


Inspection Report

	City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 1	Priority: 1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 3em;">3</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:45 am	Core: 0	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:45 pm	Tot. Minutes: 60	
Establishment STRIPES #110	Address 3401 CLOVIS RD	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 762-5569
Record ID # PR0008332	Permit Holder CAL'S CONVENIENCE INC.	Est. Type CONVENIENCE	Risk Category FR01	

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

PRIORITY

1	<input type="checkbox"/> OUT <input 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)	12/13/19

Violation Comments:

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

PRIORITY FOUNDATION

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

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	

Inspection Report



Activity Date
12/10/2019

Establishment
STRIPES #110

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008332

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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 39.00 Degrees Fahrenheit
Cheese 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

brittany alvarado assistant manager

Inspection Report

 <p>City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902</p>	No. of Violations	3	Priority:	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">5</h1>
	No. of Repeat Violations	0	Priority Foundation:	0	
	Time In	11:30 am	Core:	2	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:45 pm	Tot. Minutes:	75
Establishment STRIPES #110	Address 3401 CLOVIS RD	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 762-5569	
Record ID # FA0001018	Permit Holder CAL'S CONVENIENCE INC.	Est. Type	Risk Category FR04		

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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	12/13/19

Violation Comments:

Observed sanitizer in 3-compartment sink at 0 ppm. Remade. Observed at 300 ppm. COS
228.118(3)(C) After being cleaned, food-contact surfaces sanitized contact of at least 30 seconds for other chemical sanitizing solutions

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	
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PRIORITY FOUNDATION

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CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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Inspection Report



Activity Date
12/10/2019

Establishment
STRIPES #110

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
FA0001018

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

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	3/9/20
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Violation Comments:

Observed half smoked cigarette 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	
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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	
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Violation Comments:

Observed facility not following own date-mark guidelines. Chopped peppers in walk-in cooler passed facility date-mark but within 7 days. Voluntarily removed. COS

Measured Observations

Ground beef HH 138.00 Degrees Fahrenheit
 Chicken WIC 34.00 Degrees Fahrenheit
 Eggs RIC 37.00 Degrees Fahrenheit
 Quat 3-comp 300.00 Parts Per Million
 Quat 3-comp 0.00 Parts Per Million
 Chicken HH 137.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION


Required Action: NEXT REGULAR INSPECTION

Signatures

NATHAN KLOEPPER EHS I RSIT CPO

Brittany Alvarado Assistant manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	1	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">1</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:05 am	Core:	1	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:30 am	Tot. Minutes:	25	
Establishment QUICK TRACK #66	Address 5746 82ND ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 798-8607		
Record ID # PR0000958	Permit Holder LAKPA LAMA	Est. Type CONVENIENCE	Risk Category FR01			

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15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal

PRIORITY FOUNDATION

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

CORE

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

Follow up : Yes Followup Date: 03/09/2020

Inspection Report



Activity Date
12/10/2019

Establishment
QUICK TRACK #66

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000958

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

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/9/20

Violation Comments:

- A. Observed dusty fan covers in walk in cooler. Clean and sanitize. COS.
- B. Observed spilled soda beneath drink dispenser. 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

Milk RIC 39.00 Degrees Fahrenheit
Deli Sandwiches CH 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

Dean Burfield

dean burfield Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	1	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">1</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:15 am	Core:	1	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:30 am	Tot. Minutes:	75	
Establishment HILTON GARDEN INN	Address 6027 45TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 776-3900		
Record ID # PR0010276	Permit Holder DIMENSION DEVELOPMENT	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"/> 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	

Violation Comments:

Observed no bleach test strips.

228.108(e) Sanitizing solutions, testing devices

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

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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Inspection Report



Activity Date
12/10/2019

Establishment
HILTON GARDEN INN

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010276

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	3/9/20

Violation Comments:

Observed utensils, not in use, stored in soiled drawer. Drawer cleaned and utensils sent to warewash. COS

228.124(a)(1)(A) Cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored in a clean, dry location

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

Meatballs Walk in cooler 41.00 Degrees Fahrenheit
 Ham Cold prep 41.00 Degrees Fahrenheit
 Cooked potatoes Hot hold 145.00 Degrees Fahrenheit
 Cut tomatoes Cold buffet 41.00 Degrees Fahrenheit
 cut veggies Cold prep 41.00 Degrees Fahrenheit
 Cooked chicken Reach in coolee 40.00 Degrees Fahrenheit
 Cut tomatoes Cold prep 38.00 Degrees Fahrenheit
 Bleach Dish machine 100.00 Parts Per Million

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Antonio Pina


LESLIE MORGAN

EHS II REHS/RS CPO

Antonio Pina

Executive Chef

Inspection Report

 <p>City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902</p>	No. of Violations	4	Priority:	2	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 20px;">8</h1>
	No. of Repeat Violations	0	Priority Foundation:	0	
	Time In	1:47 pm	Core:	2	
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:35 pm	Tot. Minutes:	48
Establishment PETE'S DRIVE IN #1	Address 529 34TH ST	City/State LUBBOCK, TX	Zip Code 794042129	Telephone (806) 762-8995	
Record ID # PR0000810	Permit Holder KATHY TZEMOS	Est. Type RESTAURANT	Risk Category FR02		

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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	12/12/19

Violation Comments:

OBSERVED SANITIZING SOLUTION IN SANITIZING BUCKET AT MORE THAN 200 PPM OF CHLORINE. FACILITY SHALL USE SANITIZING SOLUTION WITH CHLORINE CONCENTRATION BETWEEN 50 PPM - 100 PPM AND VERIFY BY TEST STRIPS. REMOVED AND MADE NEW SOLUTION AND VERIFIED WITH TEST STRIP. COS.

228.118(3)(B) After being cleaned, food-contact surfaces shall be sanitized in a contact time of at least 7 seconds for a CHLORINE SOLUTION of 50 mg/L

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

Violation Comments:

OBSERVED SPRAY BOTTLES STORED WITH SINGLE SERVICE ITEM POINTING TOWARDS IT. REMOVED IT. 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	

Inspection Report



Activity Date
12/09/2019

Establishment
PETE'S DRIVE IN #1

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000810

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

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

CORE

34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	3/8/20
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Violation Comments:

OBSERVED MISSING CEILING TILE IN THE KITCHEN. FACILITY SHALL PROVIDE ONE BEFORE NEXT ROUTINE INSPECTION. NRI.

228.174(f) Exterior walls and roofs, protective barrier

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco		
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored		
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	38 Approved thawing method
39	<input 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	3/8/20

Violation Comments:

OBSERVED MOP IN THE BUCKET. FACILITY SHALL PROPERLY DRY MOP AFTER USE. COMPLIED. COS.

228.186(f) Drying mops

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

Measured Observations

GROUND MEAT WALK IN COOLER 41.00 Degrees Fahrenheit
 BURGER COOKED 178.00 Degrees Fahrenheit
 TACO MEAT HOT HOLD 157.00 Degrees Fahrenheit
 TOMATOES COLD HOLD 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


NIRAJAN SHRESTHA

EHS I RSIT CPO

KATHY TZEMOS

OWNER

Inspection Report

 <p>City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902</p>	No. of Violations	3	Priority:	2	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 20px;">7</h1>
	No. of Repeat Violations	0	Priority Foundation:	0	
	Time In	1:40 pm	Core:	1	
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:20 pm	Tot. Minutes:	40
Establishment TACO BELL/PIZZA HUT #020328	Address 5111 82ND ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 798-7513	
Record ID # PR0001372	Permit Holder J. P. M. INC.	Est. Type RESTAURANT	Risk Category FR03		

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

PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	12/12/19

Violation Comments:

Observed bacon bits with discard date of 12-6. Voluntarily discarded. COS.

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	12/12/19

Violation Comments:

Observed half smoked cigarette laying near service items in dry storage. Discussed and removed. COS.

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	
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: 03/08/2020

Inspection Report



Activity Date
12/09/2019

Establishment
TACO BELL/PIZZA HUT #020328

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0001372

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/8/20

Violation Comments:

Observed soiled/rusty back to drink dispenser near drive thru window. Clean and sanitize. 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 200.00 Parts Per Million
 Sauce CH 39.00 Degrees Fahrenheit
 Ground Beef HH 155.00 Degrees Fahrenheit
 Beans HH 178.00 Degrees Fahrenheit
 Tomato WIC 38.00 Degrees Fahrenheit
 Tomato CH 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Jacob Kemmer

Juan Nunez


JACOB KEMMER

EHS II RS CPO

juan nunez

rgm

Inspection Report

	City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	4	Priority:	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">7</h1>
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:33 am	Core:	2	
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:17 am	Tot. Minutes:	44	
Establishment YESWAY #1156	Address 2611 E SLATON HWY	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 771-8800		
Record ID # PR0008145	Permit Holder BW GAS & CONVENIENCE RETAIL,	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 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)	12/12/19

Violation Comments:

Observed meat and cheese in reach-in-cooler in front area over 40 degree F for less than 4 hours. Kept in ice bath for rapid cooling. COS.
 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)

228.77(4)(B)(v)(I) Cold Hold (41°F/45°F or below)--Cook-Chill or Sous Vide (30 Day)

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 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	12/19/19

Violation Comments:

Observed reach-in-cooler in front area not holding food below 41 degree Fahrenheits. Facility shall repair within 10 days.
 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)	

Inspection Report



Activity Date
12/09/2019

Establishment
YESWAY #1156

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008145

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	3/8/20
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Violation Comments:

Observed damaged door seal for the back door. Facility shall repair within next routine inspection. NRI
228.174(e)(1) Outer openings, protected

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/8/20

Violation Comments:

Observed sticky reach-in-freezer door in front area. Facility shall 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 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 Hot hold 157.00 Degrees Fahrenheit
Meat slices for less than 4 hours Cold hold 51.00 Degrees Fahrenheit
Cheese for less than 4 hours Cold hold 52.00 Degrees Fahrenheit
Potatoes Hot hold 143.00 Degrees Fahrenheit
Mac and cheese WIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION


Required Action: RE-INSPECTION

Signatures

NIRAJAN SHRESTHA EHS I RSIT CPO

CHRIS TAYLOR STORE MANAGER

Inspection Report

 <p style="font-size: small;">City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902</p>	No. of Violations	1	Priority:	0	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">1</h1>
	No. of Repeat Violations	0	Priority Foundation:	0	
	Time In	11:00 am	Core:	1	
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:20 am	Tot. Minutes:	20
Establishment STARBUCKS #9934	Address 2414 MAC DAVIS LN	City/State LUBBOCK, TX	Zip Code 79401	Telephone	
Record ID # PR0011558	Permit Holder STARBUCKS COFFEE CORP	Est. Type RESTAURANT	Risk Category FR01		

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

PRIORITY								
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	
PRIORITY FOUNDATION								
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
CORE								
34	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination	

Follow up : Yes Followup Date: 03/08/2020

Inspection Report



Activity Date
12/09/2019

Establishment
STARBUCKS #9934

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0011558

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

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input 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	3/8/20

Violation Comments:

Observed soiled ceiling tiles above ware wash area and beside back door. Maintain clean and sanitized. Discussed. NRI

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 35.00 Degrees Fahrenheit
bacon breakfast sandwich RIC 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments


Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Stephanie Alvarez

Inspection Report

	City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:10 am	Core: 0	
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:19 am	Tot. Minutes: 9	
Establishment MRS. O'S	Address 10101 SLIDE ROAD, STE 700	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 620-6123
Record ID # PR0013638	Permit Holder MELISSA OVERHELSEER	Est. Type DAYCARE	Risk Category FR01	

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/09/2019

Establishment
MRS. O'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013638

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

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

Measured Observations

EGGS RIC 38.00 Degrees Fahrenheit
MILK RIC 26.00 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

Kayla Kiss

KAYLA KISS DIRECTOR

Inspection Report

	City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
	No. of Repeat Violations 0	Priority Foundation: 0		
	Time In 10:00 am	Core: 0		
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:10 am	Tot. Minutes: 70	
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 type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

CORE

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

Inspection Report



Activity Date
12/09/2019

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

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 hh 181.00 Degrees Fahrenheit
 tortilla soup hh 150.00 Degrees Fahrenheit
 mash potato hh 151.00 Degrees Fahrenheit
 noodles wic 41.00 Degrees Fahrenheit
 corn hh 162.00 Degrees Fahrenheit
 slaw cp 37.00 Degrees Fahrenheit
 stuffing hh 162.00 Degrees Fahrenheit
 slaw wic 41.00 Degrees Fahrenheit
 mac and cheese wic 41.00 Degrees Fahrenheit
 bleach sani bucket 75.00 Parts Per Million
 boiled eggs cold prep 35.00 Degrees Fahrenheit
 ham cold prep 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


Leslie Morgan

LESLIE MORGAN EHS II REHS/RS CPO

Kelly Griffin

Kelly Griffin Associate Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
	No. of Repeat Violations 0	Priority Foundation: 0		
	Time In 12:00 pm	Core: 0		
Activity Date 12/14/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:20 pm	Tot. Minutes: 20	
Establishment 2019 PORKY'S	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone
Record ID # PR0013672	Permit Holder 2019 PORKY'S	Est. Type 2019 TEMPORARY	Risk Category TF15	
Event Name 2019 PORKY'S	Event Address	Event City/State	Zip Code	Event Telephone
Event Organizer CHRISTOPHER HERNANDEZ	Event Organizer Phone	Booth / Space No.	Serial Number DARALOJLP	
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		

Inspection Report



Activity Date
12/14/2019

Establishment
2019 PORKY'S

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013672

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

25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided	

CORE ITEMS

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

Measured Observations

chopped brisket grill 180.00 Degrees Fahrenheit
 sausage CH 30.00 Degrees Fahrenheit
 sausage grill 175.00 Degrees Fahrenheit

Overall Inspection Comments

At time of inspection, no violations observed.

Inspection Report



Activity Date
12/14/2019
Establishment
2019 PORKY'S

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0013672

Inspection Result: VIOLATION

Required Action: NOT APPLICABLE

Signatures

Handwritten signature of Jackie Dickson in blue ink.

JACKIE DICKSON


EHS I RSIT CPO

Handwritten signature of Christopher Hernandez in blue ink.

Christopher Hernandez

owner

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:45 am	Core:	0	
Activity Date 12/14/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:30 am	Tot. Minutes:	45	
Establishment 2019 FLEA MARKET	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013670	Permit Holder 2019 FLEA MARKET CONCESSION	Est. Type 2019 TEMPORARY	Risk Category TF15			
Event Name 2019 FLEA MARKET	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer MICHELLE FLORES	Event Organizer Phone	Booth / Space No.	Serial Number DAT4PRIT8			

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

Inspection Report



Activity Date
12/14/2019

Establishment
2019 FLEA MARKET CONCESSION

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013670

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

25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided	

CORE ITEMS

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

Measured Observations

raw chorizo CH 35.00 Degrees Fahrenheit
 pork stove (cooking) 101.00 Degrees Fahrenheit
 beef HH 145.00 Degrees Fahrenheit
 raw sausage CH 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report



Activity Date
12/14/2019
Establishment
2019 FLEA MARKET CONCESSION

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0013670

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

Signatures

Handwritten signature of Jackie Dickson in blue ink.

JACKIE DICKSON


EHS I RSIT CPO

Handwritten signature of Erendida Dosal in blue ink.

Erendida Dosal

worker

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	6	Priority:	4	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">14</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	2:15 pm	Core:	2	
Activity Date 12/13/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:39 pm	Tot. Minutes:	84	
Establishment LA DIOSA CELLARS	Address 901 17TH ST	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 744-3600		
Record ID # PR0003336	Permit Holder SYLVIA MCPHERSON	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				12/16/19
Violation Comments: Observed raw poultry, pork and raw seafood all stored at bottom shelf. Discussed with person-in-charge and the items were arranged and separated from poultry items and in separate containers. 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				12/16/19
Violation Comments: Observed the following: A) soiled can opener. sent to ware wash. COS. 228.114(a)(3) TCS food equipment food-contact surfaces & utensils shall be cleaned at least every four hours B) dishmachine sanitizing at 0 ppm. repaired and the machine is sanitizing at ppm. COS. 228.118(3)(B) After being cleaned, food-contact surfaces shall be sanitized in a contact time of at least 7 seconds for a CHLORINE SOLUTION of 50 mg/L						
11	<input 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				12/16/19
Violation Comments: Observed dented cans in the shelf. Voluntarily discarded. 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used				12/16/19
Violation Comments: Observed spray bottle with chemicals stored by bar 3 compartment sink. Removed. 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				

Inspection Report



Activity Date
12/13/2019

Establishment
LA DIOSA CELLARS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003336

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

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	
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"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	3/12/20
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Violation Comments:

Observed holes in the ceiling over the vent. Facility shall repair. NRI

228.174(f) Exterior walls and roofs, protective barrier

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	3/12/20

Violation Comments:

Observed lint rollers used for aprons stored over ice machine by ice scoop. Removed. COS.

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

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

chicken RTE cold hold 40.00 Degrees Fahrenheit
 shrimp RIC 38.00 Degrees Fahrenheit
 chopped tomatoes cold hold 40.00 Degrees Fahrenheit
 raw chicken RIC 41.00 Degrees Fahrenheit
 cut limes and lemons RIC 38.00 Degrees Fahrenheit
 hummus cold hold 41.00 Degrees Fahrenheit

Overall Inspection Comments

Follow up : Yes Followup Date: 03/12/2020

Inspection Report



Activity Date
12/13/2019
Establishment
LA DIOSA CELLARS

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0003336

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Handwritten signature of Nirajan Shrestha in blue ink.

NIRAJAN SHRESTHA


EHS I RSIT CPO

Handwritten signature of Allyson Jones in blue ink.

Allyson Jones

Assistant Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 2:15 pm	Core: 0	
Activity Date 12/13/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:30 pm	Tot. Minutes: 15	
Establishment GREEN STREAM (THE)	Address 2525 19TH	City/State LUBBOCK, TX	Zip Code 79410	Telephone (806) 605-1605
Record ID # PR0013636	Permit Holder CHASITY PENICK	Est. Type MOBILE FOOD	Risk Category FR01	

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/13/2019

Establishment
GREEN STREAM (THE)

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013636

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

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

Measured Observations

yogurt cold hold 36.00 Degrees Fahrenheit

Overall Inspection Comments

At time of inspection, no violations are observed.

Inspection Result: NO VIOLATION


Required Action: NEXT REGULAR INSPECTION

Signatures

JACKIE DICKSON EHS I RSIT CPO

Chasity Penick Owner

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	4	Priority:	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">7</h1>
		No. of Repeat Violations	1	Priority Foundation:	1	
		Time In	11:02 am	Core:	2	
Activity Date 12/13/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:55 am	Tot. Minutes:	53	
Establishment EL GALLITO	Address 914 E 34TH ST	City/State LUBBOCK, TX	Zip Code 794042226	Telephone (806) 741-1333		
Record ID # PR0000331	Permit Holder JUNIOR LOPEZ	Est. Type RESTAURANT	Risk Category FR03			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						

PRIORITY								
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input 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	12/16/19

Violation Comments:

Observed improper hand washing technique. Discussed with employee and person-in-charge about proper hand washing steps. Complied and re-washed hands. COS.

228.38(b)(2) Cleaning procedure--steps

15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input checked="" 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"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	2/23/20

Violation Comments:

Observed expired food handlers certificate for employees. Facility shall provide within 60 days.

228.33(d) Food Handler Training criteria

23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> 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"/> 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)	

Inspection Report



Activity Date
12/13/2019

Establishment
EL GALLITO

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000331

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	3/12/20
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Violation Comments:

Observed holes in ceiling by vent hood in kitchen. Facility shall seal before next routine inspection. NRI.

228.174(f) Exterior walls and roofs, protective barrier

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco		
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored		
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled		
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	40 Single-service/use; properly stored, and used		
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/12/20

Violation Comments:

Observed dusty fan cover. Facility shall 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 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 hot hold 154.00 Degrees Fahrenheit
 Taco meat cooling for less than 5 hours WIC 43.00 Degrees Fahrenheit
 Taco meat hot hold 157.00 Degrees Fahrenheit
 RTE food WIC 41.00 Degrees Fahrenheit
 Eggs WIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures


NIRAJAN SHRESTHA

EHS I RSIT CPO

Carolyn Lopez

Co-owner

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	2	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">3</h1>
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	10:10 am	Core:	1	
Activity Date 12/13/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	10:37 am	Tot. Minutes:	27	
Establishment FIRST UNITED METHODIST CHURCH	Address 1411 BROADWAY AVE	City/State LUBBOCK, TX	Zip Code 79401	Telephone (806) 763-4607		
Record ID # PR0003678	Permit Holder FIRST UNITED METHODIST CHURCH	Est. Type FOOD SERVICE	Risk Category FR04			

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

PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input 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	2/23/20
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Violation Comments:

Observed expired certified food manager certificate (CFM). Facility shall provide valid CFM within 60 days.
 228.33(a) At least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program

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

CORE

Follow up : Yes Followup Date: 02/23/2020

Inspection Report



Activity Date
12/13/2019

Establishment
FIRST UNITED METHODIST CHURCH

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003678

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

34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	3/12/20
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Violation Comments:

Observed holes in ceiling tiles above hand wash sink in the kitchen. Facility shall repair before next routine inspection.

228.174(f) Exterior walls and roofs, protective barrier

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

Frozen food RIF 3.00 Degrees Fahrenheit
Dressings RIC 38.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION


Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA EHS I RSIT CPO

Joe Adames Maintenance

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	9:40 am	Core:	0	
Activity Date 12/13/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:00 am	Tot. Minutes:	80	
Establishment HERITAGE MS CONCESSIONS	Address 6110 73RD ST	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 787-6949		
Record ID # PR0008220	Permit Holder FRENSHIP ISD - HERITAGE MS	Est. Type CONCESSION	Risk Category FR01			

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/13/2019

Establishment
HERITAGE MS CONCESSIONS

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008220

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

Jeremy Fair


LESLIE MORGAN

EHS II REHS/RS CPO

Jeremy Fair

ASST. Principal

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	2	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">2</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	12:06 pm	Core:	2	
Activity Date 12/12/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:32 pm	Tot. Minutes:	26	
Establishment DOLLAR GENERAL #4074	Address 5404 4TH ST	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 785-1060		
Record ID # PR0002805	Permit Holder DOLGENCORP OF TEXAS, INC	Est. Type GROCERY	Risk Category FR01			

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

34	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other		3/11/20
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Violation Comments:

228.174(e)(1) Outer openings, protected
Rear doors not properly sealed. Seal.

35	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco		
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Follow up : Yes Followup Date: 03/11/2020

Inspection Report



Activity Date
12/12/2019

Establishment
DOLLAR GENERAL #4074

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002805

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

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	3/11/20

Violation Comments:

228.186(a) Repairing. The physical facilities shall be maintained in good repair
Missing ceiling tiles. Repair.

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

Measured Observations

HOT DOGS RIC 33.00 Degrees Fahrenheit
MILK RIC 36.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION


Required Action: RE-INSPECTION

Signatures

CHARLES SEIFERT EHS II RS CPO

Toni Santellana Store Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	3	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">3</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	10:23 am	Core:	3	
Activity Date 12/12/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	11:00 am	Tot. Minutes:	37	
Establishment DOLLAR GENERAL #10560	Address 1815 MILWAUKEE AVE	City/State LUBBOCK, TX	Zip Code 79416	Telephone (806) 799-4117		
Record ID # PR0004174	Permit Holder DOLGENCORP OF TEXAS, INC	Est. Type GROCERY	Risk Category FR01			

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Follow up : Yes Followup Date: 03/11/2020

Inspection Report



Activity Date
12/12/2019

Establishment
DOLLAR GENERAL #10560

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0004174

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

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/11/20

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
Drinking fountain soiled. Facility shall clean and maintain.

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	3/11/20

Violation Comments:

228.186(f) Drying mops
Mop stored in bucket with water. Discussed

46	<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	46 Toilet facilities; constructed/supplied/clean	3/11/20
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Violation Comments:

228.152(h) Toilet room receptacle, covered
No covered trash can in woman's restroom. Provide

228.223(g) Employee restrooms
No paper towels available in restroom. Provide

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

MILK RIC 40.00 Degrees Fahrenheit
EGGS RIC 36.00 Degrees Fahrenheit

Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION Required Action: NEXT REGULAR INSPECTION

Signatures

 <hr style="width: 80%; margin: 0 auto;"/> CHARLES SEIFERT EHS II RS CPO	 <hr style="width: 80%; margin: 0 auto;"/> doraelia cervera key holder
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Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	1	Priority:	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">2</h1>
		No. of Repeat Violations	0	Priority Foundation:	1	
		Time In	6:00 pm	Core:	0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	6:30 pm	Tot. Minutes:	30	
Establishment 2019 CRYSTALS EVENT CENTER	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013658	Permit Holder 2019 CRYSTALS EVENT CENTER	Est. Type 2019 TEMPORARY	Risk Category TF15			
Event Name 2019 CRYSTALS EVENT CENTER	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer FAUSTINO ROBLES	Event Organizer Phone	Booth / Space No.	Serial Number DA5YCV0MZ			

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

Inspection Report



Activity Date
12/11/2019

Establishment
2019 CRYSTALS EVENT CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013658

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

25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)	

Inspection Report



Activity Date
12/11/2019

Establishment
2019 CRYSTALS EVENT CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013658

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

31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used	12/21/19
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Violation Comments:

Observed no paper towels. Provided. Discussed.

228.146(b)(1) Hand washing facility provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet

228.147(a)(1) Hand washing facilities. at least one hand washing lavatory, a number of hand washing lavatories necessary for their convenient use by employees in areas, and not fewer than the number of hand washing lavatories required by the Plumbing Code shall be provided

Inspection Report



Activity Date
12/11/2019
Establishment
2019 CRYSTALS EVENT CENTER

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0013658

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

228.148(a) Hand washing facilities. A hand washing facility shall be located: to allow convenient use by employees in food preparation, food dispensing, and ware washing areas; and in, or immediately adjacent to, toilet rooms

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

228.224(h) OUTFITTER OPERATION -- Handwashing facility criteria

228.224(h) OUTFITTER OPERATION -- Handwashing facility criteria

228.224(h) OUTFITTER OPERATION -- Handwashing facility criteria

228.175(b) Hand washing cleanser, availability

228.175(b) Hand washing cleanser, availability

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

228.148(a) Hand washing facilities. A hand washing facility shall be located: to allow convenient use by employees in food preparation, food dispensing, and ware washing areas; and in, or immediately adjacent to, toilet rooms

228.148(a) Hand washing facilities. A hand washing facility shall be located: to allow convenient use by employees in food preparation, food dispensing, and ware washing areas; and in, or immediately adjacent to, toilet rooms

228.148(a) Hand washing facilities. A hand washing facility shall be located: to allow convenient use by employees in food preparation, food dispensing, and ware washing areas; and in, or immediately adjacent to, toilet rooms

228.146(b)(1) Hand washing facility provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet

228.146(b)(1) Hand washing facility provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet

228.146(b)(1) Hand washing facility provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

Inspection Report



Activity Date
12/11/2019
Establishment
2019 CRYSTALS EVENT CENTER

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0013658

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

- 228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria
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- 228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

Inspection Report



Activity Date
12/11/2019

Establishment
2019 CRYSTALS EVENT CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013658

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

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

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228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

228.222(i) TEMPORARY ESTABLISHMENT--Handwashing facilities criteria

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"/> 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

Inspection Report



Activity Date
12/11/2019

Establishment
2019 CRYSTALS EVENT CENTER

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013658

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NOT APPLICABLE

Signatures

Handwritten signature of Jackie Dickson in blue ink.


JACKIE DICKSON

EHS I RSIT CPO

Handwritten signature of Dallas Turney in blue ink.

Dallas Turney

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 5	Priority: 2	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">11</h1>
		No. of Repeat Violations 1	Priority Foundation: 2	
		Time In 2:00 pm	Core: 1	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:00 pm	Tot. Minutes: 60	
Establishment NOTHIN BUTT SMOKES #1	Address 3002 34TH ST	City/State LUBBOCK, TX	Zip Code 79410	Telephone
Record ID # PR0003035	Permit Holder ROSS-LAB MARKETING, INC.	Est. Type CONVENIENCE	Risk Category FR01	

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

PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	12/14/19

Violation Comments:

228.66(a)(1)(B)(iii) Food protected cross contamination by preparing each type of food at different times or in separate area

Observed soiled ice machine. Ice voluntarily discarded. Maintain clean and sanitized. Discussed.

10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	12/14/19
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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 on ice machines with no washable barriers. Provide washable containers for ice scoops. Containers need to be washed every 4 hours. Discussed.

11	<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	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<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	28 Proper date marking and disposition	

Inspection Report



Activity Date
12/11/2019

Establishment
NOTHIN BUTT SMOKES #1

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003035

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 type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	12/21/19
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Violation Comments:

228.108(e) Sanitizing solutions, testing devices

Observed no sanitizer strips. Provide. Bleach sanitizer solution shall test between 50 and 100 ppm. Discussed.

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 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	33 Warewashing facilities & Service sink provided	12/21/19

Violation Comments:

228.106(p)(1) Manual ware washing equipment, heaters and baskets. If hot water is used for sanitization in manual ware washing operations, the sanitizing compartment of the sink shall be: designed with an integral heating device that is capable of maintaining water at a temperature not less than 77 degrees Celsius (171 degrees Fahrenheit)

Observed no ware wash sink. Repeat violation. Facility shall provide at minimum a 3-compartment sink (1 sink for hand wash, 2 sinks for wash, rinse, and sanitize). Discussed. 6 months.

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	3/10/20

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 mop stored head down. Rearranged. Discussed proper air drying for mops.

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report



Activity Date
12/11/2019

Establishment
NOTHIN BUTT SMOKES #1

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003035

Inspection Result: VIOLATION

Required Action: RE-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 "Gabrielle Wilson".

Gabrielle Wilson

Assistant Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 9	Priority: 2	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">15</h1>
		No. of Repeat Violations 1	Priority Foundation: 2	
		Time In 2:00 pm	Core: 5	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 2:50 pm	Tot. Minutes: 50	
Establishment WING STOP	Address 6807 SLIDE RD	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 798-3326
Record ID # PR0002724	Permit Holder OTERO & JOENS INVESTMENTS, LLC	Est. Type RESTAURANT	Risk Category FR02	

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

PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	12/14/19

Violation Comments:

Observed soiled ice reflector panel inside of ice machine. Clean and sanitize. COS.

228.113(1) Food-contact surfaces clean to sight and touch

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

Violation Comments:

Observed unlabeled spray bottle stored near 3 compartment sink. Labeled. COS.

228.202 Poisonous/toxic materials or chemicals not in original container labeled

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

PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input 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	12/21/19

Violation Comments:

Observed old date marking on containers of cheese in walk in cooler. Replaced with updated labels. COS.

228.75(g)(2) Date marking commercially prepared 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)	

Follow up : Yes Followup Date: 12/21/2019

Inspection Report



Activity Date
12/11/2019

Establishment
WING STOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002724

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

31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	12/21/19

Violation Comments:

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

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

34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	3/10/20
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Violation Comments:

A. Observed sticky fly strips hanging from ceiling while facility was serving food. Sticky fly strips must be taken down when in operation. Removed. COS.
 228.174(c) Insect control devices, design and installation

B. Observed weather stripping to back door in need of repair. Replace. NRI.
 228.174(e)(1) Outer openings, protected

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	3/10/20

Violation Comments:

Observed scoops without handles stored in seasoning container. Discussed and moved. 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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/10/20

Violation Comments:

Observed soiled shelving above 3 compartment sink. Clean and sanitize. COS.
 228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	3/10/20

Violation Comments:

A. Observed dusty vents throughout kitchen. Clean and sanitize. NRI.
 B. Observed soiled wall near mop sink. Clean and sanitize. NRI.
 228.186(b) Cleaning, frequency and RESTRICTIONS.

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	3/10/20
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Violation Comments:

Observed missing 'Employees Must Wash Hands' signs in restrooms. Acquire. NRI.
 228.223(g) Employee restrooms

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

Chicken wing HH 189.00 Degrees Fahrenheit
 Quat Bucket 200.00 Degrees Fahrenheit

Inspection Report



Activity Date
12/11/2019

Establishment
WING STOP

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0002724

Fried chicken Fryer 200.00 Degrees Fahrenheit
Chopped vegetables CH 40.00 Degrees Fahrenheit
Chopped vegetables WIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures


JACOB KEMMER

EHS II RS CPO

monica vera

Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 1:00 pm	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 1:40 pm	Tot. Minutes: 40	
Establishment 7-ELEVEN #417	Address 6101 19TH ST	City/State LUBBOCK, TX	Zip Code 794071601	Telephone (806) 793-7119
Record ID # PR0000955	Permit Holder SOUTHWEST CONVENIENCE STORES	Est. Type CONVENIENCE	Risk Category FR01	

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/11/2019

Establishment
7-ELEVEN #417

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000955

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

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

Measured Observations

ham Reach in cooler 41.00 Degrees Fahrenheit
milk Walk in cooler 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Maria Saenz


LESLIE MORGAN

EHS II REHS/RS CPO

Maria Saenz

Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	7	Priority:	3	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">15</h1>
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	11:15 am	Core:	2	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	1:00 pm	Tot. Minutes:	105	
Establishment HONEY CHILD, LLC	Address 2319 N UNIVERSITY AVE	City/State LUBBOCK, TX	Zip Code 79415	Telephone (806) 747-7100		
Record ID # FA0008710	Permit Holder L.E. ANDERSON JR III	Est. Type	Risk Category FR04			

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

PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	12/14/19

Violation Comments:

Observed the following;

- I) cranberry sauce stored in pantry. Must be refrigerated after opening. Voluntarily discarded. COS
- II) Eggs in walk-in cooler above 61 degrees fahrenheit after being stored on counter. Voluntarily discarded. 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 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 checked="" type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	12/14/19

Violation Comments:

Observed moldy strawberries stored with fresh strawberries in RIC. Voluntarily discarded. COS

228.61 Food safe, good condition, unadulterated, and honestly presented

8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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	12/14/19

Violation Comments:

Observed raw beef stored on raw chicken in WIC. Voluntarily discarded. COS

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	

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

Inspection Report



Activity Date
12/11/2019

Establishment
HONEY CHILD, LLC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
FA0008710

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	12/21/19
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Violation Comments:
Observed lack of date marking on TCS/prepared items in WIC. Labeled. COS.

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

29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	12/21/19

Violation Comments:
Observed multiple damaged utensils. Voluntarily discard

228.104(a) Cleanability. Food-contact surfaces.

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	3/10/20

Violation Comments:
Observed damaged gasket on walk-in cooler. Repair/replace. NRI

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	3/10/20

Violation Comments:
Observed the following;

I) Missing ceiling tile. Repair/replace.
II) Mop stored improperly on floor. Must hang to air dry. NRI

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

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

Measured Observations

Ground beef WIC 40.00 Degrees Fahrenheit
Eggs WIC 62.00 Degrees Fahrenheit
Turkey RIC 41.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report



Activity Date
12/11/2019
Establishment
HONEY CHILD, LLC

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
FA0008710

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

NATHAN KLOPPER


EHS I RSIT CPO

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

craig anderson

manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 12:20 pm	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:40 pm	Tot. Minutes: 20	
Establishment CDS- CLUB DEMONSTRATION	Address 6020 34TH	City/State LUBBOCK, TX	Zip Code 79407	Telephone
Record ID # PR0013659	Permit Holder CDS- CLUB DEMONSTRATION	Est. Type FOOD SERVICE	Risk Category FR01	

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

PRIORITY														
1	<input type="checkbox"/>	OUT	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/>	OUT	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/>	OUT	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/>	OUT	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/>	OUT	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	08 Food received at proper temperature	
9	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	20 Approved Sewage / Wastewater disposal	
PRIORITY FOUNDATION														
21	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	28 Proper date marking and disposition	
29	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	33 Warewashing facilities & Service sink provided	
CORE														
34	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	IN	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	COS	<input type="checkbox"/>	REP	37 Environmental contamination	

Inspection Report



Activity Date
12/11/2019

Establishment
CDS- CLUB DEMONSTRATION SERVICES

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013659

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

 Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902		No. of Violations	0	Priority:		Score 0
		No. of Repeat Violations	0	Priority Foundation:		
		Time In	12:00 pm	Core:		
Time Out	12:20 pm	Tot. Minutes:	20			
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION					
Establishment COSTCO WHOLESALE #1163		Address 6020 34TH ST		City/State LUBBOCK, TX		Zip Code 79407
Record ID # PR0008273		Permit Holder COSTCO WHOLESALE CORPORATION		Est. Type PROCESSING		Risk Category PR03
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						
PERSONNEL						
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
1. Personnel with illness, open lesion, boil, sore						
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
2. Hygienic Practices						
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
3. Outer Garments						
PLANT AND GROUNDS						
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
4. Adequate maintenance						
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
5. Construction and Design						
SANITARY OPERATIONS						
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
6. Cleaning and sanitizing; storage of toxic						
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
7. Pest Control						
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
8. Sanitation of Food-Contact Surfaces						
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
9. Sanitation of Non-Food-Contact Surfaces						
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
10. Single-service articles						
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
11. Sanitizing Agents adequate, safe						
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
12. Storage, handling of equipment & utensils						
SANITARY FACILITIES & CONTROLS						
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
13. Water Supply, approved source						
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
14. Proper Temperature, Pressure						
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
15. Wastewater Disposal						
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
16. Proper Drainage						
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
17. Backflow Prevention						
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
18. Toilet facilities self closing doors, located						
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
19. Hand Washing Facilities Adequate, located						
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
20. Hand Cleaner/Sanitizer Available						
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
21. Hand Drying Devices Available						
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
22. Hand Washing Signage						
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
23. Rubbish and Offal Disposal						
EQUIPMENT & UTENSILS						
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
24. Designed, constructed						
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
25. Measuring Instruments accurate, maintained						
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
26. Compressed air						
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
27. Maintained in Sanitary Condition						
PRODUCTION & PROCESS CONTROLS						
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
28. Raw Materials						
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
29. Manufacturing Operations						
NATURAL OR UNAVOIDABLE DEFECTS THAT POSE NO HEALTH HAZARD						
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
30. FDA Maximum Levels						
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
31. Quality Control Operations Utilized						
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP
32. Mixing one lot with another						

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008273

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

GOOD WAREHOUSING PRACTICE

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 14	Priority: 5	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 3em; margin-top: 10px;">27</h1>
		No. of Repeat Violations 1	Priority Foundation: 3	
		Time In 9:50 am	Core: 6	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:06 pm	Tot. Minutes: 136	
Establishment PRONTO MART	Address 502 50TH ST	City/State LUBBOCK, TX	Zip Code 794043636	Telephone (806) 765-0468
Record ID # PR0000854	Permit Holder JUAN J. MOLINA	Est. Type CONVENIENCE	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)	12/14/19

Violation Comments:

Observed tamales meat at 52 degrees Fahrenheit since 9 am, time now is 10:08 am. Facility shall maintain all cold holding RTE food below 41 degree Fahrenheit. Kept in ice bath for cooling. 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 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	05 Proper reheating for hot holding 165 F in 2 hr.	12/14/19

Violation Comments:

Observed reheated food in microwave at 115 degree Fahrenheit ready to use for burritos. Facility shall reheat all RTE food pulled from cooler to 165 degree Fahrenheit in microwave before reuse. Complied and re-heated to reach to 165 F. COS.
 228.73(b) Reheat 165°F -- microwave

6	<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	06 Time as Control; procedures/records	12/14/19
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Violation Comments:

Observed burritos in display area at 122 F for less than 2 hours. Person-in-charge explained that burritos get thrown away after every 3 hours. Discussed and advised person-in-charge that facility shall create time stamp for all RTE not held over 135 F for maximum of 4 hours. Complied. COS. Maintenance of time stamp will be observed in next routine inspection.
 228.75(i)(1) Written procedures shall be prepared in advance, maintained in the establishment

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 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	12/14/19

Violation Comments:

Observed dented cans in the dry storage area. Facility shall regularly check dented cans and properly dispose or return damaged ones.
 228.83(e) Damaged foods. Heavily rim/seam-dented canned foods, or without the manufacturer's complete labeling

12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	12/14/19

Violation Comments:

Observed improper hand wash by and employee. Discussed with person in charge about proper hand washing technique and advised to train all employees. Complied and re-washed hands. COS.
 228.38(b)(2) Cleaning procedure--steps

15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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	

Inspection Report



Activity Date
12/11/2019

Establishment
PRONTO MART

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000854

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20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	
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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	2/21/20
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Violation Comments:

Observed the following:
 A) expired food handler certificate (CFM). Facility shall provide within 60 days.
 228.33(c) At least one certified food protection manager must be employed by each establishment

B) observed no managerial control in kitchen based on number of critical violations.

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 type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	12/21/19

Violation Comments:

Observed no thermometer in reach-in-coolers in the kitchen. Facility shall provide within 10 days.
 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	12/21/19

Violation Comments:

Observed utensils on hand washing sink and mop bucket in front. Hand washing sink shall be accessible at all times and shall only be used for hand washing purpose. Discussed with person-in-charge. Complied. 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	3/10/20
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Violation Comments:

Observed the following:
 A) damaged weather strip for back door. Facility shall repair withing next routine inspection. NRI.
 228.174(e)(1) Outer openings, protected

B) holes in the ceiling. Facility shall provide seal. NRI.

228.174(f) Exterior walls and roofs, protective barrier

Inspection Report



Activity Date
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ROUTINE INSPECTION

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35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	3/10/20
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Violation Comments:

Observed employees eating in the kitchen area and drinks on the prep table. Employee shall eat in the designated area and all personal drinks shall be kept away from food preparation area. Removed and kept away. COS.

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

36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	3/10/20
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Violation Comments:

Observed wet wiping clothes on prep table. Facility shall store wet wiping clothes in sanitizing bucket with sanitizing solution when not in use. Removed and stored in sanitizing bucket. COS.

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

37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		37 Environmental contamination	
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38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		38 Approved thawing method	
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39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	3/10/20
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Violation Comments:

Observed damaged seals for 3 compartment sink and hand wash sink. Facility shall repair to prevent spillage. NRI.

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

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
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41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		41 Original container labeling (Bulk Food)	
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42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/10/20
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Violation Comments:

Observed dusty ceiling tiles above prep area in the kitchen and dusty ceiling in walk-in-cooler. Facility shall clean, sanitize and maintain. NRI.

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

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



Activity Date
12/11/2019

Establishment
PRONTO MART

Purpose of Inspection
ROUTINE INSPECTION

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45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	3/10/20
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Violation Comments:

Observed the following:

A) rusted ceiling tile above water heater by the cook line. Facility shall repair. NRI

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

B) mop wet mop in the bucket. Facility shall properly air dry after use. Complied. COS.

228.186 (f) Drying mops.

228.186(f) Drying mops

228.186(f) Drying mops

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228.186(f) Drying mops

228.186(f) Drying mops

228.186(f) Drying mops

228.186(f) Drying mops

228.186(f) Drying mops

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

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report



Activity Date
12/11/2019
Establishment
PRONTO MART

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0000854

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Handwritten signature of Nirajan Shrestha in blue ink.

NIRAJAN SHRESTHA


EHS I RSIT CPO

Handwritten signature of Martha Bastarto in blue ink.

Martha Bastarto

Cook

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:40 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 12:00 pm	Tot. Minutes: 20	
Establishment COSTCO WHOLESALE #1163	Address 6020 34TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 784-1450
Record ID # PR0008268	Permit Holder COSTCO WHOLESALE CORPORATION	Est. Type MEAT MARKET	Risk Category FR02	

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PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008268

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

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

Measured Observations

Ambient Air meat room 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:20 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:40 am	Tot. Minutes: 20	
Establishment COSTCO WHOLESALE #1163	Address 6020 34TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 784-1450
Record ID # PR0010818	Permit Holder COSTCO WHOLESALE CORPORATION	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	

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0010818

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

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

Measured Observations

Ambient air walk in cooler 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 11:00 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:20 am	Tot. Minutes: 20	
Establishment COSTCO WHOLESALE #1163	Address 6020 34TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 784-1450
Record ID # PR0008272	Permit Holder COSTCO WHOLESALE CORPORATION	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	

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008272

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

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

Measured Observations

ambient air reach in cooler 37.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 	Tot. Minutes: 0	
Establishment COSTCO WHOLESALE #1163	Address 6020 34TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 784-1450
Record ID # PR0008269	Permit Holder COSTCO WHOLESALE CORPORATION	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 checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008269

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

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

Measured Observations

No Temperature Observations

Overall Inspection Comments

Observed no violations during inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 10:30 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 11:00 am	Tot. Minutes: 30	
Establishment COSTCO WHOLESALE #1163	Address 6020 34TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 784-1450
Record ID # PR0008271	Permit Holder COSTCO WHOLESALE CORPORATION	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

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008271

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

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

Measured Observations

hot dog hot hold 167.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan


Robert Vaughan

LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 1	Priority: 1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 3em;">3</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 10:00 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 10:40 am	Tot. Minutes: 40	
Establishment COSTCO WHOLESALE #1163	Address 6020 34TH ST	City/State LUBBOCK, TX	Zip Code 79407	Telephone (806) 784-1450
Record ID # PR0008270	Permit Holder COSTCO WHOLESALE CORPORATION	Est. Type DELI	Risk Category FR03	

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

PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input 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	12/14/19

Violation Comments:

Observed quat sanitizer at more than 400 ppm. Diluted. Advised PIC to hold test strips in for the amount of time listed on the package to get an accurate reading. COS

228.204(b)(1) Poisonous/toxic materials or chemicals used 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

Inspection Report



Activity Date
12/11/2019

Establishment
COSTCO WHOLESALE #1163

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0008270

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

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

Measured Observations

ham and cheese sandwich hot hold 138.00 Degrees Fahrenheit
 pizza hot hold 145.00 Degrees Fahrenheit
 quat 3 comp sink 500.00 Parts Per Million - Comments: diluted to 300
 yogurt walk in cooler 41.00 Degrees Fahrenheit
 ambient air cold prep cooler 40.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Leslie Morgan

Robert Vaughan


LESLIE MORGAN

EHS II REHS/RS CPO

Robert Vaughan

Receiving Manager

Inspection Report

	City of Lubbock Environmental Health 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 11:15 am	Core: 0	
Activity Date 12/10/2019	Purpose of Inspection COMPLIANCE INSPECTION	Time Out 11:35 am	Tot. Minutes: 20	
Establishment TEXAS BURRITOS	Address 2167 50TH ST	City/State LUBBOCK, TX	Zip Code 79412	Telephone (806) 744-7373
Record ID # PR0001110	Permit Holder ADOLFO R. HERNANDEZ	Est. Type RESTAURANT	Risk Category FR03	

OBSERVATIONS

22 Food Handler/no unauthorized persons/personnel 12/20/19
Violation Comments:
 Observed food handler cards available. Complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

Compliance from 9-12-19, 11-1-19, and 11-20-19.

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures


Jeanne Valdez

[Signature]

JEANNE VALDEZ

EHS II RS CPO

Inspection Report

	City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	5:05 pm	Core:	0
Activity Date 12/10/2019	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	5:30 pm	Tot. Minutes:	25
Establishment MONTEREY CONCESSION STAND	Address 3211 47TH ST	City/State LUBBOCK, TX	Zip Code 794134112	Telephone	
Record ID # PR0000739	Permit Holder MONTEREY HIGH SCHOOL	Est. Type CONCESSION	Risk Category FR01		

OBSERVATIONS

22 Food Handler/no unauthorized persons/personnel 12/20/19
Violation Comments:
 Observed certified food manager certificate posted. Complied.

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures



JEANNE VALDEZ


EHS II RS CPO



Tiffany Ruiz

Volunteer

Inspection Report

	City of Lubbock Environmental Health 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 6	Priority: 1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">8</h1>
		No. of Repeat Violations 1	Priority Foundation: 0	
		Time In 2:00 pm	Core: 5	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:20 pm	Tot. Minutes: 80	
Establishment DOLLAR GENERAL #7768	Address 2015 50TH ST	City/State LUBBOCK, TX	Zip Code 79411	Telephone (806) 749-0329
Record ID # PR0003970	Permit Holder DOLGENCORP OF TEXAS, INC	Est. Type GROCERY	Risk Category FR01	

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PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input 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	12/13/19

Violation Comments:

228.83(e) Damaged foods. Heavily rim/seam-dented canned foods, or without the manufacturer's complete labeling
 Observed: A. Ready-to-eat popcorn in 18.5 ounce tins that were rusted. Remove. COS.
 B. Dented cans of pineapple(20 ounces), beef stew(20 ounces), and a spaghetti (15 ounces) product on retail sale shelves. Discussed procedures. Removed from retail sale. COS.

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

PRIORITY FOUNDATION

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

CORE

Follow up : Yes Followup Date: 03/09/2020

Inspection Report



Activity Date
12/10/2019

Establishment
DOLLAR GENERAL #7768

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003970

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 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	3/9/20

Violation Comments:

228.69(a)(1)(C) Storing the food at least 15 cm (6 inches) above the floor
Observed popcorn tins, boxes of pudding stored on the floor. Move off of the floor. COS.

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	3/9/20

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 spills from milk and raw shell eggs in both reach-in coolers. Maintain clean. Discussed. COS.

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"/> COS <input checked="" type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	3/9/20

Violation Comments:

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

Observed damaged floor tiles throughout facility holding debris. Repeated violation on November 26, 2018. Next regular inspection was given to comply. Repair of floor required by City ordinance. 4 months to comply.

228.186(f) Drying mops

Observed mop being stored in the mop bucket. Mop head shall be stored hanging up to allow air-drying between uses. Hang-up. COS.

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	3/9/20
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Violation Comments:

228.186(i) Closing toilet room doors

Observed door to restroom open. Door shall be self closing. NRI.

228.186(h) Cleaning of Plumbing Fixtures

Observed restroom soiled. Maintain clean. NRI.

47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	3/9/20
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Violation Comments:

228.175(e) Handwashing signage

Hand washing sign in restroom is not legible. Replace. NRI.

Measured Observations

Hot water hand sink 110.00 Degrees Fahrenheit
Milk RIC 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report



Activity Date
12/10/2019

Establishment
DOLLAR GENERAL #7768

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0003970

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures

Handwritten signature of Jeanne Valdez in blue ink.

JEANNE VALDEZ


EHS II RS CPO

Handwritten signature of Yanira Herrera in blue ink.

Yanira Herrera

Store Manager

Inspection Report

	City of Lubbock Environmental Health 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	11:45 am	Core:	0
Activity Date 12/10/2019	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	12:10 pm	Tot. Minutes:	25
Establishment BURGER KING #5145	Address 2002 50TH ST	City/State LUBBOCK, TX	Zip Code 794122708	Telephone (806) 762-0960	
Record ID # PR0000132	Permit Holder FRIES RESTAURANT MANAGEMENT,	Est. Type RESTAURANT	Risk Category FR02		

OBSERVATIONS

20 Approved Sewage / Wastewater disposal 12/13/19

Violation Comments:

A. Pipe under the 3-compartmentsink observed repaired. Complied.

32 Food & non-food contact surfaces cleanable/use 12/20/19

Violation Comments:

A. Reach-in cooler gasket observed repaired. Complied.

C. Walk-in- cooler floor seam not sealed. Facility management did not provide any details concerning the repair. January 21, 2020 is the deadline allotted for the repair for compliance.

45 Physical facilities installed/maintained/clean 3/9/20

Violation Comments:

C. Floor in walk-in cooler clean to sight and touch not observed. 24 hours to thoroughly clean all of baseboard areas of the crusty build-up from old spills.

Measured Observations

No Temperature Observations

Overall Inspection Comments

Compliance from 11-21-19.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

Signatures



JEANNE VALDEZ


EHS II RS CPO



Kay willard

Shift leader

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 9:06 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 9:21 am	Tot. Minutes: 15	
Establishment SCHWAN'S HOME SERVICE INC	Address 8402 D AVE	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 745-5449
Record ID # PR0009051	Permit Holder SCHWAN'S HOME SERVICE, INC	Est. Type FOOD DELIVERY SERVICE 519651	Risk Category FR01	

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/11/2019

Establishment
SCHWAN'S HOME SERVICE INC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009051

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

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

Measured Observations

Frozen hot dogs Freezer compartment 1 3.00 Degrees Fahrenheit
 Frozen foods Freezer compartment 2 -2.00 Degrees Fahrenheit
 Frozen foods Freezer compartment 3 1.00 Degrees Fahrenheit

Overall Inspection Comments

No violation observed at time of inspection.

Inspection Result: NO VIOLATION


Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA EHS I RSIT CPO

Tim Prince Area manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 9:06 am	Core: 0	
Activity Date 12/11/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 9:19 am	Tot. Minutes: 13	
Establishment SCHWAN'S HOME SERVICE INC	Address 8402 D AVE	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 745-5449
Record ID # PR0009047	Permit Holder SCHWAN'S HOME SERVICE, INC	Est. Type FOOD DELIVERY SERVICE 519589	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	

Inspection Report



Activity Date
12/11/2019

Establishment
SCHWAN'S HOME SERVICE INC

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009047

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

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

Measured Observations

Frozen food Freezer compartment 3 -1.00 Degrees Fahrenheit
 Frozen food Freezer compartment 1 8.00 Degrees Fahrenheit

Overall Inspection Comments

No violation observed at time of inspection.

Inspection Result: NO VIOLATION


Required Action: NEXT REGULAR INSPECTION

Signatures

NIRAJAN SHRESTHA EHS I RSIT CPO

Tim Prince Area Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	1	Priority:	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">3</h1>
		No. of Repeat Violations	1	Priority Foundation:	0	
		Time In	1:15 pm	Core:	0	
Activity Date 12/9/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:00 pm	Tot. Minutes:	105	
Establishment ALBARRAN'S MEXICAN BAR &	Address 7722 MILWAUKEE AVE	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 771-2869		
Record ID # PR0009881	Permit Holder JORGE ALBARRAN	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 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	12/14/19

Violation Comments:

Observed dish machine at 0ppm bleach. Use three comp sink until repaired. Repeat violation, fee issued

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	
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Inspection Report



Activity Date
12/09/2019

Establishment
ALBARRAN'S MEXICAN BAR & GRILL

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0009881

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 0 0.00 Parts Per Million
 beans hh 160.00 Degrees Fahrenheit
 shrimp cp 40.00 Degrees Fahrenheit
 beef hh 171.00 Degrees Fahrenheit
 rice hh 140.00 Degrees Fahrenheit
 beef ric 41.00 Degrees Fahrenheit
 soup hh 137.00 Degrees Fahrenheit
 pico cp 40.00 Degrees Fahrenheit
 rellanos wic 44.00 Degrees Fahrenheit - Comments: cooling
 chicken hh 162.00 Degrees Fahrenheit
 rice hh 148.00 Degrees Fahrenheit
 beef cp 41.00 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

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	3	Priority:	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">5</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	2:54 pm	Core:	2	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	3:35 pm	Tot. Minutes:	41	
Establishment HAPPY'S SHAVED ICE	Address 11804 INDIANA AVE	City/State LUBBOCK, TX	Zip Code 79423	Telephone		
Record ID # PR0013648	Permit Holder TYLER GRIFFIS	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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	12/13/19

Violation Comments:

Observed unlabeled chemical spray bottle stored with food service items. Discussed. Labeled and removed. COS.
 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"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION

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

CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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Follow up : Yes Followup Date: 03/09/2020

Inspection Report



Activity Date
12/10/2019

Establishment
HAPPY'S SHAVED ICE

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0013648

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	3/9/20

Violation Comments:

Observed in-use wiping cloths not stored between uses. Properly stored. 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"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		46 Toilet facilities; constructed/supplied/clean	
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		47 Other violations	3/9/20

Violation Comments:

Observed Certified Food Manager not posted in public view. Provide. 10 Days.
228.33(b) Certified Food Manger (CFM) Certificate posted in conspicuous location

Observed no hand wash sign at hand sink. Provide. 10 Days.
228.175(e) Handwashing signage

Measured Observations

Sliced Banana CH 40.00 Degrees Fahrenheit

Overall Inspection Comments


No Overall Inspection Comments

Inspection Result: VIOLATION Required Action: RE-INSPECTION

Signatures

<hr style="border: 0; border-top: 1px solid black;"/> GRADY BERGQUIST EHS II RS CPO	<hr style="border: 0; border-top: 1px solid black;"/> Tyler Griffis Owner
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Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 5	Priority: 2	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">10</h1>
		No. of Repeat Violations 0	Priority Foundation: 1	
		Time In 2:30 pm	Core: 2	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out 3:20 pm	Tot. Minutes: 50	
Establishment CHICK-FIL-A #01036	Address 6820 SLIDE RD	City/State LUBBOCK, TX	Zip Code 794241506	Telephone (806) 798-1100
Record ID # PR0000180	Permit Holder BRANDON MULKEY	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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	12/13/19

Violation Comments:

Observed chicken in reach in cooler with discard time of 10:58 on 12-10, time of inspection began around 2:30. Chicken past discard time. Voluntarily discarded. COS.

228.75(h)(1)(A) Discarded if exceed either temperature and time combination

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 checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	12/13/19

Violation Comments:

Observed cleaner stored near single service items. Moved. COS.

228.203 Poisonous/toxic materials or chemicals stored properly

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	

Inspection Report



Activity Date
12/10/2019

Establishment
CHICK-FIL-A #01036

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0000180

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	12/20/19
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Violation Comments:

Observed sticker residue on plastic containers above 3 compartment sink. Sent to ware wash. COS.

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

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

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	3/9/20

Violation Comments:

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

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

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input 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	3/9/20

Violation Comments:

Observed hand wash sink near salad prep area not sealed to wall. Reseal. NRI.

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

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

Measured Observations

Chicken HH 189.00 Degrees Fahrenheit

Quat 3 comp 200.00 Degrees Fahrenheit

Chicken RIC 40.00 Degrees Fahrenheit

Grill Chicken WIC 38.00 Degrees Fahrenheit

Chicken HH 202.00 Degrees Fahrenheit

Tomato CH 40.00 Degrees Fahrenheit

Cheese CH 39.00 Degrees Fahrenheit

Overall Inspection Comments

No Overall Inspection Comments

Inspection Report



Activity Date
12/10/2019
Establishment
CHICK-FIL-A #01036

Purpose of Inspection
ROUTINE INSPECTION
Record ID #
PR0000180

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

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

JACOB KEMMER


EHS II RS CPO

A handwritten signature in blue ink that reads "Seth Rizer".

Seth Rizer

Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:10 pm	Core:	0	
Activity Date 12/10/2019	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:50 pm	Tot. Minutes:	100	
Establishment LOST CAJUN (THE)	Address 6810 MILWAUKEE AVE STE. 100	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 993-3474		
Record ID # PR0012225	Permit Holder BARRY KRUGER	Est. Type RESTAURANT	Risk Category FR03			

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

PRIORITY

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

PRIORITY FOUNDATION

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

CORE

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

Inspection Report



Activity Date
12/10/2019

Establishment
LOST CAJUN (THE)

Purpose of Inspection
ROUTINE INSPECTION

Record ID #
PR0012225

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

Potato salad Walk in cooler 38.00 Degrees Fahrenheit
 Rice Hot hold 146.00 Degrees Fahrenheit
 Bleach Dish machine 75.00 Degrees Fahrenheit
 Slaw Reach in cooler 40.00 Degrees Fahrenheit
 Gumbo Hot hold 146.00 Degrees Fahrenheit
 Gumbo In pan with ice wand 111.00 Degrees Fahrenheit - Comments: Cooling

Overall Inspection Comments

Observed no violations during inspection.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

Jessica Morrissey


LESLIE MORGAN

EHS II REHS/RS CPO

Jessica Morrissey

Assistant Manager

Inspection Report

	Environmental Health Department 1625 13TH ST, SUITE 105 Lubbock, TX 79401 (806) 775-2902	No. of Violations 0	Priority: 0	
		No. of Repeat Violations 0	Priority Foundation: 0	
		Time In 10:35 am	Core: 0	
Activity Date 12/10/2019	Purpose of Inspection COMPLIANCE INSPECTION	Time Out 11:35 am	Tot. Minutes: 60	
Establishment CASA MANILA	Address 6620 MILWAUKEE AVE STE 700	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 993-1161
Record ID # PR0012833	Permit Holder ELIZABETH THOMPSON	Est. Type RESTAURANT	Risk Category FR03	

OBSERVATIONS

03-HOT HOLD (140 F)	12/10/19
06 Time as Control; procedures/records	12/13/19
06-PERSONNEL WITH INFECTIONS RESTRICTED/EXCLUDED	12/10/19
09 Separated & protected; contamination prevented	12/13/19
09-APPROVED SOURCE/LABELING	12/10/19
21 PIC present / demonstration / duties / CFM	12/20/19
21-MANUAL/MECH WAREWASHING AND SANITIZING PPM/TEMP	12/20/19
28-OTHER	3/9/20
34 Evidence of contamination; insect/rodent/other	3/9/20

Measured Observations

No Temperature Observations

Overall Inspection Comments

No Overall Inspection Comments

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

Signatures

Leslie Morgan

LESLIE MORGAN

EHS II REHS/RS CPO