b>Core:</b>	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 3:35 pm	<b>Tot. Minutes:</b> 5	
<b>Establishment</b> LUBBOCK COUNTRY CLUB	<b>Address</b> 3400 MESA RD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79403	<b>Telephone</b> (806) 762-0414
<b>Record ID #</b> PR0000666	<b>Permit Holder</b> STACY A WATSON	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> PH01	

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/23/2020

**Establishment**  
LUBBOCK COUNTRY CLUB

**Purpose of Inspection**  
COMPLAINT INVESTIGATION

**Record ID #**  
PR0000666

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

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

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

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 (quatarnary) is being used to sanitize tables after each group of guests

# Inspection Report



**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

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

NATHAN KLOEPPER

EHS I RSIT CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b>	<b>Core:</b>	
<b>Activity Date</b> 06/18/2020	<b>Purpose of Inspection</b> COMPLIANCE INSPECTION	<b>Time Out</b>	<b>Tot. Minutes:</b> 20	
<b>Establishment</b> PARMA RESTERANTE LLC	<b>Address</b> 4646 50TH ST ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79414	<b>Telephone</b> (806) 785-9299
<b>Record ID #</b> FA0001640	<b>Permit Holder</b> ERIC COWAN & PEIRRE GABELLI	<b>Est. Type</b>	<b>Risk Category</b> PH01	

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

facility provided thermometer and temperature log sheet. Complied.

Inspection Result: NOT APPLICABLE


Required Action: NOT APPLICABLE

### Signatures



MATTHEW ELIZONDO      EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b> 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 12:30 pm	<b>Core:</b> 0	
<b>Activity Date</b> 06/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 1:30 pm	<b>Tot. Minutes:</b> 60	
<b>Establishment</b> PIE BAR 2	<b>Address</b> 6620 MILWAUKEE AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 687-2618
<b>Record ID #</b> PR0010820	<b>Permit Holder</b> CARSON MCCABE	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR01	

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/24/2020

**Establishment**  
PIE BAR 2

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0010820

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

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

### Measured Observations

ambient ric 38.00 Degrees Fahrenheit

### Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b>	<b>Core:</b>	
<b>Activity Date</b> 06/29/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b>	<b>Tot. Minutes:</b>	0
<b>Establishment</b> RED ROBIN RESTAURANT #537	<b>Address</b> 4805 S LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 794-4800
<b>Record ID #</b> FA0005246	<b>Permit Holder</b> RED ROBIN INTERNATIONAL, INC.	<b>Est. Type</b>	<b>Risk Category</b> 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 condiments available
- all employees wearing masks and gloves
- 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*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	3:45 pm	Core:	
Activity Date 06/18/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	3:50 pm	Tot. Minutes:	5
Establishment SLIM CHICKENS #2	Address 4509 98TH	City/State LUBBOCK, TX	Zip Code 79424	Telephone	
Record ID # FA0006010	Permit Holder C & G VENTURES, LP	Est. Type	Risk Category PH01		

## 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

Required Action: NEXT REGULAR INSPECTION


### Signatures



JACOB KEMMER

EHS II RS CPO

# Inspection Report

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

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

Incident response for positive Covid case: Questionnaire

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 masks
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? questionnaire 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




MATTHEW ELIZONDO

EHS II RS CPO

brian whitman

gm

# Inspection Report

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

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

Incident response for positive Covid case: Questionnaire

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? questionnaire 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




MATTHEW ELIZONDO

EHS II RS CPO

brian whitman

gm

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	9:30 am	Core:	
Activity Date 06/18/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	10:15 am	Tot. Minutes:	45
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category PH01		

### 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

Required Action: NOT APPLICABLE


#### Signatures

*Grady Bergquist*

GRADY BERGQUIST

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	11:10 am	Core:	0
Activity Date 06/26/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:35 am	Tot. Minutes:	25
Establishment 2020 SUNSHINE'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 Category TF15		
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 Number DAX2G87Z2		

### OBSERVATIONS

#### Measured Observations

Beef CH 38.00 Degrees Fahrenheit  
 Brisket HH 178.00 Degrees Fahrenheit

#### Overall Inspection Comments

No violation observed at time of inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

#### Signatures




\_\_\_\_\_  
 NIRAJAN SHRESTHA

\_\_\_\_\_  
 EHS I RSIT CPO

\_\_\_\_\_  
 RAUL PEREZ III

\_\_\_\_\_  
 Owner

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In		Core:	
Activity Date	Purpose of Inspection	Time Out	Tot. Minutes:		
06/29/2020	COMPLAINT INVESTIGATION		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 Category		
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

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	1:00 pm	<b>Core:</b>	0	
<b>Activity Date</b> 06/27/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	2:00 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> BIG BEN'S BBQ TEXAS DINNER	<b>Address</b> 10701 UNIVERSITY AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79423	<b>Telephone</b> (806) 496-5554		
<b>Record ID #</b> PR0013238	<b>Permit Holder</b> BENJAMIN & MARGURITE WOELFLE	<b>Est. Type</b> MOBILE FOOD UNIT	<b>Risk Category</b> FR02			

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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



# Inspection Report



**Activity Date**  
06/27/2020

**Establishment**  
BIG BEN'S BBQ TEXAS DINNER BELL

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013238

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

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

### Measured Observations

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


### Signatures

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b> 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 3:00 pm	<b>Core:</b> 0	
<b>Activity Date</b> 06/25/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 3:25 pm	<b>Tot. Minutes:</b> 25	
<b>Establishment</b> UNITED FUEL EXPRESS #552	<b>Address</b> 6321 4TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79416	<b>Telephone</b> (806) 783-0206
<b>Record ID #</b> PR0006533	<b>Permit Holder</b> UNITED MARKET STREET #543	<b>Est. Type</b> CONVENIENCE	<b>Risk Category</b> FR01	

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

### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/25/2020

**Establishment**  
UNITED FUEL EXPRESS #552

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0006533

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

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

### Measured Observations

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

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 5:00 pm	<b>Core:</b>	
<b>Activity Date</b> 06/16/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 5:40 pm	<b>Tot. Minutes:</b> 40	
<b>Establishment</b> LITTLE WOODROWS	<b>Address</b> 6313 66TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 698-6601
<b>Record ID #</b> FA0009355	<b>Permit Holder</b> BOB WILSON	<b>Est. Type</b>	<b>Risk Category</b> PH01	

## 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

*Grady Bergquist*

GRADY BERGQUIST

EHS II RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	9:00 am	<b>Core:</b>	0	
<b>Activity Date</b> 06/23/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	10:00 am	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> COST PLUS WORLD MARKET	<b>Address</b> 2626 W LOOP 289	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79407	<b>Telephone</b> (806) 507-3372		
<b>Record ID #</b> PR0011950	<b>Permit Holder</b> COST PLUS WORLD MARKET	<b>Est. Type</b> FOOD SERVICE	<b>Risk Category</b> FR01			

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### PRIORITY

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

### PRIORITY FOUNDATION

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

### CORE

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

# Inspection Report



**Activity Date**  
06/23/2020

**Establishment**  
COST PLUS WORLD MARKET

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0011950

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

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

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO