

**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: 510-Wizard Owner Name: StJ Schwede  
 Address: 104 Hwy 199 W City: Springtown Zip: 76082 Mapsco: \_\_\_\_\_

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER/AC	TYPE
1		07	20	10	PM	3040585	FSE

Size / Staff \_\_\_\_\_ Certified Mgr. Required 0 Actual \_\_\_\_\_

DEMERITS (5 PTS)	Food (PHF) Temperature / Time Requirements Violations Require Immediate Corrective Action	Remarks	COS
<del>1</del>	1. Proper Cooling for Cooked / Prepared Food		
	Cold Hold (41°F/45°F)	<u>47°F (Whipped cream)</u>	
	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
X	15. Equipment Adequate to Maintain Product Temperature	<u>Code - 47-490F</u>	
X	16. Handwash Facilities Adequate and Accessible	<u>Provide paper towels at HD sinks</u>	
X	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	<u>bleach water at 200+ ppm keep below 50-100 ppm</u>	
	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**

5 Pts \_\_\_\_\_

4 Pts \_\_\_\_\_

3 Pts \_\_\_\_\_

**Total Demerits** 9

Inspected by: D Hall Print: \_\_\_\_\_

Received by: Dauryn Banks Print: \_\_\_\_\_ Title: \_\_\_\_\_

Other Violations - Violations Require Corrective Action, Not To Exceed 90 days Or The Next Inspection, Whichever Comes First

15-Deposit paper unit of sm. cooler - must cool to 41°F or less

No. of Corrections \_\_\_\_\_

No. of Repeated Violations \_\_\_\_\_

Failure to correct the items/notes on this inspection sheet in the times shown may result in suspension or revocation of the associated permit.