

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: Familia De Pan #7130 Owner Name: F.D. Stone of TX, L.P.
 Address: 442 E. Hwy 199 City: Springtown Zip: 76082 Mapsco: _____

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER/AC ()	TYPE
		11	09	09	AM	523 4406	RFS

Size / Staff N/A Certified Mgr. Required Actual _____

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

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		
<u>R X</u>	10. Sound Condition	<u>6 - cans dented, swollen (?) cannot stock</u>	
	11. Proper Handling of Ready-To-Eat Foods		
	12. Cross-Contamination of Raw / Cooked Foods / Other		
	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	<u>Expired permit on wall</u>	

Subtotals	Other Violations - Violations Require Corrective Action, Not To Exceed 90 days Or The Next Inspection, Whichever Comes First	No. of Corrections	No. of Repeated Violations
5 Pts <u>0</u>	<u>R. Provide covered waste basket - worker's restroom</u>		
4 Pts <u>4</u>			
3 Pts <u>3</u>			
<u>(7)</u>	Failure to correct the items noted on this inspection sheet in the times shown may result in suspension or revocation of the associated permit.		<u>(3)</u>
Total Demerits	Inspected by: <u>D. Hull, P.S.</u> Print:		
Follow-up Insp	Received by: <u>K. Kashner, Deiv</u> Print:		Title:

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