

**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: Smack Bar Resident Council Store #1 Owner Name: Nau Jonathan Inter

Address: 100 Hwy 149 E City: Springtown Zip: 76082 Mapsco: \_\_\_\_\_

| CODE | ESTAB NUM. | MONTH | DAY | YEAR | TIME | PHONE NUMBER/AC | TYPE |
|------|------------|-------|-----|------|------|-----------------|------|
|      |            | 07    | 07  | 10   | AM   | 523 5870        | ISE  |

Size / Staff 13 Certified Mgr. Required \_\_\_\_\_ Actual 13 FHunds

| DEMERITS (5 PTS) | Food (PHF) Temperature / Time Requirements<br>Violations Require Immediate Corrective Action | Remarks                     | COS |
|------------------|--|-----------------------------|-----|
|                  | 1. Proper Cooling for Cooked / Prepared Food   |                             |     |
|                  | 2. Cold Hold (41°F/45°F)   |                             |     |
| X                | 3. Hot Hold (140°) / <u>135°F</u>  | <u>BBQ Sandwich - 108°F</u> |     |
|                  | 4. Proper Cooking Temperatures per PHF   |                             |     |
|                  | 5. Rapid Reheating (165°F in 2 Hrs)  |                             |     |

Food/Temperatures all other warm foods temps - OK

Cray - 131°F - OK

| DEMERITS (4 PTS) | Personnel / Handling / Source Requirements<br>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  |         |     |
| 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<br>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   |         |     |
| X                | 21. Manual Warewashing and Sanitizing at ( ) ppm / temperature   |         |     |
|                  | 22. Mechanical Warewashing and Sanitizing at ( ) ppm / temperature   |         |     |
|                  | 23. Approved Sewage / Wastewater Disposal System, Proper Disposal  |         |     |
| X                | 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 (Heillich / 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

|                |   |  |
|----------------|---|--|
| 5 Pts <u>5</u> | <u>See page 2</u>   | No. of Corrections <u>10</u>                 |
| 4 Pts <u>4</u> |   | No. of Repeated Violations <u>7</u>          |
| 3 Pts <u>6</u> |   |  |
| <u>15</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, R.S.</u>  | Print: _____                                 |
| Follow-up Insp | Received by: <u>X. Cabid M.</u>   | Print: <u>ABIB MASOOD</u> Title: <u>MGR.</u> |

P.O. Box 444  
Springtown, Texas 76082

ESTABLISHMENT NAME: Roadside Corner Store #1

DATE: 7-7-10

| ITEM NO. | REMARKS  |
|----------|--|
| R-25     | Clean plastic racks at milk display in walk-in.  |
| R-       | Store <del>both</del> single-use items (cups etc.) 6" off floor<br>- continue to clean floor <del>the</del> <sup>boards</sup> (store room) |
| R-       | Under cook's line equipment.   |
| R-       | Clean FRP walls behind cook's line.  |
| R        | Clean wpt hood filters more often - grease build-up  |
| R 13     | Date label all RTE & RTE's after opening<br>w/ 7 day "use by" date - (milk, pizza toppings etc.)   |
| R -      | Keep dumpster lids closed -  |
| 24       | Provide thermometer in small deli cooler   |
| 24       | & Recalibrate cooler thermometer - to 32°F in ice H <sub>2</sub> O.  |
| (20)     | Re-label spray bottle contents?  |
| R 21     | Keep & use approved sanitizers for 3 comp.<br>sinks - No sanitizing - Dersan bleach from grocery.  |
| R -      | Remove unused equipment from kitchen (pops)  |
| ★ Note:  | All listed violations must be corrected<br>by next routine insp. or intent to suspend<br>permit notice will be issued.                     |