

**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 Jim's Pizza Owner Name: C. Blackburn  
 Address: 417 E. Hwy 149 City: Springtown Zip: 76082 Mapsco: \_\_\_\_\_

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER / AC ( )	TYPE
		05	05	10	AM	523 2255	FSE

Size / Staff \_\_\_\_\_ Certified Mgr. Required  Actual EH cards

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

DEMERITS (4 PTS)	Personnel / Handling / Source Requirements	Remarks	COS
	Violations Require Immediate Corrective Action		
	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		
	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
	Violations Require Immediate Corrective Action, Not To Exceed 10 Days		
	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	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>continue to clean all walls &amp; backboard in prep area -</u>		
4 Pts.			<u>6</u>
3 Pts.			<u>0</u>
<u>0</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.		
Total Demerits	Inspected by: <u>D. Hall</u>	Print:	
Follow-up Insp	Received by: <u>X. [Signature]</u>	Print:	Title:

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