

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: Spinolas Tex Cafe Owner Name: Tom Francom, Inc
 Address: 301 Martin Ave City: Springtown Zip: 76082 Mapsco: _____

| CODE | ESTAB NUM. | MONTH | DAY | YEAR | TIME | PHONE NUMBER/AC () | TYPE |
|------|------------|-------|-----|------|------|---------------------|------|
| | | 07 | 13 | 10 | AM | 512 300 10 | FSE |

Size / Staff _____ Certified Mgr. Required 1 Actual 1 11/2010 T.F.

| 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 | | |
| <u>OK</u> | 2. Cold Hold (41°F/45°F) | | |
| <u>OK</u> | 3. Hot Hold (140°) <u>135°F</u> | | |
| <u>OK</u> | 4. Proper Cooking Temperatures per PHF | | |
| <u>OK</u> | 5. Rapid Reheating (165°F in 2 Hrs) | <u>cooked above at 400°F (walk-in) - OK.</u> | |
| 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 |
|------------------|--|--------------------------|----------|
| <u>X</u> | 15. Equipment Adequate to Maintain Product Temperature | <u>FREEZER - 59-64°F</u> | |
| | 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) | | |
| <u>X</u> | 25. Food Contact Surfaces of Equipment and Utensils Cleaned / Sanitized / Good Repair | | <u>X</u> |
| | 26. Posting of Consumer Advisories (Herrlich / 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>Great improvement noted!</u> | | <u>34</u> |
| 4 Pts. _____ | | | <u>1</u> |
| 3 Pts. <u>2</u> | | | |
| <u>16</u> Total Demerits | Failure to correct the items noted on this inspection sheet in the times shown may result in suspension or revocation of the associated permit. | | |
| Follow-up Insp | Inspected by: <u>D Hall</u> Print: _____ | | |
| | Received by: <u>X. Carri Heister</u> Print: _____ Title: _____ | | |

