

**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: Taco Casa Owner Name: Tom Langhorne  
 Address: 101 Hwy 199 W City: Springtown Zip: 76082 Mapsco: \_\_\_\_\_

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER / AC	TYPE
		08	09	10	AM	5235447	FSE

Size / Staff 19 Certified Mgr. Required 1 Actual 4 FHC cards - 11

DEMERITS (5 PTS)	Food (PHF) Temperature / Time Requirements Violations Require Immediate Corrective Action	Remarks	COS
<u>0/5</u>	1. Proper Cooling for Cooked / Prepared Food	<u>(Bans - 39-40°F)</u>	
<u>0/5</u>	2. Cold Hold (41°F/45°F)		
<u>0/5</u>	3. Hot Hold (140°F)	<u>135°F</u>	
<u>0/5</u>	4. Proper Cooking Temperatures per PHF	<u>Buff - 155°F</u>	
<u>0/5</u>	5. Rapid Reheating (165°F in 2 Hrs)		
Food/Temperatures <u>BANS - 139°F</u>			

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 (Hepatitis / Raw Shellfish Warning / Buffet Plate)		
	27. Food Establishment Permit		

Subtotals 5 Other Violations - Violations Require Corrective Action, Not To Exceed 90 days Or The Next Inspection, Whichever Comes First

5 Pts. Excellent sanitation! No. of Corrections 5

4 Pts. No. of Repeated Violations 0

3 Pts.

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: D. Hall Print: \_\_\_\_\_

Follow-up Insp Received by: Donna Marie Stover Title: \_\_\_\_\_

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