

PURPOSE

Regular

Follow-Up

Complaint

Reported Illness ...

Other

Out-of-Business ...



CONSUMER HEALTH INSPECTION REPORT
 CITY OF SPRINGTOWN HEALTH DEPARTMENT
 P.O. Box 444 102 E. Second St.
 Springtown, Texas 76082
 Phone 817-220-4834



PERMIT STATUS

Current

Issued

Denied

Suspended

Revoked

Expired

Establishment Name: D-Eos' Grill (Owner Name: D. Bowen)
 Address: 638 N. Main St. City: Springtown Zip: 76082 Mapsco: _____

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER/AC ()	TYPE
		07	19	10	AM	5234545	FSE

Size / Staff 3 Certified Mgr. Required 0 Actual 1 509-6302 IFH 1/1/10

DEMERITS (5 PTS)	Food (PHF) Temperature / Time Requirements	Violations Require Immediate Corrective Action	Remarks	COS
<u>X</u>	1. Proper Cooling for Cooked / Prepared Food		<u>D. Bowen</u>	<u>COS</u>
	2. Cold Hold (41°F-45°F)		<u>only - 50-52°F</u>	
<u>OK</u>	3. Hot Hold (140°F)		<u>135°F</u>	
	4. Proper Cooking Temperatures per PHF			
	5. Rapid Reheating (165°F in 2 Hrs)			

Food/Temperatures Order - 150-153°F (w/inner)

DEMERITS (4 PTS)	Personnel / Handling / Source Requirements	Violations Require Immediate Corrective Action	Remarks	COS
	6. Personnel with Infections Restricted/Excluded			
	7. Proper / Adequate Handwashing			
	8. Good Hygienic Practices (Eating / Drinking / Smoking / Other)			
	9. Approved Source / Labeling			
	10. Sound Condition			
	11. Proper Handling of Ready-To-Eat Foods			
	12. Cross-Contamination of Raw / Cooked Foods / Other		<u>Date label all RTE foods (PHF) w/</u>	
<u>X</u>	13. Approved Systems (HACCP Plans / Time as Public Health Control)			
	14. Water Supply - Approved Source / Sufficient Capacity / Hot and Cold Under Pressure			

DEMERITS (3 PTS)	Facility and Equipment Requirements	Violations Require Immediate Corrective Action, Not To Exceed 10 Days	Remarks	COS
	15. Equipment Adequate to Maintain Product Temperature			
	16. Handwash Facilities Adequate and Accessible			
	17. Handwash Facilities with Soap and Towels			
	18. No Evidence of Insect Contamination			
	19. No Evidence of Rodents / Other Animals			
	20. Toxic Items Properly Labeled / Stored / Used			
	21. Manual Warewashing and Sanitizing at () ppm / temperature			
	22. Mechanical Warewashing and Sanitizing at () ppm / temperature			
	23. Approved Sewage / Wastewater Disposal System, Proper Disposal			
	24. Thermometers Provided / Accurate / Properly Calibrated (+/- 2°F)			
	25. Food Contact Surfaces of Equipment and Utensils Cleaned / Sanitized / Good Repair			
	26. Posting of Consumer Advisories (Heimlich / Raw Shellfish Warning / Buffet Plate)			
	27. Food Establishment Permit			

Subtotals

5 Pts 2

4 Pts 2

3 Pts 0

Failure to correct the items noted on this inspection sheet in the times shown may result in suspension or revocation of the associated permit.

Total Demerits 4

Inspected by: D. Bowen Print: _____

Received by: [Signature] Print: _____ Title: _____

No. of Corrections 4

No. of Repeated Violations 0

This inspection report reflects conditions at the time of inspection - conditions are subject to change.