


Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|-----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 0 | Score 3 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:00 pm | Core: | 3 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:30 pm | Tot. Minutes: | 150 | |
| Establishment 50TH STREET CABOOSE | Address 5025 50TH ST | City/State LUBBOCK, TX | Zip Code 794143420 | Telephone (806) 796-2240 | | |
| Record ID # PR0004949 | Permit Holder SPECTRUM JOINT VENTURE | Est. Type BAR | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| Follow up : Yes Followup Date: 05/19/2020 | | | | | | |

Inspection Report

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Activity Date
02/19/2020

Establishment
50TH STREET CABOOSE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004949

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | 5/19/20 |
|----|---|---|---------|

Violation Comments:

OBSERVED FRUIT FLIES IN CORNER OF BAR AREA NEAR SLICE FRUIT. FRUIT COVERED. PEST CONTROL RECORDS PROVIDED. NO INDICATION OF TREATING FOR FRUIT FLIES. TO HAVE PEST CONTROL TREAT AND CLEANING OF AREA. DISCUSSED. 24 H

228.186(k)(2) Controlling pests. Check premises

| | | | |
|----|---|--|---------|
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | 5/19/20 |

Violation Comments:

OBSERVED GLASS IN BOTTOM OF REACH IN COOLER. REMOVE. DISCUSSED NRI.

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

| | | | |
|----|---|---|---------|
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/19/20 |

Violation Comments:

OBSERVED INSIDE OF FREEZER SOILED AROUND EDGES. MAINTAIN CLEAN AND SANITIZED. DISCUSSED. NRI.

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


PHIL BRADLEY

MANAGER

Follow up : Yes Followup Date: 05/19/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|-----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 0 | Score 2 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:00 pm | Core: | 2 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:30 pm | Tot. Minutes: | 150 | |
| Establishment 50TH STREET CABOOSE | Address 5025 50TH ST | City/State LUBBOCK, TX | Zip Code 794143420 | Telephone (806) 796-2240 | | |
| Record ID # PR0003994 | Permit Holder SPECTRUM JOINT VENTURE | Est. Type BAR | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
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| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| Follow up : Yes Followup Date: 05/19/2020 | | | | | | |

Inspection Report

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Activity Date
02/19/2020

Establishment
50TH STREET CABOOSE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003994

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/19/20 |

Violation Comments:

OBSERVED CONTAINER HOLDER 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 | 5/19/20 |

Violation Comments:

OBSERVED AREAS UNDER EQUIPMENT SUCH AS SINKS AND IN PLACE EQUIPMENT SOILED. MAINTAIN CLEAN AND SANITIZED. DISCUSSED. NRI.
228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

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

Measured Observations

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


PHIL BRADLEY

MANAGER

Follow up : Yes Followup Date: 05/19/2020


Inspection Report

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| | | | | | | | | |
|--|---|---|----------|---------------------------|---------|-----------------------|-----|-------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 8 | Priority: | 1 | Score 12 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 2 | |
| | | | | Time In | 1:00 pm | Core: | 5 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | | Time Out | | 3:30 pm | Tot. Minutes: | 150 | |
| Establishment 50TH STREET CABOOSE | | Address 5025 50TH ST | | City/State LUBBOCK, TX | | Zip Code 794143420 | | Telephone (806) 796-2240 |
| Record ID # PR0000005 | | Permit Holder SPECTRUM JOINT VENTURE | | Est. Type RESTAURANT | | Risk Category FR04 | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | |
| PRIORITY | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | | 2/22/20 |
| Violation Comments: OBSERVED SODA NOZZLES IN KITCHEN WITH BUILDUP ON INSIDE WHICH IS FOOD CONTACT SURFACE. PIC STATED THAT SOAKING AND SCRUBBING ONCE PER WEEK. MAINTAIN CLEAN AND SANITIZED. REMOVED TO CLEAN. DISCUSSED. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | | |
| Follow up : Yes Followup Date: 02/29/2020 | | | | | | | | |

Inspection Report

Page 2 of 3

| | | | |
|---|---|---|--|
|  | | Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION |
| | | Establishment 50TH STREET CABOOSE | Record ID # PR0000005 |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | |
| 29 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | 2/29/20 |
| Violation Comments: OBSERVED NO THERMOMETER IN REACH IN COOLER USED FOR PIZZA. THERMOMETER PROVIDE TO PROVIDE TEMPERATURE. DISCUSSED. COS. 228.108(b) Food thermometers provided and accessible | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | |
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/29/20 |
| Violation Comments: OBSERVED MULTIPLE DAMAGED SCOOPS, UTENSILS, AND UTENSIL HANDLES AND TAPE ON BULK CONTAINER. DISCARD ANY DAMAGED ITEMS AND REMOVE TAPE TO HAVE ONLY EASILY CLEANABLE SURFACES. DISCUSSED. NRI. 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | |
| 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | 5/19/20 |
| Violation Comments: OBSERVED EMPLOYEE PHONE CHARGER BY BASKETS USED BY FOOD AND ON PREP TABLE THAT STORED FOOD CONTACT SURFACE PLATES BELOW. REMOVED DISCUSS. COS. 228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | 5/19/20 |
| Violation Comments: A) OBSERVED CONDENSATION BUILD UP IN REACH IN COOLER BY GRILL. REMOVE ALL CONTAINERS STORED IN CONDENSATION TO PREVENT CONTAMINATION. DISCUSSED. NRI. B) OBSERVED ICE CONTAMINATION ON FOOD BOXES IN WALK IN COOLER OUTSIDE OF FACILITY. PROVIDE PROTECTION FROM ALL ENVIRONMENTAL CONTAMINATION. DISCUSSED NRI. 228.69(a)(1)(A) Food shall be protected from contamination by storing the food in a clean, dry location 228.69(a)(1)(B) Storing the food where it is not exposed to splash, dust, or other contamination | | | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/19/20 |
| Violation Comments: OBSERVED DAMAGED GASKETS TO MULTIPLE REACH IN FREEZERS THROUGHOUT FACILITY AND WALK IN FREEZER. PROVIDE REPAIR TO CREATE SEAL FOR TEMPERATURE CONTROL AND HAVE EASILY CLEANABLE SURFACE. DISCUSSED. NRI. 228.122(a) Drying, Equipment and Utensils | | | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/19/20 |
| Violation Comments: OBSERVED MULTIPLE NON FOOD CONTACT SURFACES (MONITORS, ELECTRICAL AREAS, VENTS, SIDE OF REACH IN COOLERS, INSIDE OF REACH IN COOLERS, GASKETS TO COOLERS AND FREEZERS, AND STORAGE RACKS) SOILED. MAINTAIN CLEAN AND SANITIZED. DISCUSSED. NRI. 228.101(i) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material | | | |
| Follow up : Yes Followup Date: 02/29/2020 | | | |

Inspection Report

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Activity Date
02/19/2020

Establishment
50TH STREET CABOOSE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000005

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

| | | | |
|----|---|--|---------|
| 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 | 5/19/20 |

Violation Comments:

OBSERVED FLOOR AND WALL BY SODA MACHINE AND PIPES/WALLS BEHIND GRILLS/FRYERS SOILED. MAINTAIN CLEAN AND SANITIZED. DISCUSSED. NRI.

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

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

Measured Observations

SHRIMP RIC 39.00 Degrees Fahrenheit
RICE HH 147.00 Degrees Fahrenheit
TOMATOES RIC 40.00 Degrees Fahrenheit
RICE WIC 41.00 Degrees Fahrenheit
GROUND MEAT HH 149.00 Degrees Fahrenheit
TOMATES RIC 41.00 Degrees Fahrenheit
STEAK RIC 38.00 Degrees Fahrenheit
RICE WIC 70.00 Degrees Fahrenheit - Comments: COOLING
TOMATOES RIC 39.00 Degrees Fahrenheit
BAKED POTATO HH 182.00 Degrees Fahrenheit
MARINARA SAUCE RIC 39.00 Degrees Fahrenheit
GUIISO HH 167.00 Degrees Fahrenheit
BEEF RIC 40.00 Degrees Fahrenheit
BEANS HH 147.00 Degrees Fahrenheit
CHICKEN RIC 39.00 Degrees Fahrenheit
VEGGIES GRILL 189.00 Degrees Fahrenheit
POTATO SALAD RIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


PHIL BRADLEY

MANAGER

Follow up : Yes Followup Date: 02/29/2020

Inspection Report

Page 1 of 2

| | | | | | | | | |
|--|--|---|----------|-----------------------------|---------------|----------------------------|---|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 7:30 am | Core: | 0 | |
| Activity Date 02/22/2020 | Purpose of Inspection ROUTINE INSPECTION | | Time Out | 8:15 am | Tot. Minutes: | 45 | | |
| Establishment 2020 FLEA MARKET CONCESSION | | Address | | City/State LUBBOCK, TX | | Zip Code 79401 | | Telephone |
| Record ID # PR0013760 | | Permit Holder 2020 FLEA MARKET CONCESSION | | Est. Type 2020 TEMPORARY | | Risk Category TF15 | | |
| Event Name 2020 FLEA MARKET CONCESSION | | Event Address | | Event City/State | | Zip Code | | Event Telephone |
| Event Organizer MICHELLE FLORES | | Event Organizer Phone | | Booth / Space No. | | Serial Number DADE7FZN8 | | |
| OUT = IN = NA = NO = COS = REPT = | | | | | | | | |
| PRIORITY ITEMS | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION ITEMS | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE ITEMS | | | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

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Activity Date
02/22/2020

Establishment
2020 FLEA MARKET CONCESSION

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013760

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

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

Measured Observations

Ground Beef RIC 40.00 Degrees Fahrenheit
Refried beans HH 142.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Michelle Flores Owner

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | | |
|--|--|---|----------|-----------------------------|---------------|----------------------------|---|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 6:00 am | Core: | 0 | |
| Activity Date 02/22/2020 | Purpose of Inspection ROUTINE INSPECTION | | Time Out | 6:50 am | Tot. Minutes: | 50 | | |
| Establishment 2020 LUBBOCK LIONS CLUB | | Address | | City/State LUBBOCK, TX | | Zip Code 79401 | | Telephone |
| Record ID # PR0013710 | | Permit Holder 2020 LUBBOCK LIONS CLUB | | Est. Type 2020 TEMPORARY | | Risk Category TF15 | | |
| Event Name 2020 LUBBOCK LIONS CLUB | | Event Address | | Event City/State | | Zip Code | | Event Telephone |
| Event Organizer BRADLEY PAYNE | | Event Organizer Phone | | Booth / Space No. | | Serial Number DACGR0M56 | | |
| OUT = IN = NA = NO = COS = REPT = | | | | | | | | |
| PRIORITY ITEMS | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION ITEMS | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE ITEMS | | | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/22/2020

Establishment
2020 LUBBOCK LIONS CLUB

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013710

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

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

Measured Observations

Bacon WIC 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


BRAD PAYNE

OPERATOR

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | | |
|--|--|---|----------|-----------------------------|---------------|----------------------------|---|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 11:30 am | Core: | 0 | |
| Activity Date 02/22/2020 | Purpose of Inspection ROUTINE INSPECTION | | Time Out | 11:45 am | Tot. Minutes: | 15 | | |
| Establishment 2020 PORKY'S BBQ | | Address | | City/State LUBBOCK, TX | | Zip Code 79401 | | Telephone |
| Record ID # PR0013761 | | Permit Holder 2020 PORKY'S BBQ | | Est. Type 2020 TEMPORARY | | Risk Category TF15 | | |
| Event Name 2020 PORKY'S BBQ | | Event Address | | Event City/State | | Zip Code | | Event Telephone |
| Event Organizer CHRIS HERNANDEZ | | Event Organizer Phone | | Booth / Space No. | | Serial Number DADCWZGXJ | | |
| OUT = IN = NA = NO = COS = REPT = | | | | | | | | |
| PRIORITY ITEMS | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION ITEMS | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE ITEMS | | | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

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Activity Date
02/22/2020

Establishment
2020 PORKY'S BBQ

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013761

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

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

Measured Observations

No Temperature Observations


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


CHRIS HERNANDEZ OWNER

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | | |
|---|---|---|--|---------------------------|----------|-----------------------|---------------|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 10:40 am | Core: | 0 | |
| Activity Date 02/18/2020 | | Purpose of Inspection ROUTINE INSPECTION | | Time Out | | 11:00 am | Tot. Minutes: | 20 |
| Establishment AFC SUSHI @ UNITED | | Address 12815 INDIANA AVE | | City/State LUBBOCK, TX | | Zip Code 79423 | | Telephone (310) 604-3200 |
| Record ID # PR0010652 | | Permit Holder ADVANCED FRESH CONCEPTS | | Est. Type FOOD SERVICE | | Risk Category FR02 | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | |
| PRIORITY | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE | | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
AFC SUSHI @ UNITED SUPERMARKET #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010652

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

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

Measured Observations

CRAB MEAT RIC 40.00 Degrees Fahrenheit
GINGER RIC 35.00 Degrees Fahrenheit
QUAT 3-COMP 400.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Greg Castillo


Greg Castillo

Asst Store Director

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | | |
|---|---|---|----------------------------------|--------------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 4 | Priority: 1 | Score 8 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 2 | | | | |
| | | Time In 1:20 pm | Core: 1 | | | | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 2:30 pm | Tot. Minutes: 70 | | | | |
| Establishment ANGEL STAR FOOD TRUCK | | Address 3816 39TH ST | | City/State LUBBOCK, TX | | Zip Code 79413 | Telephone (806) 252-2206 |
| Record ID # PR0011696 | | Permit Holder SHEREE MARTINEZ | | Est. Type MOBILE FOOD UNIT | | Risk Category FR03 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | 2/24/20 |
| Violation Comments: Observed plastic white spatula soiled, stored in clean wares. Removed for ware wash. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | 3/2/20 |
| Violation Comments: Mobile unit has no water pressure. No food service until repaired. Call for reinspection. 228.143(b) Water pressure | | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | |
| Follow up : Yes Followup Date: 03/02/2020 | | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/21/2020

Establishment
ANGEL STAR FOOD TRUCK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011696

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

| | | | |
|----|---|---|--------|
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> | 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 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 | 3/2/20 |

Violation Comments:

Observed: A. A blue knife with painted cutting service with paint coming off. Discarded. COS. B. Cracked frame around a shelf in the reach-in cooler, and a damaged drawer. Remove those. Call for reinspection. 228.101(a)(2) - (5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

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

CORE

| | | | |
|----|---|--|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> | 37 Environmental contamination | |
| | REP | | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> | 38 Approved thawing method | |
| | REP | | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> | 41 Original container labeling (Bulk Food) | |
| | REP | | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input 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 | 5/21/20 |

Violation Comments:

Walls by serving window are soiled. Maintain clean. 228.186(b) Cleaning, frequency and restrictions.

Observed extension cords stored hanging on rack with dry storage and single-service items. Remove. Call for reinspection.

228.186(m) Storing maintenance tools

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

Measured Observations

Ambient RIC 36.00 Degrees Fahrenheit

Overall Inspection Comments

Mobile unit has no running water at time of inspection. Facility may not operate until provided. Reinspection scheduled for Monday, February 24, 2020, at 3:00 p.m.

Follow up : Yes Followup Date: 03/02/2020

Inspection Report



Activity Date
02/21/2020

Establishment
ANGEL STAR FOOD TRUCK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011696

Inspection Result: VIOLATION

Required Action: VOLUNTARY CLOSURE

Signatures

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

JEANNE VALDEZ

EHS II RS CPO


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

Raul Martinez

Cook

Inspection Report

Page 1 of 3

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 0 | Score 3 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 1:00 pm | Core: | 1 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:00 pm | Tot. Minutes: | 60 | |
| Establishment ASIAN MART | Address 4423 34TH ST | City/State LUBBOCK, TX | Zip Code 79410 | Telephone (806) 799-7716 | | |
| Record ID # PR0002855 | Permit Holder ANGEL & RAQUEL HALILI | 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 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 | | | | |
| Follow up : Yes Followup Date: 02/28/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
ASIAN MART

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002855

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

| | | | |
|----|---|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/28/20 |
|----|---|---|---------|

Violation Comments:

Observed damaged door handle with tape on Reach in cooler by front door. Repair to have only easily cleanable surfaces. Discussed. NRI
Observed gaskets to reach in coolers and freezers damaged. Repair to have easily cleanable surfaces and keep cold air in reach in cooler. Discussed. NRI.
228.104(a) Cleanability. Food-contact surfaces.

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/18/20 |

Violation Comments:

Observed bottom of reach in coolers and freezers soiled with debris and spills. Remain 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | |
| 46 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 47 Other violations | |

Measured Observations

beef ric 37.00 Degrees Fahrenheit
noodles ric 42.00 Degrees Fahrenheit
beef ric 39.00 Degrees Fahrenheit
fish ric 35.00 Degrees Fahrenheit
tofu ric 42.00 Degrees Fahrenheit
fish ric 33.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 02/28/2020

Inspection Report



Activity Date
02/18/2020

Establishment
ASIAN MART

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002855

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

MATTHEW ELIZONDO

EHS II RS CPO


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

angel halili

owner

Inspection Report

Page 1 of 2

| | | | | | | |
|--|--|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 2 | Score 6 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:55 pm | Core: | 0 | |
| Activity Date 02/13/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:45 pm | Tot. Minutes: | 50 | |
| Establishment BLUE SKY TEXAS | Address 4416 98TH ST | City/State LUBBOCK, TX | Zip Code 79424 | Telephone (806) 368-7591 | | |
| Record ID # PR0005725 | Permit Holder CRAIG BINGHAM | Est. Type RESTAURANT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | 2/16/20 |
| Violation Comments: Observed grilled chicken in cold hold near right grill at 47 degrees, held for less than 4 hours. Sent to cooler to rapidly cool. COS. 228.75(f)(1)(B) Cold Hold (41°F/45°F or below) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | 2/16/20 |
| Violation Comments: Observed hose stored in bottom of mop sink. Potential for back-flow issues. Hose moved to create an air gap. COS. 228.146(c) Backflow prevention, air gap | | | | | | |
| 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 | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/13/2020

Establishment
BLUE SKY TEXAS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005725

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

CORE

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

Measured Observations

Burger Grill 185.00 Degrees Fahrenheit
 Cheese CH 42.00 Degrees Fahrenheit
 Tomato RIC 41.00 Degrees Fahrenheit
 Grilled Chicken CH 47.00 Degrees Fahrenheit
 Ground Beef Ch 42.00 Degrees Fahrenheit
 Ground Beef WIC 38.00 Degrees Fahrenheit
 Tomato CH 41.00 Degrees Fahrenheit
 Chicken WIC 39.00 Degrees Fahrenheit
 Bleach Washer 100.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

[Signature]

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | | |
|--|---|---|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 7 | Priority: 1 | Score 13 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 4 | | | | |
| | | Time In 11:55 am | Core: 2 | | | | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 1:05 pm | Tot. Minutes: 70 | | | | |
| Establishment BOSTON KWIK MART | | Address 4201 BOSTON AVE | | City/State LUBBOCK, TX | | Zip Code 79413 | Telephone (806) 577-5623 |
| Record ID # PR0011622 | | Permit Holder HARI BANJARA | | Est. Type CONVENIENCE | | Risk Category FR01 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | 2/20/20 |
| Violation Comments: Observed no Quaternary Ammonium nor Chlorine sanitizer available at time of inspection. Provide. 24 hours. 228.117 Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning Observed ice machine deflector plate soiled. Maintain clean. 24 hours. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | 2/27/20 |
| Violation Comments: At time of inspection observed no Certified Food Manager Certificate available. A Certified food manager certificate is required for the current food service observed: reheating frozen kolaches, corn dogs, and hot links, and hot holding them in the display warmer at the front counter. 30 days to present the certificate for a current employee. 228.33(c) At least one certified food protection manager must be employed by each establishment | | | | | | | |
| Follow up : Yes Followup Date: 02/20/2020 | | | | | | | |

Inspection Report



Activity Date
02/17/2020

Establishment
BOSTON KWIK MART

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011622

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

| | | | |
|----|---|---|---------|
| 22 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | 2/27/20 |
|----|---|---|---------|

Violation Comments:

Observed no Food Handler Cards present. All employees shall have the food handler cards as required by City of Lubbock Ordinance. Facility currently reheats frozen Temperature Controlled for food service foods, and has an ice machine that is used to restock the soda machine bins. 30 days. 228.33(d) Food Handler Training criteria

| | | | |
|----|---|--|---------|
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | |
| 29 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | 2/27/20 |

Violation Comments:

Observed no food thermometer for the hot foods. Provide. 24 hours. 228.108(b) Food thermometers provided and accessible

Observed no test strips for the sanitizer. 24 hours to provide for the appropriate sanitizer used. 228.108(e) Sanitizing solutions, testing devices

| | | | |
|----|--|--|---------|
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/27/20 |

Violation Comments:

Observed liquid dish soap, a scrubbing sponge, and a brown stain in the hand sink at the drink station. Hand sink for hand washing only. Discussed with PIC. Provide retraining. Removed items. COS. 228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing

Observed no paper towels in either restroom. Provided. COS.

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

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

CORE

| | | | |
|----|---|--|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/17/20 |

Violation Comments:

Restroom walls were damaged. Repair to be smooth, easily cleanable, and nonporous. 30 days. 228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

Follow up : Yes Followup Date: 02/20/2020

Inspection Report



Activity Date
02/17/2020
Establishment
BOSTON KWIK MART

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0011622

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

46 ☒ OUT ☐ IN ☐ NO ☐ COS ☐ REP 46 Toilet facilities; constructed/supplied/clean 5/17/20

Violation Comments:

Observed dirty toilet in the west toilet room. Clean and the area. 24 hours. 228.186(h) Cleaning of Plumbing Fixtures

Observed toilet on the west side with no water. Repair. 24 hours. East toilet has a tool in the bowl of water. Repair, remove. 24 hours.
228.149(e)(2) A plumbing system shall be maintained in good repair

47 ☐ OUT ☒ IN ☐ NO ☐ NA ☐ COS ☐ REP 47 Other violations

Measured Observations

hot water hand sink 118.00 Degrees Fahrenheit

Ambient RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

JEANNE VALDEZ




EHS II RS CPO

Rosie Webb

Employee


Inspection Report

Page 1 of 1

| | | | | | |
|---|--|--|-----------------------|-----------------------------|---------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 2:35 pm | Core: | 0 |
| Activity Date 02/18/2020 | Purpose of Inspection COMPLIANCE INSPECTION | Time Out | 3:15 pm | Tot. Minutes: | 40 |
| Establishment BOSTON KWIK MART | Address 4201 BOSTON AVE | City/State LUBBOCK, TX | Zip Code 79413 | Telephone (806) 577-5623 | |
| Record ID # PR0011622 | Permit Holder HARI BANJARA | Est. Type CONVENIENCE | Risk Category FR01 | | |
| OBSERVATIONS | | | | | |
| 10 Contact surfaces/returnables; clean & sanitized <i>Violation Comments:</i> Chlorine sanitizer available. Complied. | | | | | 2/21/20 |
| 21 PIC present / demonstration / duties / CFM <i>Violation Comments:</i> Discussed issue with PIC during compliance inspection. PIC has removed all hot holding equipment. 30 days to revisit. | | | | | 3/27/20 |
| 22 Food Handler/no unauthorized persons/personnel <i>Violation Comments:</i> Complied. | | | | | 2/28/20 |
| 29 Thermometers / test strips provided, accurate <i>Violation Comments:</i> Thermometer complied. Sanitizer test strips not complied. 30 days. | | | | | 3/27/20 |
| 46 Toilet facilities; constructed/supplied/clean <i>Violation Comments:</i> Toilets repaired. Complied. | | | | | 5/18/20 |
| Measured Observations | | | | | |
| No Temperature Observations | | | | | |
| Overall Inspection Comments | | | | | |
| <p>Discussed with PIC food service requirements for a certified food manager certificate, and possibly a grease trap requirement. PIC decided to remove the warmer and discontinue any hot holding or microwaving of hot held foods. Please contact inspector if they start the food service of corn dogs, kolaches, and hot links, or any hot holding of Temperature Controlled for food safety foods. Plumbing requirements may come into effect.</p> <p>Inspection Result: VIOLATION</p> <p>Required Action: RE-INSPECTION</p> | | | | | |
| Signatures | | | | | |
|  JEANNE VALDEZ | |  Hari Banjara | | Co-owner | |
| EHS II RS CPO | | | | | |
| Follow up : Yes Followup Date: 03/27/2020 | | | | | |

Inspection Report

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| | | | | | | | |
|--|---|---|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 4 | Priority: 1 | Score 6 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 10:25 am | Core: 3 | | | | |
| Activity Date 02/20/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 11:45 am | Tot. Minutes: 80 | | | | |
| Establishment BROOKDALE MONTEREY | | Address 5204 ELGIN AVE | | City/State LUBBOCK, TX | | Zip Code 79413 | Telephone (806) 788-1919 |
| Record ID # PR0000859 | | Permit Holder EMERITUS CORPORATION | | Est. Type FOOD SERVICE | | Risk Category FR04 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | 2/23/20 |
| Violation Comments: Observed raw ground beef stored over whole muscle pork. Rearranged. 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: 05/20/2020 | | | | | | | |

Inspection Report

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Activity Date
02/20/2020

Establishment
BROOKDALE MONTEREY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000859

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

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | 5/20/20 |

Violation Comments:

Observed box of french fries and three bags of ice on the floor of the Walk-in freezer. Provide the 6 inches off of the floor. COS. 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"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/20/20 |

Violation Comments:

Walk-in cooler floor and dry storage floors are soiled. Maintain clean. NRI. 228.186(b) Cleaning, frequency and restrictions.

| | | | |
|----|---|--|---------|
| 46 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 47 Other violations | 5/20/20 |

Violation Comments:

Observed HACCP Logs for the mechanical dish washer, walk-in cooler, and the walk-in freezer not filled in on 7th, 8th, 11th, 14th, and the 15th of this month. HACCP is to be filled in everyday by the PIC for those days. Discussed. PIC shall provide corrective actions for those days on the log sheet. NRI. 228 Were no other violations observed during inspection?

Measured Observations

Ground beef raw WIC 36.00 Degrees Fahrenheit
Milk RIC 40.00 Degrees Fahrenheit
Chlorine Sanitizer Dishwasher 100.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jeanne Valdez

JEANNE VALDEZ

EHS II RS CPO

Teresa Welch


Teresa Welch

Kitchen Manager

Follow up : Yes Followup Date: 05/20/2020

Inspection Report

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| | | | | | | | |
|---|--|---|--|----------------------------------|------------------------------|------------------------------|--|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 2:05 pm | Core: 0 | | | | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 2:35 pm | Tot. Minutes: 30 | | | | |
| Establishment CHICKEN EXPRESS #0210 | | Address 210 SLIDE RD | | City/State LUBBOCK, TX | | Zip Code 79416 | Telephone (806) 792-5226 |
| Record ID # PR0006370 | | Permit Holder ROBERT KOLLMAN | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 01 Proper cooling time and temperature |
| 2 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) |
| 3 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) |
| 4 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 04 Proper cooking time and temperature |
| 5 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. |
| 6 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 06 Time as Control; procedures/records |
| 7 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction |
| 8 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 08 Food received at proper temperature |
| 9 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented |
| 10 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized |
| 11 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition |
| 12 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting |
| 13 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion |
| 14 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use |
| 15 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method |
| 16 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered |
| 17 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg |
| 18 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used |
| 19 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow |
| 20 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM |
| 22 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel |
| 23 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure |
| 24 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels |
| 25 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP |
| 26 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label |
| 27 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate |
| 28 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 28 Proper date marking and disposition |
| 29 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate |
| 30 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) |
| 31 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used |
| 32 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use |
| 33 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other |
| 35 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco |
| 36 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored |
| 37 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 37 Environmental contamination |

Follow up : No

Inspection Report

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Activity Date
02/18/2020

Establishment
CHICKEN EXPRESS #0210

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006370

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

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

Measured Observations

CHICKEN WING HH 136.00 Degrees Fahrenheit
QUAT BUCKET 300.00 Parts Per Million
GREEN BEANS HH 170.00 Degrees Fahrenheit
RAW CHICKEN WIC 37.00 Degrees Fahrenheit
CHICKEN TENDER HH 136.00 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


mark ramos

manager

Follow up : No

Inspection Report

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| | | | | | |
|--|--|---------------------------|-----------------------|-----------------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 10:55 am | Core: | 0 |
| Activity Date 02/18/2020 | Purpose of Inspection CITIZEN CONTACT | Time Out | 2:00 pm | Tot. Minutes: | 65 |
| Establishment CHURCH'S CHICKEN #589 | Address 1702 50TH ST | City/State LUBBOCK, TX | Zip Code 794122702 | Telephone (806) 747-1192 | |
| Record ID # PR0000204 | Permit Holder AMPLER CHICKEN LLC | Est. Type RESTAURANT | Risk Category FR02 | | |

OBSERVATIONS

30 Food Establishment Permit (Current & Valid)

2/21/20

Violation Comments:

Facility operating without a valid food permit. City of Lubbock Food permit fees have not been received. All fees (annual and all late fees) are required to be paid immediately.

Corporate office has contacted Environmental Health to update payment of permit and late fees. Corporate states that the checks have been prepared and that they will be mailed. Time for compliance has been extended until Friday, February 21, 2020, 1:00 pm. If payment has not been received by that time, a fine will be issued for each day the facility operates without a permit.

Discussed with PIC the other options to operate to avoid the fines: 1. Pay the amount due in person. or 2. Close the facility, no food service, until the amount is paid.

Measured Observations

No Temperature Observations

Overall Inspection Comments

Notes: Performed a complaint investigation on January 6, 2020 (CO # 378382), at this visit the inspector returned invoice in an envelope marked "Return To Sender". The permit was not expired at time of this visit.

February 6, 2020 visit with PIC about unpaid food permit fee and late fees. Fees should be paid within 24 hours.

February 18 2020: Visit concerning the unpaid food permit and two late fees, and enforcement action.

Inspection Result: VIOLATION

Required Action: EXTENSION

Signatures



JEANNE VALDEZ

EHS II RS CPO




Kay Anderson

GM

Follow up : Yes Followup Date: 02/21/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|--|--|--|-----------------------|-----------------------------|----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 6 | Priority: | 2 | Score 11 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 1:30 pm | Core: | 3 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:00 pm | Tot. Minutes: | 90 | |
| Establishment COTTON PATCH CAFE | Address 6810 SLIDE RD | City/State LUBBOCK, TX | Zip Code 794241506 | Telephone (806) 771-4521 | | |
| Record ID # PR0000901 | Permit Holder COTTON PATCH CAFE, INC | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/21/20 |
| Violation Comments: Observed sticker residue on plastic containers not in use. Sent to ware wash. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | 2/21/20 |
| Violation Comments: Observed heavily dented cans in dry storage. Potential source for botulism. Set aside. COS. 228.83(e) Damaged foods. Heavily rim/seam-dented canned foods, or without the manufacturer's complete labeling | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | 2/28/20 |
| Violation Comments: Observed back prep area hand wash sink not reaching 100 degrees within thirty seconds. Recommend calling plumber or installing hot water booster so hot water is provided quickly. 7 days to comply. 228.143(c) Does the establishment have sufficient capacity to meet peak hot water demands? | | | | | | |
| 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: 02/28/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
COTTON PATCH CAFE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000901

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | 5/18/20 |

Violation Comments:

Observed wiping clothes stored on prep counters when not in use. Moved. COS.

228.68(d)(2)(A) Cloths in-use for wiping between uses stored

| | | | |
|----|---|---|---------|
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/18/20 |

Violation Comments:

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

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

| | | | |
|----|--|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/18/20 |

Violation Comments:

A. Observed soiled wall by back hand wash sink. Clean and sanitize. COS.

B. Observed soiled vent hoods in back kitchen. Clean and sanitize. COS.

228.186(b) Cleaning, frequency and restrictions.

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

Measured Observations

Cheese WIC 41.00 Degrees Fahrenheit
 Chicken WIC 60.00 Degrees Fahrenheit - Comments: Cooling.
 Chicken Grill 185.00 Degrees Fahrenheit
 Shrimp RIC 40.00 Degrees Fahrenheit
 Beef RIC 40.00 Degrees Fahrenheit
 Chicken WIC 41.00 Degrees Fahrenheit
 Tomato CH 41.00 Degrees Fahrenheit
 Rice HH 156.00 Degrees Fahrenheit
 Bleach Washer 100.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 02/28/2020

Inspection Report

Page 3 of 3



Activity Date
02/18/2020

Establishment
COTTON PATCH CAFE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000901

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

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

JACOB KEMMER


EHS II RS CPO

A handwritten signature in blue ink that reads "Maria J. Smith".

Follow up : Yes Followup Date: 02/28/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:30 pm | Core: | 0 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:00 pm | Tot. Minutes: | 90 | |
| Establishment COTTON PATCH CAFE | Address 6810 SLIDE RD | City/State LUBBOCK, TX | Zip Code 794241506 | Telephone (806) 771-4521 | | |
| Record ID # PR0003988 | Permit Holder COTTON PATCH CAFE, INC | Est. Type BAR | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
COTTON PATCH CAFE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003988

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

Thomas F. Foster

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|---|---|--|-----------------------|-----------------------------|-----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 1 | Priority: | 0 | Score 2 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 7:15 am | Core: | 0 | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 9:00 am | Tot. Minutes: | 105 | |
| Establishment CRACKER BARREL OLD COUNTRY | Address 5018 MILWAUKEE | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 795-9884 | | |
| Record ID # PR0004387 | Permit Holder CBOCS TEXAS LLC | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | 3/2/20 |
| Violation Comments: Observed many rte items dated with 8 day date mark instead of 7. Prep day is day 1 then add 6. Corporate has to change machine to print the correct dates. 228.75(g)(1) Date marking prepare on site RTE/ TCS food | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| Follow up : Yes Followup Date: 03/02/2020 | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/21/2020

Establishment
CRACKER BARREL OLD COUNTRY #633

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004387

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

bleach sani bucket 50.00 Parts Per Million
mac and cheese walk in cooler 40.00 Degrees Fahrenheit
raw shell eggs prep counter 50.00 Degrees Fahrenheit - Comments: time as control
hashbrown hot hold 144.00 Degrees Fahrenheit

Overall Inspection Comments

Grout on tile floor in kitchen is in process of being bid for repairs.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Terry Edwards


terry edwards

ASSOCIATE MANAGER

Follow up : Yes Followup Date: 03/02/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 11:30 am | Core: | 0 | |
| Activity Date 02/20/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 12:30 pm | Tot. Minutes: | 60 | |
| Establishment CROSSMARK | Address 6016 MARSHA SHARP FWY | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 793-7182 | | |
| Record ID # PR0005812 | Permit Holder CROSSMARK INC. | Est. Type FOOD SERVICE | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/20/2020

Establishment
CROSSMARK

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005812

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Isabel DeLeon


Isabel DeLeon

Supervisor

Follow up : No

Inspection Report

Page 1 of 1

| | | | | | |
|--|--|---------------------------|-----------------------|-----------------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 2:00 pm | Core: | 0 |
| Activity Date 02/17/2020 | Purpose of Inspection COMPLAINT INVESTIGATION | Time Out | 2:15 pm | Tot. Minutes: | 15 |
| Establishment CUEVAS DRIVE-IN | Address 2013 N ASH | City/State LUBBOCK, TX | Zip Code 79403 | Telephone (806) 747-8507 | |
| Record ID # FA0004259 | Permit Holder LUZ CUEVAS | Est. Type | Risk Category FR03 | | |

OBSERVATIONS

28 Proper date marking and disposition

2/27/20

Violation Comments:

Observed facility not properly date marking on TCS items. Discussed with PIC. Will return in 7 days to ensure date-marking system implemented.

29 Thermometers / test strips provided, accurate

2/27/20

Violation Comments:

Observed no thermometers in RICs containing TCS items. 7 days.

Measured Observations

No Temperature Observations

Overall Inspection Comments


COMPLAINANT STATED NO SANITIZER BUCKETS OUT. STATED OWNER HAD BAD CHICKEN IN THE COOLER AND MIXED IT WITH GOOD CHICKEN. CUT LETTUCE WITH SAME KNIFE AS RAW CHICKEN. STATED THE COOLER IS NOT COLD AND STAYS WARM. NOTHING IS LABELED AND NO THERMOMETER.


At time of complaint investigation, observed recently-replaced sanitizer buckets, TCS food in RICs at or below 41 degrees fahrenheit. Multiple knives reserved for different tasks. RICs missing thermometers and no date marking, discussed with PIC.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures



 NATHAN KLOEPPER EHS I RSIT CPO


 Luz Cuevas Owner

Follow up : Yes Followup Date: 02/27/2020

Inspection Report

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| | | | | | | | |
|--|---|---|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 5 | Priority: 2 | Score 10 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 1 | | | | |
| | | Time In 3:00 pm | Core: 2 | | | | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 4:20 pm | Tot. Minutes: 80 | | | | |
| Establishment DAIRY QUEEN | | Address 6925 UNIVERSITY AVE | | City/State LUBBOCK, TX | | Zip Code 794136303 | Telephone (806) 745-4434 |
| Record ID # PR0000276 | | Permit Holder JR & LINDA BRADY | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | 2/20/20 |
| Violation Comments: Observed raw bacon stored above ready to eat chicken patties, and hot dogs in the Walk-in cooler. Rearrange. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | 2/20/20 |
| Violation Comments: Observed sanitizer bucket with 300 ppm Quaternary ammonium stored over a can of liquid peanut sauce in the ice cream area, and spray bottles with cleaning chemicals stored over a roll of paper towels on a cart by the front counter. Rearrange. COS. 228.203 Poisonous/toxic materials or chemicals stored properly | | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | |
| Follow up : Yes Followup Date: 02/20/2020 | | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/17/2020

Establishment
DAIRY QUEEN

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000276

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

| | | | |
|----|---|---|---------|
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | |
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/27/20 |

Violation Comments:

Observed cracked large plastic containers at ware-wash sink, tongs with damaged plastic yellow handle cover, and a reach-in freezer by the fryers with a broken frame on the sliding door. Remove all damaged items from service. COS. Provide a repair on the sliding door. NRI. 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/17/20 |

Violation Comments:

Observed small scoop for chili stored in water at 66 degrees F. Removed. Discussed. Store in 135 degree F water, moving water, or in a dry clean container. COS. 228.68(b)(6) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in a container of water if the water is maintained at a temperature of at least 57 degrees Celsius (135 degrees Fahrenheit) and the container is cleaned at a frequency specified under §228.114(a)(4)(G) of this title

| | | | |
|----|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/17/20 |

Violation Comments:

Observed east walk-in cooler floor and walk-in freezer floor soiled. Maintain in good repair and clean. Discussed. NRI. 228.186(b) Cleaning, frequency and restrictions.

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

Measured Observations

Sliced tomato WIC 39.00 Degrees Fahrenheit
Ground beef patty cook temperature 195.00 Degrees Fahrenheit
Milk RIC 40.00 Degrees Fahrenheit
Hot water hand sink 128.00 Degrees Fahrenheit
hot water restroom hand sink 108.00 Degrees Fahrenheit
cooked chicken patty WIC 38.00 Degrees Fahrenheit
Chicken tender cook temperature 200.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 02/20/2020

Inspection Report

Page 3 of 3



Activity Date
02/17/2020

Establishment
DAIRY QUEEN

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000276

Vanilla mix WIC 38.00 Degrees Fahrenheit
Sliced tomato CH 40.00 Degrees Fahrenheit
Quaternary ammonium sanitizer Bucket 200.00 Parts Per Million
Cooked chicken patty RIC 42.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Jeanne Valdez".

JEANNE VALDEZ

EHS II RS CPO

A handwritten signature in blue ink that appears to read "Mary Cazarez".


Mary Cazarez

Manager

Follow up : Yes Followup Date: 02/20/2020

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|--|---|----------------------------------|--|------------------------------|------------------------------|--|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 2:40 pm | Core: 0 | | | | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 3:10 pm | Tot. Minutes: 30 | | | | |
| Establishment DOLLAR GENERAL #17394 | | Address 8708 19TH ST | | City/State LUBBOCK, TX | | Zip Code 79407 | Telephone (806) 401-7770 |
| Record ID # PR0011193 | | Permit Holder DOLLAR GENERAL, LLC | | Est. Type GROCERY | | Risk Category FR01 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 01 Proper cooling time and temperature |
| 2 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) |
| 3 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) |
| 4 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 04 Proper cooking time and temperature |
| 5 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. |
| 6 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 06 Time as Control; procedures/records |
| 7 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction |
| 8 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 08 Food received at proper temperature |
| 9 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented |
| 10 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized |
| 11 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition |
| 12 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting |
| 13 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion |
| 14 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use |
| 15 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method |
| 16 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered |
| 17 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg |
| 18 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used |
| 19 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow |
| 20 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM |
| 22 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel |
| 23 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure |
| 24 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels |
| 25 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP |
| 26 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label |
| 27 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate |
| 28 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 28 Proper date marking and disposition |
| 29 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate |
| 30 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) |
| 31 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used |
| 32 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use |
| 33 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other |
| 35 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco |
| 36 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored |
| 37 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 37 Environmental contamination |

Follow up : No

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
DOLLAR GENERAL #17394

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011193

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

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

Measured Observations

CHEESE RIC 40.00 Degrees Fahrenheit
MILK RIC 41.00 Degrees Fahrenheit
MILK RIC 39.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures



CHARLES SEIFERT EHS II RS CPO


Sonia Velasquez Manager

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|--|---|--|--------------------------------------|------------------------------|------------------------------|--|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 10:30 am | Core: 0 | | | | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 11:30 am | Tot. Minutes: 60 | | | | |
| Establishment DOS HERMANAS MEXICAN FOOD | | Address 7405-B MARSHA SHARP FWY | | City/State LUBBOCK, TX | | Zip Code 79407 | Telephone (806) 252-7773 |
| Record ID # PR0009799 | | Permit Holder CYNTHIA ORONA | | Est. Type MOBILE FOOD UNIT | | Risk Category FR01 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 01 Proper cooling time and temperature |
| 2 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) |
| 3 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) |
| 4 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 04 Proper cooking time and temperature |
| 5 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. |
| 6 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 06 Time as Control; procedures/records |
| 7 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction |
| 8 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 08 Food received at proper temperature |
| 9 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented |
| 10 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized |
| 11 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition |
| 12 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting |
| 13 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion |
| 14 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use |
| 15 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method |
| 16 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered |
| 17 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg |
| 18 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used |
| 19 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow |
| 20 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM |
| 22 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel |
| 23 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure |
| 24 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels |
| 25 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP |
| 26 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label |
| 27 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate |
| 28 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 28 Proper date marking and disposition |
| 29 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate |
| 30 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) |
| 31 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used |
| 32 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use |
| 33 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other |
| 35 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco |
| 36 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored |
| 37 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 37 Environmental contamination |

Follow up : No

Inspection Report

Page 2 of 2



Activity Date
02/21/2020

Establishment
DOS HERMANAS MEXICAN FOOD

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009799

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

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

Measured Observations

ambient reach in cooler 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Cynthia Orona


Cynthia Orona

Owner

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|---|--|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 1 | Score 6 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 9:49 am | Core: | 1 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:47 am | Tot. Minutes: | 58 | |
| Establishment FIRST UNITED METHODIST CHURCH | Address 1502 13TH ST | City/State LUBBOCK, TX | Zip Code 79401 | Telephone (806) 763-4607 | | |
| Record ID # PR0004508 | Permit Holder FIRST UNITED METHODIST CHURCH | Est. Type FOOD SERVICE | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input 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 | | | | 2/20/20 |
| Violation Comments: Observed soiled can opener, was used on Saturday. Facility shall clean and sanitize can opener after use, and within every 4 hours if used continuously throughout the day. Discussed with PIC. Sent to ware wash, cleaned and sanitized during inspection. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | 2/27/20 |
| Violation Comments: Observed containers of RTE food items (spaghetti, sauce) with no date marking, PIC stated that it was prepared on Saturday on February 15, 2020; inspection is performed on Monday, Feb 17, 2020. Discussed with PIC that all RTE food items prepared on site to be served for longer than 24 hours shall possess date marking on the outside of each container to the maximum of 7 days including the prep date. Date marking provided. 228.75(g)(1) Date marking prepare on site RTE/ TCS food | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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) | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
FIRST UNITED METHODIST CHURCH

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004508

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

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

CORE

| | | | | |
|----|---|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/17/20 |

Violation Comments:

Observed shelf under prep table soiled. Cleaned with detergent water and sanitized during inspection.

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

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

Measured Observations

Spaghetti RIC 39.00 Degrees Fahrenheit
Ground meat RIC 39.00 Degrees Fahrenheit
Sauce RIC 40.00 Degrees Fahrenheit
Sanitizing solution 3 comp sink 200.00 Parts Per Million

Overall Inspection Comments

Note: Observed improper hand washing steps by an employee when advised for hand wash. Discussed proper hand washing Steps with employee. Complied and re-washed hands. Facility Shall re-train all employees for proper hand washing steps.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


David Ybanez

Supervisor

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|---|---|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 10:15 am | Core: 0 | | | | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 10:55 am | Tot. Minutes: 40 | | | | |
| Establishment FOR GOODNESS SHAPES | | Address 7006 UNIVERSITY AVE 3 | | City/State LUBBOCK, TX | | Zip Code 79413 | Telephone (806) 785-0799 |
| Record ID # PR0005203 | | Permit Holder MIKE & CINDY PATTERSON | | Est. Type RESTAURANT | | Risk Category FR01 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | |
| Follow up : No | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/21/2020

Establishment
FOR GOODNESS SHAPES

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005203

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

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

CORE

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

Measured Observations

Quat Sanitizer 3-comp sink 200.00 Parts Per Million
Hot water Hand sink 122.00 Degrees Fahrenheit

Overall Inspection Comments

At time of inspection, no violation was observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ

EHS II RS CPO


Brandi Vaughn

PIC

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 9:30 am | Core: | 0 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:00 am | Tot. Minutes: | 30 | |
| Establishment GREEN LAWN CHURCH OF CHRIST | Address 5701 19TH ST | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 795-4377 | | |
| Record ID # PR0006400 | Permit Holder GREEN LAWN CHURCH OF CHRIST | Est. Type NON PROFIT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
GREEN LAWN CHURCH OF CHRIST

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006400

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

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

CORE

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

Measured Observations

MILK RIC 40.00 Degrees Fahrenheit
GREEN BEANS RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

NO VIOLATIONS OBSERVED

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


RITA CARY

KITCHEN MANAGER

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | |
|---|--|--|-----------------------|-----------------------------|-----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 12 | Priority: | 4 | Score 24 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 4 | |
| | | Time In | 2:00 pm | Core: | 4 | |
| Activity Date 02/20/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 4:00 pm | Tot. Minutes: | 120 | |
| Establishment GROWLER USA | Address 6030 MARSHA SHARP FWY #200 | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 368-7882 | | |
| Record ID # PR0013287 | Permit Holder LANNY ICE | Est. Type RESTAURANT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | 2/24/20 |
| Violation Comments: Observed rte noodles in cold prep table at 45f for more than 4 hours. Voluntarily discarded. 228.75(f)(1)(B) Cold Hold (41°F/45°F or below) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | 2/24/20 |
| Violation Comments: Observed many rte items in walk in cooler held past 7 day date mark including salsa, ranch, and guacamole. Voluntarily discarded. 228.75(h)(1)(B) Discarded if in a container or package that does not bear a date or day | | | | | | |
| 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 | | | | 2/24/20 |
| Violation Comments: Observed raw shell eggs in cold prep stored over cut vegetables. Rearranged. 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display | | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/24/20 |
| Violation Comments: Observed dish machine sanitizing at 0ppm bleach. Facility shall use 3 comp sink until repaired. 228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| Follow up : Yes Followup Date: 03/02/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/20/2020

Establishment
GROWLER USA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013287

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

| | | | |
|----|--|---|--------|
| 21 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | 3/2/20 |
|----|--|---|--------|

Violation Comments:

Due to nature and number of violations, no certified food manager knowledge observed.

228.32(1) Based on the risks inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this rule. The person in charge shall demonstrate this knowledge by complying with these rules by having no critical violations/priority items during the current inspection

| | | | |
|----|--|--|--------|
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | |
| 28 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | 3/2/20 |

Violation Comments:

Observed many rte items including salsa, guacamole, ranch, cut veggies and sauces in walk in cooler and cold prep cooler missing date marks or using 8 day date mark instead of 7. Advised pic that prep day is day one and add 6 for a total of 7. RTE foods in facility more than 24 hours require a 7 day date mark. All items voluntarily discarded.

228.75(g)(1) Date marking prepare on site RTE/ TCS food
228.75(g)(3) Date marking combined ingredients for RTE/ TCS food

| | | | |
|----|---|--|--------|
| 29 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | 3/2/20 |
|----|---|--|--------|

Violation Comments:

Observed no bleach or quat test strips for facility. Replace.

228.108(e) Sanitizing solutions, testing devices

| | | | |
|----|--|---|--------|
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | |
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 3/2/20 |

Violation Comments:

Observed knife on cold prep cutting board missing chunks of metal, a glass pitcher with broken rim held together with black tape and food containers with cracks. These items are no longer cleanable/sanitizable. Voluntarily discarded.

228.104(a) Cleanability. Food-contact surfaces.

228.112(a)(1) Utensils shall be maintained in a state of repair or condition that complies with the requirements specified under §§228.101 - 228.106 of this title or shall be discarded

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | 5/21/20 |

Violation Comments:

Observed employee eating in kitchen on prep table. Advised PIC to clear table of all food service items and designate as employee table or have employees eat in dining area. Also observed drinks with no lids and straws, voluntarily discarded.

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

| | | | |
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| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |

Follow up : Yes Followup Date: 03/02/2020

Inspection Report

Page 3 of 3



Activity Date
02/20/2020

Establishment
GROWLER USA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013287

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

| | | | | |
|----|---|--|---|---------|
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/21/20 |
|----|---|--|---|---------|

Violation Comments:

Observed dishes not allowed to air dry before stacking and condiment dispensers not allowed to air dry before putting lids on. Sent to warewash.

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

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/21/20 |

Violation Comments:

Observed employee clothing items stored on dry good shelves. Advised pic to use lockers provided.

228.212 Other Personal Care Items, Storage

Observed area around filters above cook top soiled. Advised pic to clean at a frequency to prevent grease build up.

228.186(b) Cleaning, frequency and restrictions.

| | | | | |
|----|---|---|--|---------|
| 46 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 47 Other violations | 5/21/20 |

Violation Comments:

Observed city permits and certified food manager certificate not posted. Display in public view.

228.248(1) Permit/license posted

228.33(b) Certified Food Manager (CFM) Certificate posted in conspicuous location

Measured Observations

cut tomatoes cold prep 41.00 Degrees Fahrenheit

pork hot hold 145.00 Degrees Fahrenheit

noodles cold prep 45.00 Degrees Fahrenheit - Comments: voluntarily discarded

slaw cold prep 40.00 Degrees Fahrenheit

Quat sani bucket 300.00 Degrees Fahrenheit

bleach dish machine 0.00 Degrees Fahrenheit - Comments: use 3 comp sink until repaired

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN


EHS II REHS/RS CPO

KM

Follow up : Yes Followup Date: 03/02/2020

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|---|---|----------------------------------|--------------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 1 | Priority: 0 | Score 2 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 1 | | | | |
| | | Time In 11:26 am | Core: 0 | | | | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 11:37 am | Tot. Minutes: 11 | | | | |
| Establishment HAWAIIAN SHAVED ICE WHITE | | Address 3401 INTERSTATE 27 IN | | City/State LUBBOCK, TX | | Zip Code 794042345 | Telephone (806) 747-6169 |
| Record ID # PR0004050 | | Permit Holder MARTIN FLORES | | Est. Type MOBILE FOOD UNIT | | Risk Category FR01 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | 3/19/20 |
| Violation Comments: Observed no certified food manager certificate for the mobile unit. Facility shall provide within 30 days. 228.33(c) At least one certified food protection manager must be employed by each establishment | | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | |
| Follow up : Yes Followup Date: 03/19/2020 | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
HAWAIIAN SHAVED ICE WHITE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004050

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

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Martin Flores

Owner

Follow up : Yes Followup Date: 03/19/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|---|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 4 | Priority: | 1 | Score 7 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 2:45 pm | Core: | 2 | |
| Time Out | 3:30 pm | Tot. Minutes: | 45 | | | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | | | | | |
| Establishment HEAD HUNTERS SMOKE SHOP | Address 2602 34TH ST | City/State LUBBOCK, TX | Zip Code 79410 | Telephone (806) 438-0097 | | |
| Record ID # PR0007259 | Permit Holder LUBBOCK ZOO, INC. | Est. Type FOOD SERVICE | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input 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 | | | | 2/21/20 |
| Violation Comments: 228.114(a)(3) TCS food equipment food-contact surfaces & utensils shall be cleaned at least every four hours Observed ice scoop stored on surfaces that are not cleaned every four hours. Provide container that can be washed every four hours to store ice scoops in. Discussed. Next regular inspection. | | | | | | |
| 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) | | | | |
| <div style="text-align: right;">Follow up : Yes Followup Date: 02/21/2020</div> | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
HEAD HUNTERS SMOKE SHOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007259

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

| | | | | |
|----|---|--|--|---------|
| 31 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/28/20 |
|----|---|--|--|---------|

Violation Comments:

A) 228.175(c) Hand drying provision.

Observed no paper towels at hand washing station. Provided. Discussed.

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

Observed 5-gallon bucket sitting on top of hand washing sink. Removed. Discussed that hand wash sink must be accessible at all times without being blocked.

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

CORE

| | | | | |
|----|---|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/18/20 |

Violation Comments:

228.111(a) Good repair and proper adjustment.

Observed damaged ice scoop. Replace. Discussed. Next regular inspection.

| | | | | |
|----|---|--|--|---------|
| 40 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | 5/18/20 |
|----|---|--|--|---------|

Violation Comments:

228.125(a)(1) Single-service/ single-use articles and cleaned and sanitized utensils shall be handled, displayed, and dispensed so that contamination of food- and lip-contact surfaces is prevented

Observed single-service items stored on the floor. All food and food service items must be stored at least 6 inches off the floor. Discussed. Rearranged.

| | | | | |
|----|---|--|--|--|
| 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

Follow up : Yes Followup Date: 02/21/2020

Inspection Report

Page 3 of 3



Activity Date
02/18/2020

Establishment
HEAD HUNTERS SMOKE SHOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0007259

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

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

JACKIE DICKSON

EHS I RSIT CPO

A handwritten signature in blue ink that reads "Kailey Hunt".


Kailey Hunt

Assistant manager

Follow up : Yes Followup Date: 02/21/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 11 | Priority: | 4 | Score 21 |
| | | No. of Repeat Violations | 2 | Priority Foundation: | 2 | |
| | | Time In | 1:10 pm | Core: | 5 | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:10 pm | Tot. Minutes: | 60 | |
| Establishment HEALTHY ESSENTIALS, LLC | Address 8008 ABBEVILLE AVE | City/State LUBBOCK, TX | Zip Code 79424 | Telephone (806) 771-5959 | | |
| Record ID # PR0006385 | Permit Holder TRACY WILSON | Est. Type RESTAURANT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | 2/24/20 |
| Violation Comments: Observed eggs stored over chocolate chip container in reach in cooler in back storage area. Possibility for cross contamination if eggs should crack. Rearranged. COS. 228.66(a)(1)(B)(ii) Food protected cross contamination arrange each type food in equipment so cross is prevented | | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/24/20 |
| Violation Comments: Observed sticker residue on cleaned plastic containers in storage. Sent to ware wash. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/24/20 |
| Violation Comments: Observed glass cleaner stored next to coffee ground scale. Moved. COS. 228.203 Poisonous/toxic materials or chemicals stored properly | | | | | | |
| 19 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | 2/24/20 |
| Violation Comments: Observed hose stored in bottom of mop sink. Creates potential for back flow issue. Hose moved to create air gap. COS. 228.146(c) Backflow prevention, air gap | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | 3/2/20 |
| Violation Comments: Observed missing food handler certificates for employees. Collect copies and place in binder. 30 days to comply. 228.33(d) Food Handler Training criteria | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| Follow up : Yes Followup Date: 03/02/2020 | | | | | | |

Inspection Report



Activity Date
02/21/2020

Establishment
HEALTHY ESSENTIALS, LLC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006385

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

| | | | | |
|----|---|---|--|--------|
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 3/2/20 |

Violation Comments:

A. Observed hand wash sink missing soap and paper towels. Hand wash sinks shall be stocked at all times. Supplied. COS.
228.175(b) Hand washing cleanser, availability
228.175(c) Hand drying provision.

B. Observed service items stored in bottom of hand wash sink. Hand wash sink must be accessible and only used for hand washing. Items moved and sink cleaned. COS.
228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing

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

CORE

| | | | | |
|----|---|---|---|---------|
| 34 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | 5/21/20 |
|----|---|---|---|---------|

Violation Comments:

Observed back door weather seal in need of repair to properly seal from outside. Repair. NRI.
228.174(e)(1) Outer openings, protected

| | | | | |
|----|---|---|--|---------|
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | 5/21/20 |

Violation Comments:

Observed heavy ice build up inside of freezers throughout facility. Defrost regularly to prevent ice build up. NRI.
228.70(e) Preventing contamination from other sources. Miscellaneous sources of Contamination

| | | | | |
|----|---|---|---|---------|
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/21/20 |

Violation Comments:

Observed plastic scoop without handle inside of chocolate chip container. Scoops must have a handle. Removed. COS.
228.68(b)(1) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored except as specified under subsection (a) of this section, in the food with their handles above the top of the food and the container

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/21/20 |

Violation Comments:

Observed soiled bottom shelves in several reach in coolers/freezers throughout facility. Clean and sanitize. NRI.
228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

| | | | | |
|----|---|--|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/21/20 |

Violation Comments:

Observed soiled wall beneath 3 compartment sink. Clean and sanitize. NRI.
228.186(b) Cleaning, frequency and restrictions.

Inspection Report

Page 3 of 3

**Activity Date**

02/21/2020

Establishment

HEALTHY ESSENTIALS, LLC

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0006385

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

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

Measured Observations

Milk RIC 40.00 Degrees Fahrenheit

Turkey CH 41.00 Degrees Fahrenheit

Tomato Ch 41.00 Degrees Fahrenheit

Chili Stove 111.00 Degrees Fahrenheit - Comments: Cooling

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures


JACOB KEMMER

EHS II RS CPO

Follow up : Yes Followup Date: 03/02/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|--|--|--|-----------------------|-----------------------------|----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 6 | Priority: | 2 | Score 11 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 12:30 pm | Core: | 3 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 1:45 pm | Tot. Minutes: | 75 | |
| Establishment HOLIDAY INN LUBBOCK SOUTH | Address 6107 JUSTICE AVE | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 722-4466 | | |
| Record ID # PR0012753 | Permit Holder NELESH PATEL | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | 2/21/20 |
| Violation Comments: Observed rte ranch, rte beans, rte alfredo, rte tarter sauce and rte salsa in walk in cooler and cold prep cooler past 7 day date mark. Voluntarily discarded. 228.75(h)(1)(C) Discarded if appropriately marked with a date or day that exceeds a temperature and time combination | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/21/20 |
| Violation Comments: Observed spray bottle of purple liquid with no label. Labeled. 228.202 Poisonous/toxic materials or chemicals not in original container labeled | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
HOLIDAY INN LUBBOCK SOUTH

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012753

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

| | | | |
|----|--|--|---------|
| 28 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | 2/28/20 |
|----|--|--|---------|

Violation Comments:

Observed several containers of sauces and dressing with no date mark. Facility shall label rte food items with 7 day date mark.

228.75(g)(1) Date marking prepare on site RTE/ TCS food

228.75(g)(2) Date marking commercially prepared RTE/ TCS food

228.75(g)(3) Date marking combined ingredients for RTE/ TCS food

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | 5/18/20 |

Violation Comments:

Observed employee drink with no lid or straw on prep counter by microwave. Voluntarily Discarded

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

| | | | |
|----|--|---|---------|
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | 5/18/20 |

Violation Comments:

Observed steak thawing in container of water. Advised PIC that thawing must happen under refrigeration, as part of the cooking process, in running 70f or less water or as part of the cooking process.

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

| | | | |
|----|--|--|---------|
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/18/20 |

Violation Comments:

Observed a small portion of food in a to go box and a bowl of tuna (not a bowl the facility uses) stored in reach in cooler and a grapefruit juice can store with frozen biscuits in the cold prep drawer. Advised pic to store employee items in a clearly labeled container separate from food for service.

228.212 Other Personal Care Items, Storage

| | | | |
|----|---|--|--|
| 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

Cut peppers Cold prep 38.00 Degrees Fahrenheit
Sausage Hot hold 158.00 Degrees Fahrenheit
Beef Cold prep 38.00 Degrees Fahrenheit
Cut tomatoes Cold prep 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : No

Inspection Report

Page 3 of 3

**Activity Date**

02/18/2020

Establishment

HOLIDAY INN LUBBOCK SOUTH

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0012753

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Leslie Morgan".

LESLIE MORGAN

EHS II REHS/RS CPO


A handwritten signature in blue ink that appears to read "Phillip Funk".

Phillip Funk

Food and Beverage
Director

Follow up : No

Inspection Report

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|---|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 5 | Priority: | 0 | Score 6 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 1:45 pm | Core: | 4 | |
| Time Out | 2:30 pm | Tot. Minutes: | 45 | | | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | | | | | |
| Establishment HUB CITY WINGS | Address 1902 34TH ST | City/State LUBBOCK, TX | Zip Code 79411 | Telephone (806) 687-3332 | | |
| Record ID # PR0006764 | Permit Holder HUB CITY FOODS, LLC | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | 2/27/20 |
| Violation Comments: 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition Observed bare wood shelf in kitchen and places where paint has come off of ceiling tiles and wall allowing bare tile/sheetrock to show. Provide sealant. Discussed. Next regular inspection. | | | | | | |
| Follow up : Yes Followup Date: 02/27/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/17/2020

Establishment
HUB CITY WINGS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006764

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | 5/17/20 |

Violation Comments:

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

Observed ice buildup in reach-in freezer across from grill. Defrost and maintain clean and sanitized. Discussed. Next regular inspection.

| | | | |
|----|---|---|---------|
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/17/20 |

Violation Comments:

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

Observed food containers stacked together while wet. Rearranged. Discussed.

| | | | |
|----|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/17/20 |

Violation Comments:

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

Observed soiled vent hood. Maintain clean and sanitized. Discussed. Next regular inspection.

| | | | |
|----|---|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/17/20 |

Violation Comments:

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

Observed damaged gaskets on reach-in freezer and all reach-in coolers beside grill. Replace. Discussed. Next regular inspection.

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

Measured Observations

Ranch dressing RIC 38.00 Degrees Fahrenheit
cheese RIC 39.00 Degrees Fahrenheit
raw hamburger patties RIC 38.00 Degrees Fahrenheit
raw chicken wings RIC 40.00 Degrees Fahrenheit
sanitizer water sanitizer bucket 100.00 Parts Per Million
cooked chicken wings RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 02/27/2020

Inspection Report

Page 3 of 3



Activity Date
02/17/2020
Establishment
HUB CITY WINGS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006764

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

Handwritten signature of Jackie Dickson in blue ink.

JACKIE DICKSON

EHS I RSIT CPO

Handwritten signature of Elizabeth Tijerina in blue ink.


Elizabeth Tijerina

Manager

Follow up : Yes Followup Date: 02/27/2020

Inspection Report

Page 1 of 1

| | | | | | |
|--|---|---------------------------|-----------------------|-----------------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 3:30 pm | Core: | 0 |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 4:13 pm | Tot. Minutes: | 43 |
| Establishment ITALIAN GARDEN | Address 1215 AVE. J ST | City/State LUBBOCK, TX | Zip Code 79401 | Telephone (806) 771-2212 | |
| Record ID # FA0005126 | Permit Holder MURAT BRATI | Est. Type | Risk Category FR03 | | |

OBSERVATIONS

Measured Observations

Cream RIC 41.00 Degrees Fahrenheit
 Shrimp WIC 37.00 Degrees Fahrenheit
 Shrimp CH 40.00 Degrees Fahrenheit
 Fettuccini CH 41.00 Degrees Fahrenheit

Overall Inspection Comments

COMPLAINANT STATES THAT SHE ORDERED SHRIMP FETTUCCINE AND THE SAUCE TASTED FOUL AND THE SHRIMP TASTED ROTTEN.
 At time of investigation, observed fettuccine and shrimp in CH and in WIC all in good conditions and preserved under 41F. PIC advised, when customer orders shrimp, customer have options of three different sauces, namely: Alfredo, Scampi and Pink. All sauce are made on site and after order is made. PIC explained that out of three different options, Shrimp Scampi sauce is very sour in taste because it contains lemon in it. PIC also advised that Shrimp get delivered to the facility weekly, which is placed in freezer and is thawed in WIC as needed before use.
 No violation is observed at time of investigation.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NIRAJAN SHRESTHA EHS I RSIT CPO




BashKim Skepi Owner

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 6 | Priority: | 2 | Score 11 |
| | | No. of Repeat Violations | 1 | Priority Foundation: | 1 | |
| | | Time In | 11:15 am | Core: | 3 | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 12:50 pm | Tot. Minutes: | 95 | |
| Establishment IT'S GREEK TO ME | Address 7006 UNIVERSITY AVE | City/State LUBBOCK, TX | Zip Code 79423 | Telephone (806) 792-1949 | | |
| Record ID # PR0003879 | Permit Holder KHALIL GHANDOUR | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/24/20 |
| Violation Comments: Observed: A. Jars with labels still on them after washing, sanitizing. Remove labels completely before reusing the jars. 30 days. B. Interiors of both reach-in freezers were soiled. Maintain clean. 30 days. C. Prep tables were soiled. Clean every 4 hours when in use. Cleaned, sanitized. Discussed. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | 2/24/20 |
| Violation Comments: Observed employee breath into the glove before putting it on. Removed glove and rewashed hands. Retraining provided. COS. 228.68(e)(1) Gloves single use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| Follow up : Yes Followup Date: 02/24/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/21/2020

Establishment
IT'S GREEK TO ME

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003879

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

| | | | |
|----|---|---|--------|
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | |
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 3/2/20 |

Violation Comments:

A. Observed larger reach-in freezer with damaged lid, and bare wood used in the repair of the lid. Seal the wood, and either repair or replace the freezer. 12 months. B. Using styrofoam under the microwave and the flat grill for stabilization. Styrofoam is not an approved material for food service. Remove and use another material that is easily-cleanable, smooth, and non-porous. 30 days.

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | 5/21/20 |

Violation Comments:

Observed boxes of cups, and hinged containers stored on the floor. Food wrappers in boxes stored on the floor between the wall and a prep table up front. All removed. Provide storage at least 6 inches off the floor. COS. 228.124(a)(3) Single-service/ single-use articles kept in the original protective package or other means of protection

| | | | |
|----|---|--|---------|
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input 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 | 5/21/20 |

Violation Comments:

Observed cooler doors, freezer doors, door gaskets for the coolers and freezers, front cooking grill area, and shelves up front soiled. Maintain areas clean daily. 30 days to reinspect. 228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

| | | | |
|----|---|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/21/20 |

Violation Comments:

Observed: A. Floors, and walls throughout the facility soiled. Maintain clean. Discussed cleaning schedule. B. Label and store all personal items away and below food service items. Discussed. 30 days to reinspect. 228.186(b) Cleaning, frequency and restrictions.

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| 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

gyro meat CH 39.00 Degrees Fahrenheit
Cooked chicken RIC 41.00 Degrees Fahrenheit
Falafel mix RIC 40.00 Degrees Fahrenheit
Chlorine sanitizer Mechanical dish washer 50.00 Parts Per Million

Follow up : Yes Followup Date: 02/24/2020

Inspection Report



Activity Date
02/21/2020

Establishment
IT'S GREEK TO ME

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003879

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

A handwritten signature in blue ink that reads "Jeanne Valdez".

JEANNE VALDEZ

EHS II RS CPO


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

Khalil Ghandour

Owner

Inspection Report

Page 1 of 1

| | | | | | |
|--|--|-------------------------------|-----------------------|-----------------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 2:05 pm | Core: | 0 |
| Activity Date 02/18/2020 | Purpose of Inspection CITIZEN CONTACT | Time Out | 2:30 pm | Tot. Minutes: | 25 |
| Establishment JALAPENO HEAVEN | Address 2001 52ND ST | City/State LUBBOCK, TX | Zip Code 79412 | Telephone (806) 778-6383 | |
| Record ID # PR0012849 | Permit Holder TRACY HANLON | Est. Type MOBILE FOOD UNIT | Risk Category FR02 | | |

OBSERVATIONS

30 Food Establishment Permit (Current & Valid)

2/28/20

Violation Comments:

City of Lubbock Food Service Permit fee and late fees have not been paid. Facility may not operate without a valid permit. Fees must be paid immediately. If permit and late fees are not paid by February 28, 2020, the food permit will be placed Out of Business. If the unit is placed out of business, you will have to pay for the Plan Review Packet, and for a new permit.

Measured Observations

No Temperature Observations

Overall Inspection Comments

Note: Visited with PIC at storage location of the mobile unit on February 6, 2020 concerning the unpaid food permit fee and late fee due. 72 hours was given to pay the fees. Pay by Friday.

Inspection Result: VIOLATION

Required Action: EXTENSION

Signatures



JEANNE VALDEZ

EHS II RS CPO




Tracy Hanlon

Co-owner

Follow up : Yes Followup Date: 02/28/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 2 | Score 7 |
| | | No. of Repeat Violations | 1 | Priority Foundation: | 0 | |
| | | Time In | 1:25 pm | Core: | 1 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:00 pm | Tot. Minutes: | 35 | |
| Establishment JERSEY MIKE'S SUBS | Address 6319 82ND ST 300 | City/State LUBBOCK, TX | Zip Code 79424 | Telephone (806) 590-4015 | | |
| Record ID # PR0008732 | Permit Holder JMTX, LLC | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/20/20 |
| Violation Comments: A. Observed soiled soda nozzles on drink dispenser. Clean and sanitize daily, recommend using brush to remove any sugar build-up. Sent to ware wash. COS. B. Observed soiled utensil stored with clean utensils near 3 compartment sink. Sent to ware wash. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/20/20 |
| Violation Comments: Observed machine oil lubricant stored above prep area. Moved to chemical storage. COS. 228.203 Poisonous/toxic materials or chemicals stored properly | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
JERSEY MIKE'S SUBS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008732

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

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

CORE

| | | | |
|----|---|--|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/17/20 |

Violation Comments:

A. Observed mop not properly air drying in mop sink. Moved. COS.
228.186(f) Drying mops

B. Observed personal drinks without lid and straw stored near prep area. Personal drinks must have a lid and straw. COS.
228.212 Other Personal Care Items, Storage

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

Measured Observations

Ham WIC 41.00 Degrees Fahrenheit
Salami RIC 40.00 Degrees Fahrenheit
Cheese WIC 41.00 Degrees Fahrenheit
Tomato CH 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NOT APPLICABLE

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

Neuman

Follow up : No

Inspection Report

Page 1 of 4

| | | | | | | |
|---|--|--|-----------------------|-----------------------------|-----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 15 | Priority: | 6 | Score 29 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 2 | |
| | | Time In | 11:30 am | Core: | 7 | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 1:30 pm | Tot. Minutes: | 120 | |
| Establishment JOEL'S | Address 3116 AMHERST | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 765-0590 | | |
| Record ID # PR0003226 | Permit Holder JOEL GONZALES | Est. Type RESTAURANT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | 2/24/20 |
| Violation Comments: Observed chili cooling on counter at 128 degrees for less than 2 hours. Moved chili to smaller pans and submerged pans in ice. COS 228.75(d)(1)(A) Cooling -- within 2 hours, 135-70°F | | | | | | |
| 2 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | 2/24/20 |
| Violation Comments: Observed raw shell eggs stored on counter top at 65 degrees for less than 4 hours. Sent to RIC. COS 228.75(f)(2) Eggs not treated to destroy Salmonellae stored in refrigerator maintains an ambient air temperature 7°C (45°F) or less. | | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | 2/24/20 |
| Violation Comments: Observed ground beef hot holding in unit at 110 degrees for less than 4 hours. Sent to stove top for rapid reheat. COS 228.75(f)(1)(A) Hot Hold (135°F or higher) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/24/20 |
| Violation Comments: Observed chlorine sanitizer in bucket at 10 ppm. Remade. Observed at 75 ppm. COS 228.118(3)(D) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in an exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in §228.2(125) of this title (relating to Definitions) | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | 2/24/20 |
| Violation Comments: Observed employee change tasks and touch RTE items with bare hands without proper hand wash or barrier. Discarded item and retrained employee. COS 228.38(d) When to wash | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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 | | | | |
| Follow up : Yes Followup Date: 02/24/2020 | | | | | | |

Inspection Report

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Activity Date
02/21/2020
Establishment
JOEL'S

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0003226

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

| | | | | |
|----|---|---|---|---------|
| 19 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | 2/24/20 |
|----|---|---|---|---------|

Violation Comments:

Observed leaking/damaged plumbing on 3-compartment sink. Repair/replace. 3 days.

228.149(e)(1) A plumbing system shall be repaired according to the Plumbing Code

| | | | | |
|----|---|---|--|--|
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | |
|----|---|---|--|--|

PRIORITY FOUNDATION

| | | | | |
|----|---|---|---|--------|
| 21 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | 3/2/20 |
|----|---|---|---|--------|

Violation Comments:

Due to the number and nature of violations, observed lack of managerial knowledge and control.

228.32(1) Based on the risks inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this rule. The person in charge shall demonstrate this knowledge by complying with these rules by having no critical violations/priority items during the current inspection

| | | | | |
|----|---|--|--|--------|
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 28 Proper date marking and disposition | |
| 29 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | 3/2/20 |

Violation Comments:

Observed facility did not have any sanitizer test strips. Owner obtained strips by the end of inspection. COS

228.108(e) Sanitizing solutions, testing devices

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

CORE

| | | | | |
|----|---|---|---|---------|
| 34 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | 5/21/20 |
|----|---|---|---|---------|

Violation Comments:

Observed door sweep under back door missing. Repair/replace. 30 days.

228.174(e)(1) Outer openings, protected

| | | | | |
|----|---|--|--|---------|
| 35 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | 5/21/20 |
|----|---|--|--|---------|

Violation Comments:

Observed employee personal drinks in kitchen area. Voluntarily removed. COS

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

| | | | | |
|----|---|---|---|--|
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 37 Environmental contamination | |

Follow up : Yes Followup Date: 02/24/2020

Inspection Report

Page 3 of 4



Activity Date
02/21/2020
Establishment
JOEL'S

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0003226

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

| | | | |
|----|--|----------------------------|---------|
| 38 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | 5/21/20 |
|----|--|----------------------------|---------|

Violation Comments:

Observed meat thawing on counter top. Discussed with PIC. Sent to 3-compartment sink to thaw under running water at or below 70 degrees. COS

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

| | | | |
|----|---|---|---------|
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/21/20 |
|----|---|---|---------|

Violation Comments:

Observed the following;

I) damaged utensils in kitchen area. Remove/replace. NRI

II) Damaged gasket on reach-in-freezer. Replace. NRI

228.111(a) Good repair and proper adjustment.

| | | | |
|----|---|--|--|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
|----|---|--|--|

| | | | |
|----|---|--|--|
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
|----|---|--|--|

| | | | |
|----|---|------------------------------------|--|
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
|----|---|------------------------------------|--|

| | | | |
|----|---|--|---------|
| 43 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | 5/21/20 |
|----|---|--|---------|

Violation Comments:

Observed light fixture missing in kitchen area with non shatter-resistant bulbs or shatter-resistant sleeve. Facility may either replace light cover, replace light bulb with shatter-proof bulb, or put shatter-resistant sleeve over existing bulb. NRI

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

| | | | |
|----|---|--|--|
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
|----|---|--|--|

| | | | |
|----|---|---|---------|
| 45 | <input 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 | 5/21/20 |
|----|---|---|---------|

Violation Comments:

Observed heavily damaged floor tiles throughout kitchen. Repair/replace. 30 days.

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

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

| | | | |
|----|---|--|---------|
| 46 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 46 Toilet facilities; constructed/supplied/clean | 5/21/20 |
|----|---|--|---------|

Violation Comments:

Observed door to restroom not properly self-closing. Repair/replace with self-closing door. NRI

228.186(i) Closing toilet room doors

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

Measured Observations

Ground Beef HH 110.00 Degrees Fahrenheit
Peaches RIC 34.00 Degrees Fahrenheit
Chili Cooling 128.00 Degrees Fahrenheit
Posole Cooking 179.00 Degrees Fahrenheit
Bleach bucket 10.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 02/24/2020

Inspection Report

Page 4 of 4



Activity Date
02/21/2020
Establishment
JOEL'S

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0003226

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

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

NATHAN KLOEPPER

EHS I RSIT CPO

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


Joel Gonzales

Owner

Follow up : Yes Followup Date: 02/24/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|---|---|---|----------------------------------|------------------------------------|-----------------------|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 1 | Priority: 0 | Score 1 |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | |
| | | Time In 3:50 pm | Core: 1 | | | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 4:15 pm | Tot. Minutes: 25 | | | |
| Establishment KINGS CASH | Address 2117 50TH ST | City/State LUBBOCK, TX | Zip Code 79412 | Telephone (806) 747-8033 | | |
| Record ID # PR0008437 | Permit Holder ROBERT RAMIREZ | Est. Type CONVENIENCE | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
KINGS CASH

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008437

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

| | | | |
|----|---|---|---------|
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/19/20 |

Violation Comments:

Ice machine deflector plate was soiled, and the cup holders were dusty. All were cleaned. COS. 228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

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

Measured Observations

Hot water 3-comp sink 113.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jeanne Valdez

JEANNE VALDEZ

EHS II RS CPO

Robert Ramirez


Robert Ramirez

Owner

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | |
|---|--|--|-----------------------|-----------------------------|-----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 7 | Priority: | 4 | Score 15 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:50 pm | Core: | 3 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:45 pm | Tot. Minutes: | 115 | |
| Establishment LA SUPER | Address 2131 CLOVIS RD | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 747-6766 | | |
| Record ID # PR0003950 | Permit Holder AGUSTIN SANTOYO | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | 2/22/20 |
| Violation Comments: Observed bowl and utensil handle sitting in pot of RTE rice on stove top. Voluntarily discarded rice. Discussed with PIC. COS 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display | | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/22/20 |
| Violation Comments: Observed bleach sanitizer in 3-compartment sink at 0 ppm. Remade. Observed at 50 ppm. Sent all wares to warewash. 228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | 2/22/20 |
| Violation Comments: Observed employee bare hand contact RTE tortillas without proper hand wash. Tortillas discarded. Employee retrained. COS 228.65(a)(2) Bare hands contact with ready-to-eat foods | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/22/20 |
| Violation Comments: Observed unlabeled chemical spray bottle in kitchen area. Relabeled. 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 | | | | |
| Follow up : Yes Followup Date: 05/19/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/19/2020

Establishment
LA SUPER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003950

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

| | | | | |
|----|---|---|--|--|
| 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | 5/19/20 |

Violation Comments:

Observed multiple employee personal drinks in kitchen area. Discussed with PIC. Voluntarily removed. COS

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

| | | | | |
|----|---|---|---|---------|
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/19/20 |

Violation Comments:

Observed the following;

I) Dishes stacked wet. Rearranged. COS

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

II) Burnt/damaged utensils in kitchen area. Removed/replaced. COS

228.111(a) Good repair and proper adjustment.

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input 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 | 5/19/20 |

Violation Comments:

Observed damaged floor tiles by warewash and stove area. Repair/replace. NRI

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

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

Measured Observations

Sliced tomatoes RIC 40.00 Degrees Fahrenheit
Sliced peppers WIC 40.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 05/19/2020

Inspection Report

Page 3 of 3



Activity Date
02/19/2020
Establishment
LA SUPER

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0003950

Refried bean HH 150.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

NATHAN KLOEPPER

EHS I RSIT CPO

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


Alejandra

Employee

Follow up : Yes Followup Date: 05/19/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|---|---|--|-----------------------|-----------------------------|-------|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 1 | Priority: | 1 | Score 3 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:50 pm | Core: | 0 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 1:45 pm | Tot. Minutes: | 1,435 | |
| Establishment LA SUPER | Address 2131 CLOVIS RD | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 747-6766 | | |
| Record ID # PR0004257 | Permit Holder AGUSTIN SANTOYO | Est. Type MEAT MARKET | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/22/20 |
| Violation Comments: Observed bleach sanitizer in 3-compartment sink at 0 ppm. Remade. Observed sanitizer at 50 ppm. 228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020
Establishment
LA SUPER

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0004257

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

Whole beef WIC 27.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOPPER

EHS I RSIT CPO


Alejandra

Employee

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|-----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:50 pm | Core: | 0 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:45 pm | Tot. Minutes: | 115 | |
| Establishment LA SUPER | Address 2131 CLOVIS RD | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 747-6766 | | |
| Record ID # PR0004258 | Permit Holder AGUSTIN SANTOYO | Est. Type BAKERY | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020
Establishment
LA SUPER

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0004258

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOPPER

EHS I RSIT CPO


Alejandra

Employee

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|-----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:50 pm | Core: | 0 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:45 pm | Tot. Minutes: | 115 | |
| Establishment LA SUPER | Address 2131 CLOVIS RD | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 747-6766 | | |
| Record ID # PR0004402 | Permit Holder AGUSTIN SANTOYO | Est. Type GROCERY | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020
Establishment
LA SUPER

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0004402

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

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

Measured Observations

Milk RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Alejandra

Employee

Follow up : No

Inspection Report

Page 1 of 1

| | | | | | |
|--|---|---------------------------|-----------------------|-----------------------------|-----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 1:50 pm | Core: | 0 |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 3:50 pm | Tot. Minutes: | 120 |
| Establishment LA SUPER | Address 2131 CLOVIS RD | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 747-6766 | |
| Record ID # FA0003073 | Permit Holder AGUSTIN SANTOYO | Est. Type | Risk Category FR01 | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

COMPLAINANT STATED SHE OPENED THE LID TO GET SOME PUMPKIN SEEDS AND NOTICED THERE WAS A MAGGOT IN THE SEEDS. TOLD THE MANAGER AND THEY JUST THREW IT AWAY.

At time of complaint investigation, observed facility had discarded all pumpkin seeds after learning about complaint. Discussed with PIC. No Violation.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER

EHS I RSIT CPO


Alejandra

Employee

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | |
|--|---|---|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 2 | Priority: 1 | Score 5 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 1 | | | | |
| | | Time In 10:20 am | Core: 0 | | | | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 10:50 am | Tot. Minutes: 30 | | | | |
| Establishment LAUGH N' LEARN CHILDREN | | Address 4715 58TH ST | | City/State LUBBOCK, TX | | Zip Code 79414 | Telephone (806) 785-9700 |
| Record ID # PR0013278 | | Permit Holder TORI WELCH | | Est. Type DAYCARE | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | |
| 11 | <input 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 | | | | | 2/22/20 |
| Violation Comments: OBSERVED CHEMICAL SPRAY BOTTLE STORED ABOVE AND WITH NOZZLE POINTING TOWARDS FOOD CONTACT SURFACES. NO EVIDENCE OF RESIDUE OR CHEMICAL ON SURFACES. REARRANGED AND STORED BELOW. 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: 02/29/2020 | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
LAUGH N' LEARN CHILDREN ACADEMY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013278

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/29/20 |

Violation Comments:

OBSERVED ACCESS OF HANDWASH SINK BLOCKED BY TRASH CAN. EMPLOYEES HAVING TO MOVING TRASHCAN BEFORE AND AFTER HAND WASH AT SINK. TRASH CAN MOVED. DISCUSSED. COS.

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

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

CORE

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

Measured Observations

CORN RIC 40.00 Degrees Fahrenheit
BROCCOLI STOVE 149.00 Degrees Fahrenheit
HOT DOGS RIC 42.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO

EHS II RS CPO


SABRINA SOSA

ASSISTANT

Follow up : Yes Followup Date: 02/29/2020

Inspection Report

Page 1 of 3

| | | | | | | | | | | | |
|---|--|--|--|--|--|-----------------------|--|-----------------------------|--|---|--|
|  <div style="margin-left: 10px;"> Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 </div> | | No. of Violations | | 5 | | Priority: | | 1 | | <div style="font-size: 2em; font-weight: bold;">Score</div> <div style="font-size: 4em; font-weight: bold; margin-top: 10px;">8</div> | |
| | | No. of Repeat Violations | | 3 | | Priority Foundation: | | 1 | | | |
| | | Time In | | 2:00 pm | | Core: | | 3 | | | |
| Activity Date 02/18/2020 | | Purpose of Inspection ROUTINE INSPECTION | | Time Out | | 3:00 pm | | Tot. Minutes: | | 60 | |
| Establishment LEE'S CAFE #2 | | Address 4919 34TH ST | | City/State LUBBOCK, TX | | Zip Code 79410 | | Telephone (806) 993-5337 | | | |
| Record ID # PR0012705 | | Permit Holder DOROTHY LEE | | Est. Type RESTAURANT | | Risk Category FR03 | | | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | | | | |
| PRIORITY | | | | | | | | | | | |
| 1 | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | | 01 Proper cooling time and temperature | | | | | | 2/21/20 | |
| Violation Comments: Observed large containers of mashed potatoes and meat loaf at 85 degrees and 55 degrees F respectfully in reach in cooler cooling. Cooked this morning and still within 6 hour period. Taken out of reach in cooler and placed into smaller containers and on ice to cool within required time. Discussed. COS. 228.75(d)(1)(B) Cooling -- total 6 hours, 135-41°F | | | | | | | | | | | |
| 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 | | | | | | | |
| Follow up : Yes Followup Date: 02/21/2020 | | | | | | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
LEE'S CAFE #2

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012705

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 | 2/28/20 |

Violation Comments:

OBSERVED DAMAGED CONTAINER DRAWER AND DAMAGED SIDES OF REACH IN FREEZER AND DAMAGED GASKETS TO REACH IN COOLER. PROVIDE REPAIR TO HAVE ONLY EASILY CLEANABLE SURFACES. DISCUSSED. NRI.

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

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/18/20 |

Violation Comments:

OBSERVED ICE SCOOP STORED ON TOP OF ICE MACHINE WITH NO PROTECTION. TAKEN BACK TO WAREWASH AND CLEANED AND STORED CORRECTLY IN SEPARATE CONTAINER. DISCUSSED. COS.

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

OBSERVED WET CLEAN CUPS STORED TOGETHER STACKED. STAGGER TO PROPERLY AIR DRY. DISCUSSED. NRI.

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

| | | | |
|----|--|--|---------|
| 40 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | 5/18/20 |
|----|--|--|---------|

Violation Comments:

OBSERVED SINGLE SERVICE ITEMS STORED ON FLOOR. REARRANGED TO BE 6 INCHES OFF THE FLOOR. DISCUSSED. COS.

| | | | |
|----|---|--|---------|
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/18/20 |

Violation Comments:

OBSERVED BACKSPLASH OF SODA MACHINE 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

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

Measured Observations

MEAT LOAF RIC 55.00 Degrees Fahrenheit - Comments: COOLING

MASHED POTATOES RIC 86.00 Degrees Fahrenheit - Comments: COOLING

MILK RIC 40.00 Degrees Fahrenheit

BURGER GRILL 189.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 02/21/2020

Inspection Report

Page 3 of 3



Activity Date
02/18/2020

Establishment
LEE'S CAFE #2

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012705

BEANS RIC 42.00 Degrees Fahrenheit
COLLAR GREENS RIC 42.00 Degrees Fahrenheit
MASHED POTATOES HH 156.00 Degrees Fahrenheit
BEans HH 168.00 Degrees Fahrenheit
CHICKEN RIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

MATTHEW ELIZONDO

EHS II RS CPO

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


DETREASIA

MANAGER

Follow up : Yes Followup Date: 02/21/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|----------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:20 pm | Core: | 0 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 1:40 pm | Tot. Minutes: | 20 | |
| Establishment LITTLE BLUE TRAILER | Address 2747 34TH ST | City/State LUBBOCK, TX | Zip Code 79410 | Telephone | | |
| Record ID # PR0010783 | Permit Holder EDWARD KRAHMER | Est. Type MOBILE FOOD UNIT | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
LITTLE BLUE TRAILER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010783

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

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

CORE

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

Measured Observations

CHEESE HH 135.00 Degrees Fahrenheit
BRKSET HH 161.00 Degrees Fahrenheit
BEANS HH 141.00 Degrees Fahrenheit

Overall Inspection Comments

NO VIOLATIONS OBSERVED

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION


Signatures

MATTHEW ELIZONDO EHS II RS CPO

FRANK IARNER OWNER

Follow up : No

Inspection Report

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|---|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 4 | Priority: | 1 | Score 6 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:35 pm | Core: | 3 | |
| Time Out | 2:30 pm | Tot. Minutes: | 55 | | | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | | | | | |
| Establishment LITTLE PANDA | Address 1221 UNIVERSITY AVE | City/State LUBBOCK, TX | Zip Code 794013607 | Telephone (806) 722-0888 | | |
| Record ID # PR0000627 | Permit Holder DEWANG LIU | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | 2/21/20 |
| Violation Comments: 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display Observed raw chicken stored on shelf over sauces in interior walk-in cooler. Rearranged. Discussed. | | | | | | |
| 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 | | | | |
| Follow up : Yes Followup Date: 05/18/2020 | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
LITTLE PANDA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000627

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

| | | | | |
|----|---|--|---|---------|
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/18/20 |

Violation Comments:

228.122(a) Drying, Equipment and Utensils

Observed mop, not in use, stored with mop head in mop sink. Mop moved to a handle down position to allow for proper air drying. Discussed.

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/18/20 |

Violation Comments:

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

Observed heavily soiled floor under wok and frying station. Maintain clean and sanitized. Discussed. Next regular inspection.

| | | | | |
|----|---|---|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/18/20 |

Violation Comments:

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

Observed damaged gasket on interior walk-in cooler door. Replace. Discussed. Next regular inspection.

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

Measured Observations

cooked noodles CH 36.00 Degrees Fahrenheit
raw beef CH 37.00 Degrees Fahrenheit
cooked chicken WIC 41.00 Degrees Fahrenheit
raw chicken WIC 35.00 Degrees Fahrenheit
egg drop soup HH 156.00 Degrees Fahrenheit
cooked fried rice HH 147.00 Degrees Fahrenheit
raw shrimp CH 35.00 Degrees Fahrenheit
cooked white rice HH 145.00 Degrees Fahrenheit
cut mushrooms CH 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

Jackie Dickson

JACKIE DICKSON

EHS I RSIT CPO

Qiongbin Zhu


Qiongbin Zhu

Manager

Follow up : Yes Followup Date: 05/18/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 11:15 am | Core: | 0 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 11:45 am | Tot. Minutes: | 30 | |
| Establishment MACKENZIE HOUSE | Address 8609 BOSTON AVE | City/State LUBBOCK, TX | Zip Code 794230000 | Telephone (806) 745-7770 | | |
| Record ID # PR0000693 | Permit Holder MACKENZIE AID OPCO, LLC | Est. Type INSTITUTIONAL | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 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 | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
MACKENZIE HOUSE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000693

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

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

Measured Observations

MILK RIC 39.00 Degrees Fahrenheit
CHICKEN STOVE 183.00 Degrees Fahrenheit
CL DISH MACHINE 100.00 Parts Per Million
HAM RIC 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Patty Nino


patty nino

chef

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|---|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 1 | Score 5 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:45 pm | Core: | 2 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:47 pm | Tot. Minutes: | 62 | |
| Establishment MCDONALD'S #26903 | Address 5010 INTERSTATE 27 | City/State LUBBOCK, TX | Zip Code 794044431 | Telephone (806) 796-2697 | | |
| Record ID # PR0001921 | Permit Holder HUGO VARGAS | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/21/20 |
| Violation Comments: Observed tongue with food residue on it stored with clean utensils in dish storage shelf by the 3 compartment sink. Advised PIC that all service items and utensils shall be cleaned and sanitized thoroughly before they get stored. All utensils and service items stored in the shelf was sent to ware wash for thorough cleaning and sanitizing. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| Follow up : Yes Followup Date: 05/18/2020 | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
MCDONALD'S #26903

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001921

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

CORE

| | | | | |
|----|---|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input 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 | 5/18/20 |

Violation Comments:

Observed the following:

- A) soiled floor in walk-in-freezer and under shelves in walk-in-cooler. Facility shall clean, sanitize and maintain.
B) soiled floor under soda syrup shelf. Facility shall clean, sanitize and maintain.

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

- C) vent above grill in the kitchen dusty. Facility shall clean, sanitize and maintain.

228.104(i) Ventilation hood systems, filters

| | | | | |
|----|---|---|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input 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 | 5/18/20 |

Violation Comments:

Observed the following:

- A) floor tiles at the end of kitchen chipped. Facility shall repair.
B) floor tiles in walk-in-freezer by the door damaged. Facility shall repair.

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

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

Measured Observations

Chicken nuggets HH 149.00 Degrees Fahrenheit
Quat sanitizing solution 3 compartment sink 300.00 Parts Per Million
Chicken WIC 37.00 Degrees Fahrenheit
Burger Patties HH 164.00 Degrees Fahrenheit
Milk WIC 35.00 Degrees Fahrenheit
Chlorine sanitizing solution sanitizing bucket 50.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA

EHS I RSIT CPO


Dqua Queenan

Store Manager

Follow up : Yes Followup Date: 05/18/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 9:30 am | Core: | 0 | |
| Activity Date 02/20/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:15 am | Tot. Minutes: | 45 | |
| Establishment MILAM DAYCARE | Address 1105 38TH ST | City/State LUBBOCK, TX | Zip Code 794121416 | Telephone (806) 747-2664 | | |
| Record ID # PR0000734 | Permit Holder MILAM CHILDREN'S CENTER | Est. Type DAYCARE | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| Follow up : No | | | | | | |

Inspection Report

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Activity Date
02/20/2020

Establishment
MILAM DAYCARE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000734

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

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

CORE

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

Measured Observations

Ambient RIC 40.00 Degrees Fahrenheit
Hot water Hand sink 108.00 Degrees Fahrenheit

Overall Inspection Comments

At time of routine inspection no violation was observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jeanne Valdez

JEANNE VALDEZ

EHS II RS CPO

Sarah Glynn


Sarah Glynn

Director

Follow up : No

Inspection Report

Page 1 of 1

| | | | | | |
|--|---|--------------------------|-----------------------|----------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 10:00 am | Core: | 0 |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:15 am | Tot. Minutes: | 15 |
| Establishment | Address | City/State | Zip Code | Telephone | |
| Record ID # N/A | Permit Holder | Est. Type | Risk Category CFCO | | |

OBSERVATIONS

Measured Observations

No Temperature Observations

Overall Inspection Comments

Compliant: Making chocolate covered strawberries in non permitted/ cottage food facilities.

At time of investigation:

No items with punctured strawberries in facility. All had been sold. Stated to person in charge that as long as strawberries are whole and not punctured, then they are ok to dip in chocolate and sell as cottage food. Will not be doing bouquets in future with puncture strawberries just in packages. Discussed.

No violations observed on site. to be complied by facility in future.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



MATTHEW ELIZONDO

EHS II RS CPO




Iela McNemee

volunteer

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|--|---|--|----------------------------------|------------------------------|------------------------------|--|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 9:30 am | Core: 0 | | | | |
| Activity Date 02/22/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 10:15 am | Tot. Minutes: 45 | | | | |
| Establishment ONE GUY FROM ITALY | | Address 1808 CLOVIS RD | | City/State LUBBOCK, TX | | Zip Code 79415 | Telephone (732) 668-8120 |
| Record ID # PR0013432 | | Permit Holder JOE FELICIA | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 01 Proper cooling time and temperature |
| 2 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) |
| 3 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) |
| 4 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 04 Proper cooking time and temperature |
| 5 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. |
| 6 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 06 Time as Control; procedures/records |
| 7 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction |
| 8 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 08 Food received at proper temperature |
| 9 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented |
| 10 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized |
| 11 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition |
| 12 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting |
| 13 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion |
| 14 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use |
| 15 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method |
| 16 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered |
| 17 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg |
| 18 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used |
| 19 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow |
| 20 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM |
| 22 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel |
| 23 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure |
| 24 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels |
| 25 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP |
| 26 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label |
| 27 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate |
| 28 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 28 Proper date marking and disposition |
| 29 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate |
| 30 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) |
| 31 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used |
| 32 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use |
| 33 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other |
| 35 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco |
| 36 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored |
| 37 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 37 Environmental contamination |
| Follow up : No | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/22/2020

Establishment
ONE GUY FROM ITALY

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013432

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

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

Measured Observations

ground beef RIC 38.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Alex Arellano Shift Lead/ Cook

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|--|---|--|--|------------------------------|------------------------------|--|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 2:05 pm | Core: 0 | | | | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 2:30 pm | Tot. Minutes: 25 | | | | |
| Establishment ORIENTAL MARKET | | Address 4220 50TH ST | | City/State LUBBOCK, TX | | Zip Code 79413 | Telephone (806) 788-0688 |
| Record ID # PR0003330 | | Permit Holder SI YUAN SUN | | Est. Type GROCERY | | Risk Category FR01 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 01 Proper cooling time and temperature |
| 2 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) |
| 3 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) |
| 4 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 04 Proper cooking time and temperature |
| 5 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. |
| 6 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 06 Time as Control; procedures/records |
| 7 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction |
| 8 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 08 Food received at proper temperature |
| 9 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented |
| 10 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized |
| 11 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition |
| 12 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting |
| 13 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion |
| 14 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use |
| 15 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method |
| 16 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered |
| 17 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg |
| 18 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used |
| 19 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow |
| 20 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM |
| 22 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel |
| 23 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure |
| 24 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels |
| 25 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP |
| 26 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label |
| 27 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate |
| 28 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 28 Proper date marking and disposition |
| 29 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate |
| 30 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) |
| 31 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used |
| 32 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use |
| 33 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other |
| 35 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco |
| 36 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored |
| 37 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 37 Environmental contamination |

Follow up : No

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
ORIENTAL MARKET

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003330

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

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

Measured Observations

ambient WIC 42.00 Degrees Fahrenheit
ambient RIC 38.00 Degrees Fahrenheit
sausage RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No violation was observed at time of inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ

EHS II RS CPO


siyuan sun

owner

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | |
|--|--|--|----------------------------|----------------------|---|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 2:32 pm | Core: | 0 | |
| Time Out | 2:48 pm | Tot. Minutes: | 16 | | | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | | | | | |
| Establishment 2020 OVEN FRESH PIZZA | Address | City/State LUBBOCK, TX | Zip Code 79401 | Telephone | | |
| Record ID # PR0013749 | Permit Holder 2020 OVEN FRESH PIZZA | Est. Type 2020 TEMPORARY | Risk Category TF15 | | | |
| Event Name 2020 OVEN FRESH PIZZA | Event Address | Event City/State | Zip Code | Event Telephone | | |
| Event Organizer TRACY PRICE | Event Organizer Phone | Booth / Space No. | Serial Number DABAQ300L | | | |
| OUT = IN = NA = NO = COS = REPT = | | | | | | |
| PRIORITY ITEMS | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION ITEMS | | | | | | |
| Follow up : No | | | | | | |

Inspection Report



Activity Date
02/17/2020

Establishment
2020 OVEN FRESH PIZZA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013749

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

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

CORE ITEMS

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

Inspection Report



Activity Date
02/17/2020

Establishment
2020 OVEN FRESH PIZZA

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013749

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

47

☐ OUT ☒ IN ☐ NA ☐ NO ☐ COS

47 Other violations

Measured Observations

marinara sauce ric 40.00 Degrees Fahrenheit
pizza ric 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

MATTHEW ELIZONDO


EHS II RS CPO

connie price

owner

Inspection Report

Page 1 of 3

| | | | | | | |
|---|---|--|-----------------------|-----------------------------|-----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 7 | Priority: | 2 | Score 13 |
| | | No. of Repeat Violations | 1 | Priority Foundation: | 2 | |
| | | Time In | 11:30 am | Core: | 3 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 1:30 pm | Tot. Minutes: | 120 | |
| Establishment PF CHANGS | Address 2906 W LOOP 289 | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 507-7020 | | |
| Record ID # PR0011118 | Permit Holder PF CHANGS | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/22/20 |
| Violation Comments: Observed the following: A- Dish machine with 0 ppm bleach and 120f rinse temp (machine hooked up to both.) Advised PIC to use 3 comp until machine repaired. Repairs started during inspection 228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION 228.118(2) Hot water mechanical sanitization achieving surface temperature of 160°F B- Quat in sanitizer bucket at 0ppm. Remade to 300ppm. 228.111(n)(3) Quaternary ammonium compound solution concentration indicated by the manufacturer's instructions C- Dry storage cambros observed soiled in dry good storage and prep room. Sent to warewash 228.113(1) Food-contact surfaces clean to sight and touch D- Observed stacked dishes in prep room soiled and with sticker residue. Sent to warewash 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/22/20 |
| Violation Comments: Observed spray bottle of yellowish liquid missing label and stored on the handsink. PIC removed and labelled bottle. 228.202 Poisonous/toxic materials or chemicals not in original container labeled 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 | | | | |
| Follow up : Yes Followup Date: 05/19/2020 | | | | | | |

Inspection Report



Activity Date
02/19/2020

Establishment
PF CHANGS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011118

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

| | | | | |
|----|---|---|--|---------|
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | |
| 31 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/29/20 |

Violation Comments:

Observed food service items stored in hand sink and spray bottle of cleaner stored on sink. PIC removed.
228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing

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|----|---|--|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/29/20 |
|----|---|--|---|---------|

Violation Comments:

Observed ice scoop at wait station missing handle and scoop for corn starch melted. Replaced.
228.104(a) Cleanability. Food-contact surfaces.
228.112(a)(1) Utensils shall be maintained in a state of repair or condition that complies with the requirements specified under §§228.101 - 228.106 of this title or shall be discarded

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

CORE

| | | | | |
|----|---|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/19/20 |

Violation Comments:

Observed the following:

A- dipper well storing non tcs food use utensils with water not running.
228.68(b)(4) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in running water of sufficient velocity to flush particulates to the drain, if used with moist food such as ice cream or mashed potatoes

B - Handsink not sealed to wall in prep room. Repair.
228.110(a)(1)(C) Equipment that is fixed because it is not easily movable shall be installed so that it is sealed to adjoining equipment or walls, if the equipment is exposed to spillage or seepage

C-Dishes not allowed to air dry before stacking
228.124(a)(2)(B) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored covered or inverted

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/19/20 |

Violation Comments:

Observed the following:

A - shelving throughout facility soiled.

B - fan covers in walk in cooler soiled. Clean.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris
228.114(c) Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues

Follow up : Yes Followup Date: 05/19/2020

Inspection Report

Page 3 of 3



Activity Date
02/19/2020

Establishment
PF CHANGS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011118

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

| | | | | |
|----|---|--|--|---------|
| 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 checked="" type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/19/20 |

Violation Comments:

Observed the following:

A- personal items stored on soda boxes. Advised PIC to store personal items in designated area separate from food service.
228.212 Other Personal Care Items, Storage

B- floor in dish area damaged with standing water and needing repair; repeat violation - fee issued
228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable
228.186(a) Repairing. The physical facilities shall be maintained in good repair
228.173(a) Cleanability. Floor, wall ceiling constructed installed are smooth and easily cleanable

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

Measured Observations

strawberries reach in cooler 39.00 Degrees Fahrenheit
Temp Dish Machine 120.00 Degrees Fahrenheit - Comments: use 3 comp until repaired
quat Bucket 0.00 Parts Per Million - Comments: remade to 300ppm
noodles Cold prep 40.00 Degrees Fahrenheit
bleach Dish machine 0.00 Parts Per Million - Comments: use 3 comp until repaired
soup hot hold 148.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION WITH FEE

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Autumn Winstead


Autumn Winstead

Executive Chef

Follow up : Yes Followup Date: 05/19/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|---|---|--|-----------------------|-----------------------------|----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 7 | Priority: | 2 | Score 12 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 2:45 pm | Core: | 4 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 4:00 pm | Tot. Minutes: | 75 | |
| Establishment PICANTES | Address 3814 34TH ST | City/State LUBBOCK, TX | Zip Code 794102636 | Telephone (806) 793-8304 | | |
| Record ID # PR0000812 | Permit Holder JAIME & AMANDA CARMONA | Est. Type RESTAURANT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | 2/20/20 |
| Violation Comments: 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display A) Observed soiled interior of ice machine where ice comes out. Ice voluntarily destroyed. Ice machine washed, rinsed, and sanitized. Discussed. B) Observed raw shell eggs stored above ready-to-eat foods in walk-in cooler. Rearranged. Discussed. | | | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/20/20 |
| Violation Comments: 228.114(a)(3) TCS food equipment food-contact surfaces & utensils shall be cleaned at least every four hours Observed ice scoops stored in ice inside ice machine and also on ledge of ice machine. Provide a cleanable surface to store ice scoops that can be cleaned every four hours. Discussed. | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 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: 05/17/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/17/2020

Establishment
PICANTES

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000812

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/27/20 |

Violation Comments:

228.175(b) Hand washing cleanser, availability

Observed no soap at only hand wash sink upon my arrival. Soap provided. Discussed.

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | 5/17/20 |

Violation Comments:

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

Observed food stored on floor in walk-in cooler. Rearranged. Discussed.

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

Observed ice buildup in ice cream freezer by door. Defrost and maintain clean and sanitized. Discussed. Next regular inspection.

| | | | |
|----|---|---|---------|
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input checked="" type="checkbox"/> OUT <input 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) | 5/17/20 |

Violation Comments:

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

Observed bulk foods in containers without labels. Provide. Discussed. Next regular inspection.

| | | | |
|----|---|------------------------------------|---------|
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/17/20 |
|----|---|------------------------------------|---------|

Violation Comments:

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

Observed soiled ceiling vents throughout kitchen and dry storage area and soiled shelving above prep line across from grill. Maintain clean and sanitized. Discussed. Next regular inspection.

| | | | |
|----|---|--|---------|
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/17/20 |

Violation Comments:

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

Observed damaged gaskets on reach-in cooler across from grill. Provide replacement. Discussed. Next regular inspection.

| | | | |
|----|---|--|--|
| 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

milk RIC 41.00 Degrees Fahrenheit
rice HH 145.00 Degrees Fahrenheit
caldo WIC 40.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 05/17/2020

Inspection Report

Page 3 of 3



Activity Date
02/17/2020

Establishment
PICANTES

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000812

cheese WIC 41.00 Degrees Fahrenheit
beans HH 141.00 Degrees Fahrenheit
sour cream CH 40.00 Degrees Fahrenheit
guacamole CH 39.00 Degrees Fahrenheit
raw shell eggs WIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR
INSPECTION

Signatures

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

JACKIE DICKSON

EHS I RSIT CPO

A handwritten signature in blue ink that reads "Jaime Carmona".


Jaime Carmona

Owner

Follow up : Yes Followup Date: 05/17/2020

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|---|---|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 4:15 pm | Core: 0 | | | | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 5:00 pm | Tot. Minutes: 45 | | | | |
| Establishment PIZZA HUT/TACO BELL #020213 | | Address 2001 50TH ST | | City/State LUBBOCK, TX | | Zip Code 794122707 | Telephone (806) 741-1184 |
| Record ID # PR0001341 | | Permit Holder J. P. M. INC. | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | | |
| Follow up : No | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
PIZZA HUT/TACO BELL #020213

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001341

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

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

Measured Observations

Taco meat HH 157.00 Degrees Fahrenheit
Cooked chicken WIC 35.00 Degrees Fahrenheit
Refried beans HH 157.00 Degrees Fahrenheit
Diced tomato RIC 39.00 Degrees Fahrenheit
Pico de gallo HH 40.00 Degrees Fahrenheit
Hot water Hand Sink 107.00 Degrees Fahrenheit

Overall Inspection Comments

This location will close permanently whenever the newly constructed store is done. The new store is just east of this one.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jeanne Valdez

JEANNE VALDEZ

EHS II RS CPO

Janie Carroll


Janie Carroll

Store Manager

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 10:40 am | Core: | 0 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 11:30 am | Tot. Minutes: | 50 | |
| Establishment PREMIER HIGH SCHOOL | Address 2002 W LOOP 289 121 | City/State LUBBOCK, TX | Zip Code 79407 | Telephone (806) 763-1518 | | |
| Record ID # PR0003952 | Permit Holder RESPONSIVE ED SOLUTIONS | Est. Type SCHOOL | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
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| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
PREMIER HIGH SCHOOL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003952

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Babe Robinson


Babe Robinson

Registrar

Follow up : No

Inspection Report

Page 1 of 1

| | | | | | |
|--|---|-------------------------------|-----------------------|-----------------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 11:30 am | Core: | 0 |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 12:00 pm | Tot. Minutes: | 30 |
| Establishment RAIDER BURRITO MFU #2 | Address 2102 19TH ST | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 771-1178 | |
| Record ID # PR0009493 | Permit Holder RICARDO HARO JR. | Est. Type MOBILE FOOD UNIT | Risk Category FR01 | | |

OBSERVATIONS

- 19 Water; approved source; plumbing, backflow** 2/20/20
Violation Comments:
 At time of re-inspection, accordion pipes have been replaced with smooth pipes, and water leak has been repaired. Complied.
- 31 Handwash facilities; accessible/supplied/used** 2/27/20
Violation Comments:
 At time of re-inspection, hot water is available at hand wash sink and 3-compartment sink. Owner complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

At time of re-inspection, all violations have been corrected. Permit issued.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



JACKIE DICKSON

EHS I RSIT CPO




Ricardo Haro, Jr.

Owner

Follow up : Yes Followup Date: 02/20/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 1 | Score 4 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 10:30 am | Core: | 1 | |
| Activity Date 02/21/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 11:30 am | Tot. Minutes: | 60 | |
| Establishment RASPADOS COLIMA | Address 2203 CLOVIS RD | City/State LUBBOCK, TX | Zip Code 79415 | Telephone (806) 559-4864 | | |
| Record ID # PR0011397 | Permit Holder ELVA TORRES | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/24/20 |
| Violation Comments: Observed toxic chemicals (WD-40 and light fluid) in kitchen area. Removed and placed with other chemicals. 228.203 Poisonous/toxic materials or chemicals stored properly | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| Follow up : Yes Followup Date: 05/21/2020 | | | | | | |

Inspection Report

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Activity Date
02/21/2020
Establishment
RASPADOS COLIMA

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0011397

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

| | | | | |
|----|---|---|---|---------|
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/21/20 |

Violation Comments:

Observed tongs stored in a manner that does not prevent cross-contamination. Remove. NRI

228.68(b)(1) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored except as specified under subsection (a) of this section, in the food with their handles above the top of the food and the container

| | | | | |
|----|---|---|--|--|
| 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

Turkey HH 136.00 Degrees Fahrenheit
Cheese RIC 35.00 Degrees Fahrenheit
Sliced cucumber WIC 30.00 Degrees Fahrenheit
Chicken WIC 36.00 Degrees Fahrenheit
Brisket HH 148.00 Degrees Fahrenheit


Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures



NATHAN KLOEPPER EHS I RSIT CPO


Elva Torres Owner

Follow up : Yes Followup Date: 05/21/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|--|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 0 | Score 5 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 2 | |
| | | Time In | 11:10 am | Core: | 1 | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 12:15 pm | Tot. Minutes: | 65 | |
| Establishment RISE N SHINE DONUTS | Address 1908 50TH ST | City/State LUBBOCK, TX | Zip Code 79412 | Telephone (806) 740-0079 | | |
| Record ID # PR0005790 | Permit Holder MICHAEL D LAO | Est. Type BAKERY | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | 2/29/20 |
| Violation Comments: Observed prepared on site salsa in reach-in cooler with no date mark. Provided date mark. Discussed. Made 2-17. COS. 228.75(g)(1) Date marking prepare on site RTE/ TCS food | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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 | | | | |
| <div style="text-align: right;">Follow up : Yes Followup Date: 02/29/2020</div> | | | | | | |

Inspection Report

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Activity Date
02/19/2020

Establishment
RISE N SHINE DONUTS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005790

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

| | | | |
|----|---|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/29/20 |
|----|---|---|---------|

Violation Comments:

Observed a lid cut to fit over a filling container, a lid over the flour bin was torn, the plastic lid over the bulk bin was torn, and two bulk bins with damaged edges. Replace these. NRI. 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

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

CORE

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/19/20 |

Violation Comments:

Observed storage of scrapers between the wall and the prep table and clean donut trays on the floor. Items removed. Wash before using and store properly. Discussed. COS. 228.68(b)(3) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored on a clean portion of the food preparation table or cooking equipment only if the in-use utensil and the food-contact surface of the food preparation table or cooking equipment are cleaned and sanitized at a frequency specified under §228.114 and §228.117 of this title

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

Measured Observations

Tamales HH 189.00 Degrees Fahrenheit
Diced sausage RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jeanne Valdez

JEANNE VALDEZ

EHS II RS CPO

Seng Kim Chhour


Seng Kim Chhour

Manager

Follow up : Yes Followup Date: 02/29/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|----------|---------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 0 | Score 3 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 11:05 am | Core: | 1 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 11:50 am | Tot. Minutes: | 45 | |
| Establishment RITA'S DONUT SHOP | | Address 2625 50TH ST STE 200 | | City/State LUBBOCK, TX | | Zip Code 79412 |
| Record ID # PR0013691 | | Permit Holder NGET CHREN | | Est. Type BAKERY | | Risk Category FR02 |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input 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 | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
RITA'S DONUT SHOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013691

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

| | | | |
|----|--|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/27/20 |
|----|--|---|---------|

Violation Comments:

Observed clear plastic lids on the bulk bins cracked, chipped. Remove from service. Damaged equipment may not be sufficiently sanitized. COS. 228.101(a)(2) - (5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

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

CORE

| | | | |
|----|---|--|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/17/20 |

Violation Comments:

Observed tooth brush and tooth paste stored in kitchen on a soap dispenser. Removed. Personal items to be stored away and below all food service items. Discussed. COS. 228.183(a) Areas for employees--location

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

Measured Observations

Sausage RIC 36.00 Degrees Fahrenheit
Sausage RIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

At time of visit discussed restrooms.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


JEANNE VALDEZ EHS II RS CPO

Ngnet Chren Owner

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|--|---|--|----------------------------------|------------------------------|------------------------------|--|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 0 | Priority: 0 | Score 0 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 9:30 am | Core: 0 | | | | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 10:30 am | Tot. Minutes: 60 | | | | |
| Establishment SCHLOTZSKY'S #101763 | | Address 6804 82ND ST | | City/State LUBBOCK, TX | | Zip Code 79424 | Telephone (806) 701-4960 |
| Record ID # PR0011704 | | Permit Holder DAVID THOMSON | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 01 Proper cooling time and temperature |
| 2 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) |
| 3 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) |
| 4 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 04 Proper cooking time and temperature |
| 5 | <input type="checkbox"/> OUT | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. |
| 6 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 06 Time as Control; procedures/records |
| 7 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction |
| 8 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 08 Food received at proper temperature |
| 9 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented |
| 10 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized |
| 11 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition |
| 12 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting |
| 13 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion |
| 14 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use |
| 15 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method |
| 16 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered |
| 17 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg |
| 18 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used |
| 19 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow |
| 20 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM |
| 22 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel |
| 23 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure |
| 24 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels |
| 25 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP |
| 26 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label |
| 27 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate |
| 28 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 28 Proper date marking and disposition |
| 29 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate |
| 30 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) |
| 31 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used |
| 32 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use |
| 33 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other |
| 35 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco |
| 36 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | | | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored |
| 37 | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> NO | <input type="checkbox"/> NA | <input type="checkbox"/> COS | <input type="checkbox"/> REP | 37 Environmental contamination |

Follow up : No

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
SCHLOTZSKY'S #101763

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011704

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

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

Measured Observations

Deli ham walk in cooler 41.00 Degrees Fahrenheit
cut tomatoes cold prep 38.00 Degrees Fahrenheit
Cheese soup hot hold 182.00 Degrees Fahrenheit
roasted tomatoes cold prep 37.00 Degrees Fahrenheit
Blain Dish machine 75.00 Parts Per Million
Quat sani bucket 300.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Chase Abbott


Chase Abbott

gm

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | |
|--|--|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 4 | Priority: | 1 | Score 6 |
| | | No. of Repeat Violations | 1 | Priority Foundation: | 0 | |
| | | Time In | 9:50 am | Core: | 3 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:55 am | Tot. Minutes: | 65 | |
| Establishment SIP N DIP DONUTS | Address 3211 50TH ST A | City/State LUBBOCK, TX | Zip Code 79413 | Telephone (806) 785-8800 | | |
| Record ID # PR0005204 | Permit Holder JOHN HONG | Est. Type RESTAURANT | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | 2/20/20 |
| Violation Comments: Observed Kolaches at 55 degrees F, and 60 degrees F at the display case for sale. Discussed procedures. Kolaches out less than four hours. PIC will discard. Discussed the requirements for Time As A Control. Temperature Controlled for Food Safety foods are to be either hot held at 135 Degrees F or above, or cold held at 41 degrees or below, at all times, or Time as a control for 4 hours, with time stamp, a log sheet to document, and discarded at the end of 4 hours. COS. 228.75(f)(1)(A) Hot Hold (135°F or higher) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| Follow up : Yes Followup Date: 05/17/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/17/2020

Establishment
SIP N DIP DONUTS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005204

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

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 37 Environmental contamination | 5/17/20 |

Violation Comments:

Observed bulk food cans with flour stored on the floor under the prep table in the back. Provide storage off of the floor. 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"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/17/20 |

Violation Comments:

Observed Reach-in freezer with ice build-up on the inside walls, racks in the reach-in cooler in the dine area soiled, and some cabinets with debris. Maintain all clean frequently. NRI. 228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

| | | | |
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| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 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 | 5/17/20 |

Violation Comments:

Observed floors soiled in several places. Clean frequently any areas with dust, visible debris. NRI. 228.186(b) Cleaning, frequency and restrictions.

Labels not observed on personal cabinets. Label. NRI. 228.183(a) Areas for employees--location

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

Measured Observations

sausage RIC 39.00 Degrees Fahrenheit
ambient RIC 38.00 Degrees Fahrenheit
kolache retail case 55.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 05/17/2020

Inspection Report



Activity Date
02/17/2020

Establishment
SIP N DIP DONUTS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005204

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Jeanne Valdez".

JEANNE VALDEZ

EHS II RS CPO


A handwritten signature in blue ink that appears to read "Alex Hong".

Alex Hong

Owner

Inspection Report

Page 1 of 3

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 0 | Score 4 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 2 | |
| | | Time In | 3:15 pm | Core: | 0 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 4:25 pm | Tot. Minutes: | 70 | |
| Establishment SOMETHING DIFFERENT GRILL | Address 4317 50TH ST | City/State LUBBOCK, TX | Zip Code 79413 | Telephone (575) 799-6633 | | |
| Record ID # PR0011597 | Permit Holder LEONARD VANDENBERG | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input 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) | | | | |
| Follow up : Yes Followup Date: 03/27/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
SOMETHING DIFFERENT GRILL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011597

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

| | | | | |
|----|---|--|--|---------|
| 31 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/28/20 |
|----|---|--|--|---------|

Violation Comments:

Observed red sanitizer bucket stored in the hand sink in the cooking area. Removed. Discussed. COS. 228.149(a) Using a hand washing facility. accessible at all times for employee use; not be used for purposes other than hand washing

| | | | | |
|----|---|---|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 3/27/20 |
|----|---|---|---|---------|

Violation Comments:

Observed cracked plastic lids, a damaged handle on a metal spatula, and a spatula with cracks on the mixing surface, and melted plastic containers being used for food storage. Discarded. COS. 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

Observed torn gaskets on reach-in coolers, and the walk-in cooler door. Repair. NRI.

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

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

CORE

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

Measured Observations

raw chicken WIC 39.00 Degrees Fahrenheit
Quaternary ammonium sanitizer 3-comp sink 200.00 Parts Per Million
diced tomato CH 38.00 Degrees Fahrenheit
Ham diced WIC 39.00 Degrees Fahrenheit
Chlorine Sanitizer Mechanical dishwasher 100.00 Parts Per Million
rice HH 161.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 03/27/2020

Inspection Report



Activity Date
02/18/2020

Establishment
SOMETHING DIFFERENT GRILL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011597

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

JEANNE VALDEZ

EHS II RS CPO


A handwritten signature in blue ink, appearing to be a stylized "W" followed by a flourish.

Walter Ashcraft

GM

Inspection Report

Page 1 of 2

| | | | | | | | |
|--|---|---|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 3 | Priority: 0 | Score 4 | |
| | | No. of Repeat Violations 1 | Priority Foundation: 1 | | | | |
| | | Time In 1:36 pm | Core: 2 | | | | |
| Activity Date 02/19/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 2:34 pm | Tot. Minutes: 58 | | | | |
| Establishment SONIC DRIVE IN #4776 | | Address 1609 MLK BLVD | | City/State LUBBOCK, TX | | Zip Code 79403 | Telephone (806) 687-3755 |
| Record ID # PR0003231 | | Permit Holder NATE NATE MP | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | |
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | 3/19/20 |
| Violation Comments: Observed damaged seal for a reach-in-cooler in front. Facility shall repair within 30 days. 228.104(g) Nonfood-contact surfaces. Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance | | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | |
| CORE | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | |
| Follow up : Yes Followup Date: 03/19/2020 | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/19/2020

Establishment
SONIC DRIVE IN #4776

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003231

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

| | | | | |
|----|---|--|--|---------|
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 37 Environmental contamination | 3/19/20 |

Violation Comments:

Observed ice build up in walk-in-freezer in lines below cooling fans and boxes of food items stored under it. Discussed with PIC that facility shall protect all boxes of food items stored under lines with ice build up from unknown contaminants. Facility shall repair, clean, sanitize and maintain within 30 days.

228.70(e) Preventing contamination from other sources. Miscellaneous sources of Contamination

| | | | | |
|----|---|---|---|---------|
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input 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 | 5/19/20 |

Violation Comments:

Observed tomato cutter and onion dicer stored on top of rusted shelf under prep table by 3 compartment sink. Facility shall re-clean and sanitize tomato cutter and onion dicer before use. Advised PIC to replace the rusted shelf with the one with corrosion resistant shelf.

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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | |
| 46 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 46 Toilet facilities; constructed/supplied/clean | |
| 47 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 47 Other violations | |

Measured Observations

Hot dog WIC 34.00 Degrees Fahrenheit
Burger Cooked 191.00 Degrees Fahrenheit
hot dog HH 167.00 Degrees Fahrenheit
Chicken CH 36.00 Degrees Fahrenheit
hot dog CH 35.00 Degrees Fahrenheit
Juice RIC 36.00 Degrees Fahrenheit
Burger patties CH 12.00 Degrees Fahrenheit
Nuggets WIC 36.00 Degrees Fahrenheit
Burger HH 185.00 Degrees Fahrenheit
Milk WIC 35.00 Degrees Fahrenheit
Sanitizing solution sanitizing bucket 200.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures


NIRAJAN SHRESTHA EHS I RSIT CPO

Jauron Williams Assistant Manager

Follow up : Yes Followup Date: 03/19/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 10:45 am | Core: | 0 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 11:10 am | Tot. Minutes: | 25 | |
| Establishment SOUTHCREST CHRISTIAN SCHOOL | Address 7702 INDIANA AVE | City/State LUBBOCK, TX | Zip Code 79423 | Telephone (806) 776-0505 | | |
| Record ID # PR0006398 | Permit Holder SOUTHCREST BAPTIST CHURCH | Est. Type SCHOOL | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/17/2020

Establishment
SOUTHCREST CHRISTIAN SCHOOL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0006398

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

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

Measured Observations

MILK RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Regina Hendrix


Regina Hendrix

Admin Asst.

Follow up : No

Inspection Report

Page 1 of 1

| | | | | | |
|--|--|---------------------------|-----------------------|-----------------------------|----|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 3:00 pm | Core: | 0 |
| Activity Date 02/19/2020 | Purpose of Inspection COMPLIANCE INSPECTION | Time Out | 3:45 pm | Tot. Minutes: | 45 |
| Establishment STARBUCKS #58874 | Address 3229 50TH ST | City/State LUBBOCK, TX | Zip Code 79413 | Telephone (806) 724-6871 | |
| Record ID # PR0013647 | Permit Holder GARY ANDREWS | Est. Type RESTAURANT | Risk Category FR01 | | |

OBSERVATIONS

21 PIC present / demonstration / duties / CFM 2/21/20

Violation Comments:

Observed no Certified Food Manager Certificate at time of compliance inspection. 24 hours to present. Reinspection fee issued for failure to comply with City of Lubbock Ordinance concerning Food Facilities.

46 Toilet facilities; constructed/supplied/clean 5/21/20

Violation Comments:

Observed no covered containers in the unisex restrooms. Not complied.

47 Other violations 5/21/20

Violation Comments:

No food handler cards presented at the time of reinspection. Not complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

Observed 30 day reinspection items not complied. Reinspection / Repeat Violation Fee issued. Fee to be paid by noon on Friday, February 21, 2020. 24 hours on the Violations not complied.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures



JEANNE VALDEZ

EHS II RS CPO




Kala Chambers

Shift Supervisor

Follow up : Yes Followup Date: 02/21/2020

Inspection Report

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| | | | | | | |
|--|---|--|-----------------------|----------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 1 | Score 6 |
| | | No. of Repeat Violations | 1 | Priority Foundation: | 1 | |
| | | Time In | 10:05 am | Core: | 1 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:50 am | Tot. Minutes: | 45 | |
| Establishment STRIPES #5207 | Address 7811 82ND ST | City/State LUBBOCK, TX | Zip Code 79424 | Telephone | | |
| Record ID # PR0010672 | Permit Holder CAL'S CONVENIENCE INC. | Est. Type RESTAURANT | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/20/20 |
| Violation Comments: Observed cleaned plastic containers with sticker residue. Sent to ware wash to have sticker residue removed. COS. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| Follow up : Yes Followup Date: 02/27/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/17/2020
Establishment
STRIPES #5207

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0010672

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

| | | | |
|----|---|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/27/20 |
|----|---|---|---------|

Violation Comments:

Observed several cleaned food utensils with melted handles. Surface is no longer easily cleanable. Voluntarily discard when order of new utensils arrives. NRI.
228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

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

| | | | |
|----|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | |
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/17/20 |

Violation Comments:

A. Observed dusty shelf above front hand wash sink. Clean and sanitize. COS.
B. Observed dusty fan covers in walk in cooler. Clean and sanitize. COS.
228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

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

Quat 3 comp 200.00 Parts Per Million
Beef HH 144.00 Degrees Fahrenheit
Tomato CH 41.00 Degrees Fahrenheit
Brisket HH 146.00 Degrees Fahrenheit
Tomato WIC 40.00 Degrees Fahrenheit
Salsa CH 40.00 Degrees Fahrenheit
Chicken WIC 40.00 Degrees Fahrenheit
Shrimp HH 153.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 02/27/2020

Inspection Report

Page 3 of 3

**Activity Date**

02/17/2020

Establishment

STRIPES #5207

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0010672

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Handwritten signature of Jacob Kemmer in blue ink.

JACOB KEMMER


EHS II RS CPO

Handwritten signature of Martin Weller in blue ink.

Follow up : Yes Followup Date: 02/27/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 2 | Priority: | 0 | Score 3 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 1 | |
| | | Time In | 1:15 pm | Core: | 1 | |
| Activity Date 02/20/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:00 pm | Tot. Minutes: | 45 | |
| Establishment SUGARBAKERS | Address 4601 S LOOP 289 | City/State LUBBOCK, TX | Zip Code 794242233 | Telephone (806) 797-0794 | | |
| Record ID # PR0001044 | Permit Holder MCB FOODSERVICES | Est. Type RESTAURANT | Risk Category FR03 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | 3/1/20 |
| Violation Comments: Observed reach in cooler thermometer reading 55 degrees, and ambient air temp reading on inspector thermometer was at 60 degrees. Tomatoes and turkey in unit were at 41 degrees, and moved to other cold hold unit. Facility shall have cooler repaired before storing any temperature control for safety (TCS) foods in cooler. NRI. 228.107(a) Cooling, heating, and holding capacities. Equipment | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| Follow up : Yes Followup Date: 03/01/2020 | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/20/2020

Establishment
SUGARBAKERS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001044

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

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

Violation Comments:

A. Observed dusty fan near 3 compartment/dishwasher area. Clean and sanitize. COS.

B. Observed dusty fire suppressant system along vent hood area. Clean and sanitize. COS.

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

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

Measured Observations

Bleach Washer 100.00 Parts Per Million
Turkey RIC 40.00 Degrees Fahrenheit
Beans HH 146.00 Degrees Fahrenheit
Ham RIC 41.00 Degrees Fahrenheit
Chicken WIC 41.00 Degrees Fahrenheit
Milk WIC 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jacob Kemmer

JACOB KEMMER


EHS II RS CPO

[Signature]

Follow up : Yes Followup Date: 03/01/2020

Inspection Report

Page 1 of 2

| | | | | | | | |
|---|---|---|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations 2 | Priority: 1 | Score 4 | |
| | | No. of Repeat Violations 0 | Priority Foundation: 0 | | | | |
| | | Time In 10:20 am | Core: 1 | | | | |
| Activity Date 02/22/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out 10:50 am | Tot. Minutes: 30 | | | | |
| Establishment TAQUERIA AUTLAN #3 | | Address 1808 CLOVIS RD | | City/State LUBBOCK, TX | | Zip Code 79415 | Telephone (760) 805-0226 |
| Record ID # PR0011870 | | Permit Holder GERMAN TAPIA | | Est. Type RESTAURANT | | Risk Category FR02 | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | |
| PRIORITY | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | |
| 19 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | 2/25/20 |
| Violation Comments: Observed hand sink plumbing disconnected. Reconnected by hand. Must properly repair. 228.145(a) Construction. A plumbing system and hoses conveying water shall be constructed and repaired with approved materials according to the Plumbing Code | | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | |
| PRIORITY FOUNDATION | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | |
| 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 | | | | | | | |
| Follow up : Yes Followup Date: 02/25/2020 | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/22/2020

Establishment
TAQUERIA AUTLAN #3

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011870

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

| | | | | |
|----|---|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/22/20 |

Violation Comments:

Observed damaged gaskets on reach-in-freezer. Replace. NRI

228.111(a) Good repair and proper adjustment.

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

Measured Observations

Ground beef RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


NATHAN KLOEPPER

EHS I RSIT CPO

Follow up : Yes Followup Date: 02/25/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|--|--|--|-----------------------|-----------------------------|-----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 8 | Priority: | 3 | Score 16 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 2 | |
| | | Time In | 10:00 am | Core: | 3 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 12:00 pm | Tot. Minutes: | 120 | |
| Establishment RAIDER RANCH | Address 6806 43RD ST | City/State LUBBOCK, TX | Zip Code 79424 | Telephone (806) 368-6565 | | |
| Record ID # PR0005349 | Permit Holder HORIZON BAY | Est. Type FOOD SERVICE | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | 2/21/20 |
| Violation Comments: Observed the following: a- blueberry muffin batter (containing milk and raw eggs) at 68 degrees f for less than 4 hours, PIC pulled product out of walk in cooler at 8 am and put back in cooler at 11am to cool back down to 41 degrees f. 228.75(f)(1)(B) Cold Hold (41°F/45°F or below) b- pre packaged single serving butter sitting on table at 72 degrees f, packaging indicates product must be kept refrigerated between 33f and 40f, advised pic to following package labels and product was voluntarily discarded 228.75(f)(1)(B) Cold Hold (41°F/45°F or below) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | 2/21/20 |
| Violation Comments: Observed dish machine sanitizing at 0ppm bleach. Repaired during inspection and reading 75ppm bleach. 228.118(3)(B) After being cleaned, food-contact surfaces shall be sanitized in a contact time of at least 7 seconds for a CHLORINE SOLUTION of 50 mg/L Observed nozzles of juice machine heavily soiled. sent to ware wash to clean and sanitize. 228.113(1) Food-contact surfaces clean to sight and touch | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/21/20 |
| Violation Comments: Observed non food grade oil lubricant stored with food service items and spices. Voluntarily removed. 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 | | | | | | |
| Follow up : Yes Followup Date: 02/28/2020 | | | | | | |

Inspection Report



Activity Date
02/18/2020

Establishment
RAIDER RANCH

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0005349

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

| | | | |
|----|---|---|---------|
| 21 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | 2/28/20 |
|----|---|---|---------|

Violation Comments:

Due to nature and number of violation no certified food manager knowledge observed.

228.32(1) Based on the risks inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this rule.

The person in charge shall demonstrate this knowledge by complying with these rules by having no critical violations/priority items during the current inspection

| | | | |
|----|--|--|---------|
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | |
| 28 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | 2/28/20 |

Violation Comments:

Observed the following:

A RTE Deli meats in walk in cooler missing 7 day date mark. Labeled

228.75(g)(1) Date marking prepare on site RTE/ TCS food

B pea salad and cole slaw in cold prep table missing 7 day date mark

228.75(g)(1) Date marking prepare on site RTE/ TCS food

C several rte items in cold prep cooler labeled with 4 day date mark of 2/12 thru 2/16. Product not past 7 day date mark but if facility uses 4 day date marking system, follow through with procedures.

228.75(g)(1) Date marking prepare on site RTE/ TCS food

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | 5/18/20 |

Violation Comments:

Observed blue berry muffin batter containing raw eggs and milk thawing on rack at room temperature. Advised PIC to thaw under refrigeration, under running 70f or less water, in the microwave or as part of cooking process. Product put into walk in cooler.

228.75(c)(1) Except as specified in paragraph (4) of this subsection, time/temperature controlled for safety (TCS) food shall be thawed under refrigeration that maintains the food temperature at 5 degrees Celsius (41 degrees Fahrenheit) or less

| | | | |
|----|--|---|---------|
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/18/20 |
|----|--|---|---------|

Violation Comments:

Observed wet tea urns set to dry with lids on them. Allow items to air dry before stacking or sealing to allow them to air dry. Tea urns re washed and sanitized.

228.122(a) Drying, Equipment and Utensils

| | | | |
|----|---|--|--|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |

Follow up : Yes Followup Date: 02/28/2020

Inspection Report

Page 3 of 3



Activity Date
02/18/2020
Establishment
RAIDER RANCH

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0005349

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

| | | | | |
|----|---|---|--|---------|
| 42 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | |
| 43 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 43 Adequate ventilation, lighting; designated area | |
| 44 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 44 Garbage & refuse properly disposed/maintained | |
| 45 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 45 Physical facilities installed/maintained/clean | 5/18/20 |

Violation Comments:

Observed the following:

- A- wall and coving used for drying mops soiled and with standing water. Clean and repair
- B- wall vent by walk in cooler heavily soiled. clean
- C- cold prep units and stationary equipment soiled underneath and behind, pull out units and clean.

228.186(b) Cleaning, frequency and restrictions.

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

Measured Observations

Bleach Dish machine 0.00 Parts Per Million - Comments: Repaired to 75ppm
 Soup Hot hold 140.00 Degrees Fahrenheit
 butter dining table 72.00 Degrees Fahrenheit - Comments: voluntarily discarded
 Tuna Cold prep 38.00 Degrees Fahrenheit
 Peas Cold prep 36.00 Parts Per Million
 Quat 3comp sink 300.00 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

Brandon Arnett


Brandon Arnett

Executive Director

Follow up : Yes Followup Date: 02/28/2020

Inspection Report

Page 1 of 3

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|-------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 6 | Priority: | 2 | Score 10 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 9:56 am | Core: | 4 | |
| Activity Date 02/17/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 10:40 am | Tot. Minutes: | 44 | |
| Establishment TROPICAL SMOOTHIE CAFE TX-023 | Address 2520 82ND ST | City/State LUBBOCK, TX | Zip Code 79423 | Telephone (806) 783-0162 | | |
| Record ID # PR0010717 | Permit Holder TROPICAL TANGO, LLC | Est. Type RESTAURANT | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | 2/20/20 |
| Violation Comments: 228.61 Food safe, good condition, unadulterated, and honestly presented OBSERVED WHOLE TOMATOES, ROTTEN, IN WALK IN COOLER. DISCUSSED. VOLUNTARILY REMOVED. COS. | | | | | | |
| 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 | | | | 2/20/20 |
| Violation Comments: 228.202 Poisonous/toxic materials or chemicals not in original container labeled OBSERVED CHEMICAL SPRAY BOTTLE, WITH RED LIQUID, UNLABELED. DISCUSSED. LABELED. COS. | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| Follow up : Yes Followup Date: 05/17/2020 | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/17/2020

Establishment
TROPICAL SMOOTHIE CAFE TX-023

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010717

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

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

CORE

| | | | |
|----|--|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | 5/17/20 |

Violation Comments:

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

OBSERVED EMPLOYEE DRINKS STORED ON TOP OF ICE MACHINE. DISCUSSED. EMPLOYEES SHALL STORE PERSONAL DRINKS BELOW AND SEPARATE OF SERVICE ITEMS. DISCUSSED. REMOVED. COS.

| | | | |
|----|--|---|---------|
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | 5/17/20 |

Violation Comments:

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

OBSERVED PRECOOKED CHICKEN THAWING IN SINK WITHOUT RUNNING WATER. DISCUSSED. WATER TURNED ON, LESS THAN 70 DEGREES F. COS.

| | | | |
|----|---|---|---------|
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/17/20 |
|----|---|---|---------|

Violation Comments:

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

OBSERVED 3-COMPARTMENT SEAL DAMAGED. SEAL TO WALL. NRI.

| | | | |
|----|--|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 47 Other violations | 5/17/20 |

Violation Comments:

228.33(b) Certified Food Manager (CFM) Certificate posted in conspicuous location

OBSERVED NO CERTIFIED FOOD MANAGER POSTED IN CONSPICUOUS LOCATION. PROVIDE. NRI.

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Follow up : Yes Followup Date: 05/17/2020

Inspection Report

Page 3 of 3

**Activity Date**

02/17/2020

Establishment

TROPICAL SMOOTHIE CAFE TX-023

Purpose of Inspection

ROUTINE INSPECTION

Record ID #

PR0010717

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Grady Bergquist".

GRADY BERGQUIST

EHS II RS CPO

A handwritten signature in blue ink, appearing to be "Carlos Lopez".


Carlos Lopez

General Manager

Follow up : Yes Followup Date: 05/17/2020

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:00 pm | Core: | 0 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 1:25 pm | Tot. Minutes: | 25 | |
| Establishment UNITED #555 | Address 12815 INDIANA AVE. | City/State LUBBOCK, TX | Zip Code 79423 | Telephone (806) 791-0220 | | |
| Record ID # PR0010611 | Permit Holder UNITED SUPERMARKETS, LLC | Est. Type GROCERY | Risk Category FR01 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010611

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

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

Measured Observations

SAUSAGE CH 37.00 Degrees Fahrenheit
 CREAMER RIC 33.00 Degrees Fahrenheit
 EGGS WIC 35.00 Degrees Fahrenheit
 RAW HAMBURGER CH 40.00 Degrees Fahrenheit
 EGGS RIC 35.00 Degrees Fahrenheit
 MILK WIC 33.00 Degrees Fahrenheit
 TURKEY RIC 30.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Greg Castillo


Greg Castillo

Asst Store Director

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|---|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 3 | Priority: | 1 | Score 5 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 12:40 pm | Core: | 2 | |
| Time Out | 1:00 pm | Tot. Minutes: | 20 | | | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | | | | | |
| Establishment UNITED #555 | Address 12815 INDIANA AVE. | City/State LUBBOCK, TX | Zip Code 79423 | Telephone (806) 791-0220 | | |
| Record ID # PR0010612 | Permit Holder UNITED SUPERMARKETS, LLC | Est. Type MEAT MARKET | Risk Category FR02 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | |
| 18 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | 2/21/20 |
| Violation Comments: 228.202 Poisonous/toxic materials or chemicals not in original container labeled OBSERVED CHEMICAL SPRAY BOTTLE WITH CLEAR LIQUID, UNLABELED, LABELED. COS. | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | |
| PRIORITY FOUNDATION | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | |
| CORE | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | |
| Follow up : Yes Followup Date: 05/18/2020 | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010612

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

| | | | | |
|----|---|--|---|---------|
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/18/20 |

Violation Comments:

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

OBSERVED MULTIPLE PLASTIC FOOD CONTAINERS STACKED WHILE WET, UNABLE TO PROPERLY AIR DRY. DISCUSSED. PIC SENT ALL CONTAINERS TO WAREWASH. COS.

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> COS <input type="checkbox"/> REP | 41 Original container labeling (Bulk Food) | |
| 42 | <input 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 | 5/18/20 |

Violation Comments:

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

OBSERVED FAN SHROUDS ABOVE FOOD PREP AREA HEAVILY SOILED. DISCUSSED. CLEAN MAINTAIN. NRI.

| | | | | |
|----|---|---|--|--|
| 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

QUAT 3-COMP 400.00 Parts Per Million
RAW RIBS WIC 40.00 Degrees Fahrenheit
RAW STEAK WIC 41.00 Degrees Fahrenheit
RAW BRISKET WIC 35.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Greg Castillo


Greg Castillo

Asst Store Director

Follow up : Yes Followup Date: 05/18/2020

Inspection Report

Page 1 of 2

| | | | | | | | | |
|---|---|---|--|---------------------------|---------|-----------------------|----|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 1:30 pm | Core: | 0 | |
| Activity Date 02/18/2020 | | Purpose of Inspection ROUTINE INSPECTION | | Time Out | 1:45 pm | Tot. Minutes: | 15 | |
| Establishment UNITED #555 | | Address 12815 INDIANA AVE. | | City/State LUBBOCK, TX | | Zip Code 79423 | | Telephone (806) 791-0220 |
| Record ID # PR0010613 | | Permit Holder UNITED SUPERMARKETS, LLC | | Est. Type PRODUCE | | Risk Category FR01 | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | |
| PRIORITY | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input 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 | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010613

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Greg Castillo


Greg Castillo

Asst Store Director

Follow up : No

Inspection Report

Page 1 of 3

| | | | | | | |
|---|--|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 5 | Priority: | 1 | Score 9 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 2 | |
| | | Time In | 11:30 am | Core: | 2 | |
| Activity Date 02/18/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 12:15 pm | Tot. Minutes: | 45 | |
| Establishment UNITED #555 | Address 12815 INDIANA AVE. | City/State LUBBOCK, TX | Zip Code 79423 | Telephone (806) 791-0220 | | |
| Record ID # PR0010614 | Permit Holder UNITED SUPERMARKETS, LLC | Est. Type DELI | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | |
| 3 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | 2/21/20 |
| Violation Comments: 228.75(f)(1)(A) Hot Hold (135°F or higher) OBSERVED COOKED CHICKEN IN HOT HOLD UNIT AT 117 DEG F. PIC STATED CHICKEN WAS PLACED ON HOT HOLD UNIT AT 10:30, CURRENT TIME IS 11:42. CHICKEN LESS THAN 135 DEG F FOR LESS THAN 4 HOURS. RAPIDLY REHEATED TO 165 DEG F. COS. | | | | | | |
| 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) | | | | |
| <div style="text-align: right;">Follow up : Yes Followup Date: 05/18/2020</div> | | | | | | |

Inspection Report

Page 2 of 3



Activity Date
02/18/2020

Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010614

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

| | | | | |
|----|---|--|--|---------|
| 31 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | 2/28/20 |
|----|---|--|--|---------|

Violation Comments:

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

OBSERVED EMPLOYEE NOT USE PAPER TOWEL TO TURN OFF HAND SINK AFTER COMPLETING HAND WASH. DISCUSSED. RETRAINED. COS.

| | | | | |
|----|---|--|---|---------|
| 32 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | 2/28/20 |
|----|---|--|---|---------|

Violation Comments:

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

OBSERVED MULTIPLE UTENSILS WITH DAMAGED OR MELTED HANDLES. DISCUSSED. VOLUNTARILY DISCARDED. COS.

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

CORE

| | | | | |
|----|---|---|---|---------|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 37 Environmental contamination | |
| 38 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 38 Approved thawing method | |
| 39 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 39 Utensils/equipment/linens; used/stored/handled | 5/18/20 |

Violation Comments:

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

OBSERVED HAND SINK AND 3 COMPARTMENT SINK NOT PROPERLY SEALED TO WALL. DISCUSSED. SEAL TO WALL. NRI.

| | | | | |
|----|---|---|--|---------|
| 40 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN | <input type="checkbox"/> COS <input type="checkbox"/> REP | 40 Single-service/use; properly stored, and used | |
| 41 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | | 41 Original container labeling (Bulk Food) | |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO | <input type="checkbox"/> COS <input type="checkbox"/> REP | 42 Non-food contact surfaces clean | 5/18/20 |

Violation Comments:

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

OBSERVED GREASE CATCH BELOW FLAT TOP GRILL DRIPPING ONTO COOLER BELOW. DISCUSSED. CLEAN AND MAINTAIN. NRI.

| | | | | |
|----|---|---|--|--|
| 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

PEPPERONI CH 41.00 Degrees Fahrenheit
CHICKEN FRYER 190.00 Degrees Fahrenheit
SOUP HH 145.00 Degrees Fahrenheit
CHICKEN SALAD CH 40.00 Degrees Fahrenheit
TURKEY RIC 39.00 Degrees Fahrenheit
CHEESE RIC 35.00 Degrees Fahrenheit
CHICKEN HH 117.00 Degrees Fahrenheit
RAW CHICKEN WIC 35.00 Degrees Fahrenheit
CHEESE RIC 35.00 Degrees Fahrenheit

Follow up : Yes Followup Date: 05/18/2020

Inspection Report

Page 3 of 3



Activity Date
02/18/2020
Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0010614

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

A handwritten signature in blue ink that reads "Grady Bergquist".

GRADY BERGQUIST

EHS II RS CPO


A handwritten signature in blue ink that appears to read "Greg Castillo".

Greg Castillo

Asst Store Director

Inspection Report

Page 1 of 2

| | | | | | | | | |
|---|---|---|--|---------------------------|----------|-----------------------|---------------|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 12:15 pm | Core: | 0 | |
| Activity Date 02/18/2020 | | Purpose of Inspection ROUTINE INSPECTION | | Time Out | | 12:35 pm | Tot. Minutes: | 20 |
| Establishment UNITED #555 | | Address 12815 INDIANA AVE. | | City/State LUBBOCK, TX | | Zip Code 79423 | | Telephone (806) 791-0220 |
| Record ID # PR0010615 | | Permit Holder UNITED SUPERMARKETS, LLC | | Est. Type BAKERY | | Risk Category FR01 | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | |
| PRIORITY | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE | | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report



Activity Date
02/18/2020

Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010615

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

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

Measured Observations

CHEESE WIC 33.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO


Greg Castillo

Greg Castillo

Asst Store

Inspection Report

Page 1 of 2

| | | | | | | | | |
|---|---|---|--|---------------------------|----------|-----------------------|----|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 11:00 am | Core: | 0 | |
| Activity Date 02/18/2020 | | Purpose of Inspection ROUTINE INSPECTION | | Time Out | 11:25 am | Tot. Minutes: | 25 | |
| Establishment UNITED #555 | | Address 12815 INDIANA AVE. | | City/State LUBBOCK, TX | | Zip Code 79423 | | Telephone (806) 791-0220 |
| Record ID # PR0010616 | | Permit Holder UNITED SUPERMARKETS, LLC | | Est. Type FOOD SERVICE | | Risk Category FR01 | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | |
| PRIORITY | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE | | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
UNITED #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010616

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

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

Measured Observations

QUAT 3-COMP 400.00 Parts Per Million
MILK RIC 35.00 Degrees Fahrenheit
MILK RIC 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Greg Castillo


Greg Castillo

Asst Store Director

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | | | |
|---|---|---|--|---------------------------|---------|-----------------------|----|------------------------------|
|  | | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | | | Time In | 2:05 pm | Core: | 0 | |
| Activity Date 02/18/2020 | | Purpose of Inspection ROUTINE INSPECTION | | Time Out | 2:35 pm | Tot. Minutes: | 30 | |
| Establishment UNITED FUEL EXPRESS #555 | | Address 12815 INDIANA AVE | | City/State LUBBOCK, TX | | Zip Code 79423 | | Telephone |
| Record ID # PR0010617 | | Permit Holder UNITED SUPERMARKETS, LLC | | Est. Type CONVENIENCE | | Risk Category FR01 | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | | | |
| PRIORITY | | | | | | | | |
| 1 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 01 Proper cooling time and temperature | | | | | | |
| 2 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 02 Proper cold holding temperature (41 F / 45 F) | | | | | | |
| 3 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 03 Proper hot holding temperature (135 F) | | | | | | |
| 4 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 04 Proper cooking time and temperature | | | | | | |
| 5 | <input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 05 Proper reheating for hot holding 165 F in 2 hr. | | | | | | |
| 6 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 06 Time as Control; procedures/records | | | | | | |
| 7 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 07 Approved source; Condition/parasite destruction | | | | | | |
| 8 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 08 Food received at proper temperature | | | | | | |
| 9 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 09 Separated & protected; contamination prevented | | | | | | |
| 10 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 10 Contact surfaces/returnables; clean & sanitized | | | | | | |
| 11 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 11 Proper disposition; returned/served/recondition | | | | | | |
| 12 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 12 Management, employees; knowledge & reporting | | | | | | |
| 13 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 13 Proper use of restriction and exclusion | | | | | | |
| 14 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 14 Hands cleaned and properly washed / Glove use | | | | | | |
| 15 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 15 No bare hand contact w/RTE or approved method | | | | | | |
| 16 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 16 Pasteurized foods used; prohibited not offered | | | | | | |
| 17 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 17 Additives approved/used Washing fruits/veg | | | | | | |
| 18 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 18 Toxic substances; identified/stored/used | | | | | | |
| 19 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 19 Water; approved source; plumbing, backflow | | | | | | |
| 20 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 20 Approved Sewage / Wastewater disposal | | | | | | |
| PRIORITY FOUNDATION | | | | | | | | |
| 21 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 21 PIC present / demonstration / duties / CFM | | | | | | |
| 22 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 22 Food Handler/no unauthorized persons/personnel | | | | | | |
| 23 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 23 Hot and Cold water available; adequate pressure | | | | | | |
| 24 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 24 Records available shellstock/destruction/labels | | | | | | |
| 25 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 25 Compliance with variance, specialized / HACCP | | | | | | |
| 26 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 26 Posting of consumer advisories, Allergen label | | | | | | |
| 27 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 27 Proper cooling method used; equipment adequate | | | | | | |
| 28 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 28 Proper date marking and disposition | | | | | | |
| 29 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 29 Thermometers / test strips provided, accurate | | | | | | |
| 30 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 30 Food Establishment Permit (Current & Valid) | | | | | | |
| 31 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 31 Handwash facilities; accessible/supplied/used | | | | | | |
| 32 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 32 Food & non-food contact surfaces cleanable/use | | | | | | |
| 33 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 33 Warewashing facilities & Service sink provided | | | | | | |
| CORE | | | | | | | | |
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | | | | | | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | | | | | | |
| 36 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 36 Wiping clothes; properly used and stored | | | | | | |
| 37 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP | 37 Environmental contamination | | | | | | |
| Follow up : No | | | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/18/2020

Establishment
UNITED FUEL EXPRESS #555

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010617

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

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

Measured Observations

SLICED FRUIT CH 36.00 Degrees Fahrenheit
EGGS WIC 38.00 Degrees Fahrenheit
MILK WIC 35.00 Degrees Fahrenheit
HOTDOG ROLLER 167.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Grady Bergquist

GRADY BERGQUIST

EHS II RS CPO

Eugene Ford


Eugene Ford

Store Director

Follow up : No

Inspection Report

Page 1 of 2

| | | | | | | |
|--|---|--|-----------------------|-----------------------------|----|------------------------------|
|  Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | | No. of Violations | 0 | Priority: | 0 | Score 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 | |
| | | Time In | 1:45 pm | Core: | 0 | |
| Activity Date 02/20/2020 | Purpose of Inspection ROUTINE INSPECTION | Time Out | 2:50 pm | Tot. Minutes: | 65 | |
| Establishment VENTURA PLACE | Address 3026 54TH ST | City/State LUBBOCK, TX | Zip Code 794134230 | Telephone (806) 785-5565 | | |
| Record ID # PR0001201 | Permit Holder NIC 12 VENTURA PLACE OWNER LLC | Est. Type INSTITUTIONAL | Risk Category FR04 | | | |
| OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION | | | | | | |
| PRIORITY | | | | | | |
| 1 | <input type="checkbox"/> OUT <input 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 | | | | |
| Follow up : No | | | | | | |

Inspection Report

Page 2 of 2



Activity Date
02/20/2020

Establishment
VENTURA PLACE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001201

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

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

CORE

| | | | |
|----|---|---|--|
| 34 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 34 Evidence of contamination; insect/rodent/other | |
| 35 | <input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP | 35 Personal Cleanliness; eating/drinking/tobacco | |

Violation Comments:

Observed personal not lidded, not labeled personal drink stored in the reach-in cooler on the top shelf. Removed. COS.
228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

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

Measured Observations

Brussel sprouts HH 156.00 Degrees Fahrenheit
Sliced tomato WIC 41.00 Degrees Fahrenheit
Ribs HH 164.00 Degrees Fahrenheit
Hot water sanitizing Mechanical Dishwasher 186.00 Degrees Fahrenheit
Green beans WIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

JEANNE VALDEZ

EHS II RS CPO


Rufus Hunter

Executive Chef

Follow up : No

Inspection Report

Page 1 of 1

| | | | | | |
|--|---|---------------------------|-----------------------|-----------------------------|----|
|  | Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902 | No. of Violations | 0 | Priority: | 0 |
| | | No. of Repeat Violations | 0 | Priority Foundation: | 0 |
| | | Time In | 11:30 am | Core: | 0 |
| Activity Date 02/21/2020 | Purpose of Inspection COMPLAINT INVESTIGATION | Time Out | 12:45 pm | Tot. Minutes: | 75 |
| Establishment WING STOP #0341 | Address 1803 7TH ST 701 | City/State LUBBOCK, TX | Zip Code 79401 | Telephone (806) 744-7675 | |
| Record ID # FA0003313 | Permit Holder OTERO & JOENS INVESTMENTS, LLC | Est. Type | Risk Category FR02 | | |

OBSERVATIONS

45 Physical facilities installed/maintained/clean

5/21/20

Violation Comments:

Observed floors around coving, drains and equipment soiled. Ceiling, vents and walls soiled. Advised PIC to deep clean kitchen and clean at a frequency to maintain cleanliness.

Measured Observations

No Temperature Observations

Overall Inspection Comments

COMPLAINANT STATED; "The restaurant is filthy. The kitchen is so caked with grease that the glass into the kitchen is cloudy. The restroom was dirty and had no paper of any kind, no bag in the trash can. The coke machine was so dirty the button stuck and syrup dispenses everywhere. The tables and floors are so dirty as well. Someone needs to visit asap to address the level of ongoing filth in this location."

At the time of complaint inspection observed walls, floors, and ceilings soiled. Coke machine drain for spillage appeared clogged. Bathrooms fully stocked.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO

Jordan Caraway

jordan caraway

shift leader

Follow up : Yes Followup Date: 05/21/2020