

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: Roadside Corner Store #2 Owner Name: Mr. Jonathan Enley
 Address: 622 N. Main St. City: Springtown Zip: 76082 Mapsco: Sec.

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER/AC	TYPE
		10	12	09	11:00	220 68 77	RTS

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

DEMERITS (5 PTS)	Food (PHF) Temperature / Time Requirements Violations Require Immediate Corrective Action	Remarks	COS
	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		
	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 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		

*R - install mop
broom holder
at utility sink
area*

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	<i>R - Install self-chance on restroom door -</i>		
4 Pts			
3 Pts	<i>R - Install exhaust fan in restroom</i>		

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: 0 Inspected by: J. Hall, KS Print: J. Hall
 Follow-up Insp: Received by: W. Brown Print: _____ Title: _____