

**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: Mr. Jimmie Pizzol Owner Name: Camp Blackburn  
 Address: 417 E. Hwy 199 City: Springtown Zip: 76082 Mapsco: \_\_\_\_\_

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER/AC ( )	TYPE
		12	3	08	10 AM	512 322 55	FSE

Size / Staff 3 Certified Mgr. Required \_\_\_\_\_ Actual 2 FH cards

DEMERITS (5 PTS)	Food (PHF) Temperature / Time Requirements	Remarks	COS
N/A	1. Proper Cooling for Cooked / Prepared Food	① employee needs FH card	
OK	2. Cold Hold (41°F/45°F)		
N/A	3. Hot Hold (140°F) <u>135°F</u>		
N/A	4. Proper Cooking Temperatures per PHF		
N/A	5. Rapid Reheating (165°F in 2 Hrs)		

Food/Temperatures \_\_\_\_\_

DEMERITS (4 PTS)	Personnel / Handling / Source Requirements	Remarks	COS
	6. Personnel with Infections Restricted/Excluded		
	7. Proper / Adequate Handwashing		
X	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		
X	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	Remarks	COS
	15. Equipment Adequate to Maintain Product Temperature		
X	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		
X	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)		
X	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	Other Violations - Violations Require Corrective Action, Not To Exceed 90 days Or The Next Inspection, Whichever Comes First	Remarks
5 Pts <del>100</del>	R - replace dumpster - must have fast fitting lid	No. of Corrections
4 Pts. 8		No. of Repeated Violations <u>10</u>
3 Pts. 9		
17	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	Inspected by: <u>D. Hall</u>	Print: <u>D. Hall</u>
Follow up Resp	Received by: <u>Charles [Signature]</u>	Print: _____ Title: _____

ESTABLISHMENT NAME: Mrs. Jim's Pizza DATE: 3/8/10

ITEM NO.	REMARKS
R 13	Date label delid ham (walk-in cooler) after opening by 7 day "use by" date
R -	Store bagged animal 6" off floor - walk-in
R -	Shield light inside walk-in once door
R 17	Install paper towels in holder at front HW sink
17	Provide hand soap + paper towels on holder - rest room
R 25	Wash + sanitize pizza pans after use - at least 1X daily - (sanitize pans under front counter - Remove chemicals off pizza box shelf over night)
R 25+9	Clean + label floor bin -
25-	Black bin (crisps?) NOT food grade - use only food grade bins (clear, yellow or white)
R	Clean wire rack at end of work table - Remove crumbled on rack
R -	+ wall at work table
25	Clean veg chopper after use
R 25	Clean apron daily
21	Provide (3) steps at 3 comp sink + use proper 3-step method for ware washing
25	Check or replace plastic ammonia container

