


# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	4	<b>Priority:</b>	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">6</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	11:11 am	<b>Core:</b>	3	
<b>Activity Date</b> 08/28/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	12:01 pm	<b>Tot. Minutes:</b>	50	
<b>Establishment</b> A & W/LONG JOHN SILVER'S #31540	<b>Address</b> 1101 50TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794123135	<b>Telephone</b> (806) 763-1732		
<b>Record ID #</b> PR0000638	<b>Permit Holder</b> YUMMY SEAFOODS, LLC.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR02			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	8/31/20

**Violation Comments:**

Observed containers with sticker residue on the outside of containers stored stacked. Advised PIC to train employees to completely remove sticker residue while cleaning and sanitizing dishes. PIC sent all containers with sticker residue and containers in contact with sticker residue to warewash.

228.113(1) Food-contact surfaces clean to sight and touch

11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

Follow up : Yes Followup Date: 11/26/2020

# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
A & W/LONG JOHN SILVER'S #31540

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0000638

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	11/26/20

**Violation Comments:**

Observed containers used for food items stacked wet. Facility shall properly air dry utensils after wash, rinse and sanitizing cycle before storage/use. PIC separated utensils for air drying.

228.122(a) Drying, Equipment and Utensils

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	11/26/20

**Violation Comments:**

Observed the following:

- a) soiled base plate of microwave in the inside. Facility shall properly clean and sanitize.
- b) soiled floor under shelves inside walk-in-cooler. Facility shall clean and sanitize.
- c) dusty fan covers in walk-in-cooler. Facility shall clean and sanitize.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/26/20

**Violation Comments:**

Observed damaged ceiling tiles above water heater and above 3 compartment sink. Facility shall replace.

228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

**Measured Observations**

Fish fillet HH 168.00 Degrees Fahrenheit  
 Cole Slaw WIC 40.00 Degrees Fahrenheit  
 Fish Fillet WIF 19.00 Degrees Fahrenheit  
 raw Fish fillet RIC 38.00 Degrees Fahrenheit  
 Shrimp HH 138.00 Degrees Fahrenheit  
 raw Chicken WIC 40.00 Degrees Fahrenheit  
 Quat sanitizing solution 3 comp sink 400.00 Parts Per Million

**Overall Inspection Comments**

Due to Covid-19 pandemic, PIC signatures were not captured.

# Inspection Report



**Activity Date**  
08/28/2020  
**Establishment**  
A & W/LONG JOHN SILVER'S #31540

**Purpose of Inspection**  
ROUTINE INSPECTION  
**Record ID #**  
PR0000638

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

## Signatures

A handwritten signature in blue ink, appearing to read "Nirajan Shrestha".


NIRAJAN SHRESTHA

EHS I RSIT CPO

Deshun Johns

General Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	11:00 am	Core:	
Activity Date 08/27/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	11:15 am	Tot. Minutes:	15
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category PH01		

### OBSERVATIONS

#### Measured Observations

No Temperature Observations

#### Overall Inspection Comments

ANYTIME FITNESS. 10208 FRANKFORD AVE. COMPLAINANT STATED; "That they were not mandated by the State of Texas to implement mask or any of the guidelines."

GYM EQUIPMENT IS SPACED OUT OR ROPED OFF THROUGHOUT THE GYM. THE NUMBER OF COSTUMERS INSIDE THE GYM IS LIMITED, AND MASKS ARE ENCOURAGE BUT NOT REQUIRED AS LONG AS 6 FEET RULE CAN BE FOLLOWED. SANITIZING WIPES ARE PROVIDED TO MEMBERS, AND THEY ARE ASKED TO WIPE DOWN AFTER USE. STAFF WIPES DOWN EQUIPMENT ROUTINELY THROUGHOUT THE DAY.

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

#### Signatures




JACOB KEMMER

EHS II RS CPO

Amber Collins

Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	3:10 pm	Core:	0
Activity Date 08/26/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	3:45 pm	Tot. Minutes:	35
Establishment ARANDA'S TAQUERIA	Address 4001 34TH ST	City/State LUBBOCK, TX	Zip Code 79410	Telephone (806) 687-1939	
Record ID # FA0004547	Permit Holder ANGELICA GARCIA	Est. Type	Risk Category FR03		

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.

AT THE TIME OF COMPLIANCE INSPECTION OBSERVED:

- A. WEST SIDE OF KITCHEN (WALLS, FLOORS, SHELVES, PREP TABLES) WAS CLEANED, AND ALL OF THE HOLES IN THE WALLS WERE REPAIRED. COMPLIED.
- B. BACK HAND SINK WASTE PIPE WAS REPLACED. RECOMMEND PVC PIPE. COMPLIED.
- C. PANCAKE DRY MIX WAS IN A PLASTIC CONTAINER WITH A LID. COMPLIED.
- D. STANDING WATER ON THE FLOOR HAS BEEN CLEARED MORE OFTEN. NO PEST WAS OBSERVED IN THIS AREA.
- E. DISCUSSED CLEANING SCHEDULE FOR WALLS, SHELVES, FLOORS, AND PREP AND STORAGE TABLES.

REINSPECTION IN 48 HOURS (FRIDAY, AUGUST 28, 2020, 2:00 PM):

- A. CLEAN FRONT COUNTER SURFACES TO PREVENT ANY AND ALL DEBRIS.
- B. CLEAN THE HALF WALL BETWEEN THE FRONT AREA AND THE COOKING AREA. REMOVE ALL BUILD-UP, DUST, AND ANY OTHER DEBRIS ON THIS WALL AND UNDER COUNTER.
- C. CLEAN THE WALL AT THE THREE-COMPARTMENT SINK/DISHWASHER AREA.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

### Signatures




\_\_\_\_\_  
JEANNE VALDEZ

\_\_\_\_\_  
EHS II RS CPO

\_\_\_\_\_  
ERNESTO HERNANDEZ

\_\_\_\_\_  
KITCHEN MANAGER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	1:00 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/31/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	2:00 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> ARNETT BENSON COWBOYS	<b>Address</b> 3105 GRINNEL	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79415	<b>Telephone</b> (325) 718-7034		
<b>Record ID #</b> PR0014013	<b>Permit Holder</b> NOLAN ESQUIVEL	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b>	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b>	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DA6REA5RK			
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION						

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
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4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
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13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used   Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

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# Inspection Report



**Activity Date**  
08/31/2020

**Establishment**  
ARNETT BENSON COWBOYS TEMPORARY

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014013

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

brisket hot hold 140.00 Degrees Fahrenheit

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Nolan Esquivel

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	4	Priority:	1	<h2 style="margin: 0;">Score</h2> <h1 style="margin: 0;">8</h1>
		No. of Repeat Violations	0	Priority Foundation:	2	
		Time In	7:30 am	Core:	1	
Activity Date 08/26/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	8:30 am	Tot. Minutes:	60	
Establishment BEST WESTERN PLUS TECH	Address 4703 N LOOP 289	City/State LUBBOCK, TX	Zip Code 79404	Telephone (806) 701-5299		
Record ID # PR0009902	Permit Holder SUBHIR H. PATEL	Est. Type RESTAURANT	Risk Category FR01			
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION						

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	8/29/20

**Violation Comments:**  
 Observed raw shell eggs stored over rte sausage and bacon in ric. Staff rearranged.

228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display

10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	9/5/20
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**Violation Comments:**  
 Observed no certified food manager for facility and was unable to determine if the facility had one.

228.31(a) Except as specified in (b), the permit holder shall be the person in charge or shall designate a person in charge and shall ensure that a person in charge is present at the establishment during all hours of operation

228.32(1) Based on the risks inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this rule. The person in charge shall demonstrate this knowledge by complying with these rules by having no critical violations/priority items during the current inspection

228.32(2) Being a certified food protection manager who has shown proficiency of required information through passing a test that is part of an Accredited Program

22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	



# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
BEST WESTERN PLUS TECH MEDICAL CENTER

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0009902

OUT = OUT OF COMPLIANCE   IN = IN COMPLIANCE   NO = NOT OBSERVED   NA = NOT APPLICABLE   COS = CORRECTED ON SITE   REP = REPEAT VIOLATION

27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	9/5/20

**Violation Comments:**

Observed lid of three compartment hot hold unit broken and no longer cleanable/sanitizable. Replace

228.104(a) Cleanability. Food-contact surfaces.

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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**CORE**

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	11/24/20

**Violation Comments:**

Observed no certified food manager license visible in facility and facility permit not hung in a visible location.  
228.33(b) Certified Food Manger (CFM) Certificate posted in conspicuous location  
228.248(1) Permit/license posted

**Measured Observations**

sausage wic 40.00 Degrees Fahrenheit  
Eggs hot hold 145.00 Degrees Fahrenheit

**Overall Inspection Comments**

No signature obtained due to Covid 19 precautions.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

**Signatures**


*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

Brenda Sandoval

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	2:30 pm	Core:	0
Activity Date 08/26/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	2:45 pm	Tot. Minutes:	15
Establishment BURGER KING #16653	Address 1801 MARSHA SHARP	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 300-0132	
Record ID # FA0003588	Permit Holder FRIES RESTAURANT MANAGEMENT,	Est. Type	Risk Category FR02		

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

Due to COVID, signature was not obtained at the time of re-inspection.

At the time of re-inspection, the plumber has been out to work on the bathroom floor drains and the floor drain under the prep sink. The pump truck has been out to pump out the grease trap. The odor within the facility is greatly reduced. The plumber is supposed to come back by to adjust the toilet in the men's bathroom and work on the vents in the ceiling/roof. The area behind the building behind the grease barrel is in the process of being scrubbed clean after the grease has been soaked up from the concrete where it had been spilled. Facility complied.

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

### Signatures




JACKIE DICKSON

EHS I RSIT CPO

Matthew Garces

General Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 5	<b>Priority:</b> 2	<h1 style="font-size: 2em;">Score</h1>  <h1 style="font-size: 4em;">9</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 11:30 am	<b>Core:</b> 3	
<b>Activity Date</b> 08/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 12:30 pm	<b>Tot. Minutes:</b> 60	
<b>Establishment</b> CHICKEN RUN	<b>Address</b> 1910 QUAKER AVE 100	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79407	<b>Telephone</b> (806) 687-3447
<b>Record ID #</b> PR0007732	<b>Permit Holder</b> KRISTIN & RODOLFO MARTINEZ	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR02	
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION				

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	8/27/20

**Violation Comments:**

Observe chillers, cheese, cooked sausage, cut tomatoes and deli turkey at 49F in largest cold prep unit for unknown amount of time. Voluntarily discarded.  
 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)

3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	8/27/20

**Violation Comments:**

Observed dish machine not dispensing bleach sanitizer. Facility shall use 3 comp sink until repaired.  
 228.118(3)(B) After being cleaned, food-contact surfaces shall be sanitized in a contact time of at least 7 seconds for a CHLORINE SOLUTION of 50 mg/L

11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

Follow up : Yes    Followup Date: 11/22/2020

# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
CHICKEN RUN

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0007732

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	11/22/20

**Violation Comments:**

Observed employee jacket and plate of food stored beside clean dishes on drying rack. Removed.

228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	11/22/20

**Violation Comments:**

Observed the following:

a- ice scoop soiled (not in use) stored on rack beside ice machine, sent to warewash

b- dishes not allowed to air dry before stacking, sent to ware wash

228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying

c- sinks in facility not sealed to wall, repair

228.110(a)(1)(C) Equipment that is fixed because it is not easily movable shall be installed so that it is sealed to adjoining equipment or walls, if the equipment is exposed to spillage or seepage

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/22/20

**Violation Comments:**

Observed the following:

a-Damage tiles, seal or replace

228.171(1) Materials for floor, wall, and ceiling shall be smooth, durable, and easily cleanable

b- heavy build up on walls, sides and doors of equipment, and floor behind equipment. Clean at a frequency to maintain cleanliness.

228.186(b) Cleaning, frequency and restrictions.

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

### Measured Observations

turkey cold prep 49.00 Degrees Fahrenheit  
 Cut tomato Cold prep 49.00 Degrees Fahrenheit  
 Chilles cold prep 49.00 Degrees Fahrenheit  
 Cheese Cold prep 49.00 Degrees Fahrenheit  
 Bleach Dish machine 0.00 Parts Per Million  
 Sausage Cold prep 49.00 Degrees Fahrenheit  
 cut strawberries cold prep 42.00 Degrees Fahrenheit  
 gravy hot hold 135.00 Degrees Fahrenheit  
 Quat Sani bucket 300.00 Parts Per Million  
 potatoes wic 40.00 Degrees Fahrenheit

### Overall Inspection Comments

Follow up : Yes    Followup Date: 11/22/2020

# Inspection Report



**Activity Date**  
08/24/2020  
**Establishment**  
CHICKEN RUN

**Purpose of Inspection**  
ROUTINE INSPECTION  
**Record ID #**  
PR0007732

No signature obtained due to Covid 19 precautions.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

## Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Sherry Lin

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	3	<b>Priority:</b>	2	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">7</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	11:05 am	<b>Core:</b>	1	
<b>Activity Date</b> 08/26/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	12:10 pm	<b>Tot. Minutes:</b>	65	
<b>Establishment</b> CHOP CHOP RICE CO.	<b>Address</b> 3311 82ND ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79423	<b>Telephone</b> (806) 642-4977		
<b>Record ID #</b> PR0014006	<b>Permit Holder</b> CCJS ENTERPRISES LUBBOCK 3	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	8/29/20

**Violation Comments:**

OBSERVED: A. FOODS NOT HELD AT 41 DEGREES OR BELOW AT THE CABINET COOLERS LOCATED UNDER THE FLAT GRILL (RAW SHRIMP, RAW CHICKEN, AND RAW FISH, ALL AT 46 DEGREES). ITEMS OUT LESS THAN ONE HOUR. ITEMS ARE TO BE COOKED WITHIN THE NEXT 30 MINUTES. COS. B. FOODS NOT HELD AT 41 DEGREES OR BELOW AT THE TOP PART OF THE SANDWICH COOLER (CREAM CHEESE, PAR-COOKED CHICKEN, BOTH AT 44 DEGREES F). ITEMS OUT LESS THAN ONE HOUR. PROVIDE LID FOR THE COOLER, OR THE CONTAINERS. DISCUSSED. COS.  
 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)

3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	8/29/20

**Violation Comments:**

OBSERVED CHEMICAL CONTAINERS STORED ON TOP OF THE DISHWASHER. REMOVED. COS. 228.203 Poisonous/toxic materials or chemicals stored properly

19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	

# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
CHOP CHOP RICE CO.

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014006

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		33 Warewashing facilities & Service sink provided

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	11/24/20

**Violation Comments:**

OBSERVED SPATULAS STORED IN STANDING WATER AT 121 DEGREES F IN A STEAM TABLE. DISCUSSED. THE WATER WAS REHEATED TO 135 DEGREES F. COS.  
 228.68(b)(6) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in a container of water if the water is maintained at a temperature of at least 57 degrees Celsius (135 degrees Fahrenheit) and the container is cleaned at a frequency specified under §228.114(a)(4)(G) of this title

OBSERVED A CONTAINER WITH SPATULAS IN STANDING WATER AT 80 DEGREES F AT THE PREP TABLE. DISCUSSED. ITEMS MOVED TO A DRY CONTAINER. COS.  
 228.68(b)(5) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not time/temperature controlled for safety

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		47 Other violations

### Measured Observations

WATER IN CONTAINER WITH SPATULAS ON PREP TABLE BETWEEN USES 80.00 Degrees Fahrenheit  
 RAW SHRIMP WIC 30.00 Degrees Fahrenheit  
 FRIED RICE GRILL HH 155.00 Degrees Fahrenheit  
 SOUP WIC 38.00 Degrees Fahrenheit  
 RAW FISH RIC UNDER FLAT GRILL 46.00 Degrees Fahrenheit  
 CHLORINE SANTIZER MECHANICAL DISH WASHER 50.00 Parts Per Million  
 RAW CHICKEN RIC UNDER FLAT GRILL 46.00 Degrees Fahrenheit  
 HOT WATER HAND SINK 162.00 Degrees Fahrenheit  
 PAR BROILED CHICKEN CH 44.00 Degrees Fahrenheit  
 RAW SHRIMP RIC UNDER FLAT GRILL 46.00 Degrees Fahrenheit  
 RAW PORK WIC 40.00 Degrees Fahrenheit  
 CREAM CHEESE RIC 44.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.  
 PERMIT ISSUED.

# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
CHOP CHOP RICE CO.

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014006

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

## Signatures

A handwritten signature in blue ink that reads "Jeanne Valdez".

\_\_\_\_\_  
JEANNE VALDEZ


\_\_\_\_\_  
EHS II RS CPO

\_\_\_\_\_  
BRADY PERKINS

\_\_\_\_\_  
GENERAL MANAGER



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	1:55 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/28/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	2:25 pm	<b>Tot. Minutes:</b>	30	
<b>Establishment</b> CHOPPED & SLICED BBQ	<b>Address</b> 3501 50TH, SUITE 110	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79413	<b>Telephone</b>		
<b>Record ID #</b> PR0009747	<b>Permit Holder</b> SHAWN STEPHENS	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR04			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				20 Approved Sewage / Wastewater disposal	
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP				32 Food & non-food contact surfaces cleanable/use	

# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
CHOPPED & SLICED BBQ RESTAURANT

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0009747

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided
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### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

### Measured Observations

RAW BEEF RIC 38.00 Degrees Fahrenheit  
 POTATO SALAD RIC 38.00 Degrees Fahrenheit  
 GREEN BEANS HH 158.00 Degrees Fahrenheit  
 CHLORINE SANITIZER MECHANICAL DISHWASHER 50.00 Parts Per Million  
 CHOPPED BRISKET HH 133.00 Degrees Fahrenheit  
 SAUSAGE HH 133.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.

NO VIOLATION WAS OBSERVED AT THE TIME OF ROUTINE INSPECTION.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


JEANNE VALDEZ

EHS II RS CPO

JAMES BANN

COOK

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b>	
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b>	
		<b>Time In</b> 10:55 am	<b>Core:</b>	
<b>Activity Date</b> 08/26/2020	<b>Purpose of Inspection</b> COMPLAINT INVESTIGATION	<b>Time Out</b> 11:31 am	<b>Tot. Minutes:</b> 36	
<b>Establishment</b> COPPER CABOOSE	<b>Address</b> 5609 VILLA DR	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79412	<b>Telephone</b> (806) 744-0183
<b>Record ID #</b> FA0001622	<b>Permit Holder</b> SMITH & FITZPATRICK	<b>Est. Type</b>	<b>Risk Category</b> PH01	

### OBSERVATIONS

#### Measured Observations

No Temperature Observations

#### Overall Inspection Comments

COMPLAINANT STATED; "NO ONE IS WEARING A MASK"

At time of complaint investigation, observed signs in the front doors for practicing social distancing 6-8 feet and to wear a mask. At the mean time, observed all employees inside the facility were wearing mask properly except four employees in the kitchen were closer than 6 feet and not wearing mask properly. Advised PIC to train all employees in the cook line and follow mask mandate from Texas governor executive order GA-29. All employees in cook line wore mask properly and washed hands. Observed violation at time of complaint investigation. Due to Covid-19 pandemic, PIC signature are not captured.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

#### Signatures




\_\_\_\_\_  
NIRAJAN SHRESTHA

\_\_\_\_\_  
EHS I RSIT CPO

\_\_\_\_\_  
Johnny Garcia

\_\_\_\_\_  
General Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	
		No. of Repeat Violations	0	Priority Foundation:	
		Time In	1:40 pm	Core:	
Activity Date	Purpose of Inspection	Time Out	2:10 pm	Tot. Minutes:	30
08/27/2020	COMPLIANCE INSPECTION				
Establishment	Address	City/State	Zip Code	Telephone	
COPPER CABOOSE	5609 VILLA DR	LUBBOCK, TX	79412	(806) 744-0183	
Record ID #	Permit Holder	Est. Type	Risk Category		
FA0001622	SMITH & FITZPATRICK		PH01		

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

COMPLAINANT STATED; "NO ONE IS WEARING A MASK."

At time of compliance inspection, observed all employees were wearing mask properly. PIC stated that all employees were re-trained and explained about governor's executive order GA-29 to follow mask mandate.

Due to Covid-19 pandemic, PIC signatures are not captured.

Inspection Result: COMPLIED - OWNER

Required Action: NEXT REGULAR INSPECTION

### Signatures




\_\_\_\_\_  
NIRAJAN SHRESTHA

\_\_\_\_\_  
EHS I RSIT CPO

\_\_\_\_\_  
Johnny Garcia

\_\_\_\_\_  
General Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	3:45 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/26/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	4:30 pm	<b>Tot. Minutes:</b>	45	
<b>Establishment</b> DION'S #TX1	<b>Address</b> 2721 82ND ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79423	<b>Telephone</b> (806) 745-1010		
<b>Record ID #</b> PR0004981	<b>Permit Holder</b> DION'S #TX1	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR01			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	

# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
DION'S #TX1

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0004981

OUT = OUT OF COMPLIANCE   IN = IN COMPLIANCE   NO = NOT OBSERVED   NA = NOT APPLICABLE   COS = CORRECTED ON SITE   REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

### Measured Observations

SLICED TOMATO RIC 39.00 Degrees Fahrenheit  
 QUATERNARY AMMONIUM SANITIZER BUCKET 150.00 Parts Per Million  
 BEEF CRUMBLE RIC 39.00 Degrees Fahrenheit  
 SLICED HAM RIC 40.00 Degrees Fahrenheit  
 CHLORINE SANITZER MECHANICAL DISH WASHER 50.00 Parts Per Million  
 HOT WATER HAND SINK 110.00 Degrees Fahrenheit  
 MEATBALLS HH 156.00 Degrees Fahrenheit  
 AMBIENT WIC 37.00 Degrees Fahrenheit  
 PIZZA COOK TEMP 199.00 Degrees Fahrenheit  
 MEATBALLS HH 166.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.  
 PERMIT ISSUED.

NO VIOLATION WAS OBSERVED AT THE TIME OF ROUTINE INSPECTION.

Inspection Result: NO VIOLATION


Required Action: NEXT REGULAR INSPECTION

### Signatures

JEANNE VALDEZ                      EHS II RS CPO

DONALD JENSEN                      GENERAL MANAGER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	2:00 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/30/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	3:00 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> DOS PRIMOS BBQ	<b>Address</b> 1108 E PERDUE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79403	<b>Telephone</b> (806) 281-3576		
<b>Record ID #</b> PR0014012	<b>Permit Holder</b> ELI VALDEZ	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b>	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b>	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DAN66CJ88			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NA = NOT APPLICABLE NO = NOT OBSERVED COS = CORRECTED ON SITE REPT = REPEAT VIOLATION

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

# Inspection Report



**Activity Date**  
08/30/2020

**Establishment**  
DOS PRIMOS BBQ

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014012

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

sausage hot hold 140.00 Degrees Fahrenheit

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures

*Leslie Morgan*


\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Eli Valdez



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 1	<b>Priority:</b> 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">1</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 10:50 am	<b>Core:</b> 1	
<b>Activity Date</b> 08/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 11:20 am	<b>Tot. Minutes:</b> 30	
<b>Establishment</b> FAMILY DOLLAR STORE #32424	<b>Address</b> 2502 50TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79413	<b>Telephone</b> (806) 370-8200
<b>Record ID #</b> PR0013391	<b>Permit Holder</b> FAMILY DOLLAR STORE OF TEXAS	<b>Est. Type</b> GROCERY	<b>Risk Category</b> FR01	

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PRIORITY								
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature	
	REP							
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
	REP							
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
	REP							
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature	
	REP							
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
	REP							
6	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records	
	REP							
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
	REP							
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
	REP							
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	
PRIORITY FOUNDATION								
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition	
	REP							
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP		32 Food & non-food contact surfaces cleanable/use	

# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
FAMILY DOLLAR STORE #32424

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013391

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	11/22/20

**Violation Comments:**

OBSERVED SEVERAL COMMERCIALY PACKED ITEMS WITH PAST USED BY DATES: GARLIC BOLOGNA (JULY 28, 2020), SALAMI (AUGUST 10, 2020), BEEF FRANKS (JULY 28, 2020), AND BRUNCH KITS WITH SAUSAGE, AND CHEESE (MAY 4, 2020). NONE WERE VISIBLY SWOLLEN, NOR MOLDY. ALL REMOVED IMMEDIATELY. COS. 228 Were no other violations observed during inspection?

### Measured Observations

AMBIENT RIF -5.00 Degrees Fahrenheit  
 AMBIENT RIF -7.00 Degrees Fahrenheit  
 AMBIENT RIC 36.00 Degrees Fahrenheit  
 AMBIENT RIC 37.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.  
 PERMIT ISSUED.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


JEANNE VALDEZ

EHS II RS CPO

JANIE SOLIS

STORE MANAGER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	4:00 pm	Core:	0	
Activity Date 08/28/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	5:00 pm	Tot. Minutes:	60	
Establishment 2020 FOOD KING #81	Address	City/State LUBBOCK, TX	Zip Code 79401	Telephone		
Record ID # PR0013930	Permit Holder 2020 FOOD KING #81	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name 2020 FOOD KING #81	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer JOHN GASSIOTT	Event Organizer Phone	Booth / Space No.	Serial Number DAUWP7SPW			
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION						

### PRIORITY ITEMS

#	Compliance	Description
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

#	Compliance	Description
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

Follow up : No

# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
2020 FOOD KING #81

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013930

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures

*Leslie Morgan*


\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
John Gassiott

\_\_\_\_\_  
GM

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	9:00 am	<b>Core:</b>	0	
<b>Activity Date</b> 08/28/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	10:00 am	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> 2020 FOOD KING #82	<b>Address</b>	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79401	<b>Telephone</b>		
<b>Record ID #</b> PR0013931	<b>Permit Holder</b> 2020 FOOD KING #82	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b> 2020 FOOD KING #82	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b> ELIZABETH FAIR	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DAKXIQFBX			
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION						

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used    Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

Follow up : No

# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
2020 FOOD KING #82

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013931

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	37 Environmental contamination
38	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	38 Approved thawing method
39	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	47 Other violations

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION


### Signatures

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	5	<b>Priority:</b>	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">6</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	1	
		<b>Time In</b>	2:20 pm	<b>Core:</b>	4	
<b>Activity Date</b> 08/26/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	3:20 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> J & M BBQ	<b>Address</b> 3605 34TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794102833	<b>Telephone</b> (806) 796-1164		
<b>Record ID #</b> PR0000520	<b>Permit Holder</b> TODD WILLIAMS	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

PRIORITY								
1	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION								
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> COS	<input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	9/5/20

**Violation Comments:**

OBSERVED MECHANICAL DISH WASHER NOT DISPENSING CHLORINE SANITIZER. MACHINE WAS NOT CURRENTLY IN USE. FACILITY IS USING SINGLE SERVICE CONTAINERS FOR CUSTOMERS. PIC SET UP A TUB FOR SANITIZING WARES UNTIL THE MACHINE IS REPAIRED. A CALL FOR THE REPAIR WAS PLACED DURING THE INSPECTION. COS. 228.106(q)(1) Ware washing machines, automatic dispensing of detergents and sanitizers. A ware washing machine that is installed after adoption of these rules by the regulatory authority, shall be equipped to automatically dispense detergents and sanitizers

**CORE**

Follow up : Yes    Followup Date: 11/24/2020

# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
J & M BBQ

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0000520

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	11/24/20

**Violation Comments:**

OBSERVED A KNIFE, A SPATULA, AND A GRILL SCRAPER STORED ON A BOX. REMOVED TO BE WASHED. PROVIDED CLEAN CONTAINERS FOR STORAGE OF IN-USE UTENSILS. COS.

228.68(b)(3) In-use utensils, between-use storage. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored on a clean portion of the food preparation table or cooking equipment only if the in-use utensil and the food-contact surface of the food preparation table or cooking equipment are cleaned and sanitized at a frequency specified under §228.114 and §228.117 of this title

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	11/24/20

**Violation Comments:**

OBSERVED SHELVES ON RACKS WITH DRY GOODS AND CLEAN POTS AND PANS IN THE BACK ROOM WERE SOILED. MAINTAIN CLEAN. NRI.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/24/20

**Violation Comments:**

OBSERVED FLOORS SOILED BEHIND AND UNDER BACK AREA PREP TABLE AND IN THE DRY STORAGE ROOM. MAINTAIN CLEAN. NRI. 228.186(b) Cleaning, frequency and restrictions.

46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	11/24/20
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**Violation Comments:**

OBSERVED NO COVERED CONTAINER IN THE LADIES RESTROOM. PROVIDE. NRI. 228.152(h) Toilet room receptacle, covered

OBSERVED: A. THE COLD WATER FAUCET HANDLE IN THE LADIES RESTROOM SINK MISSING. PROVIDE. NRI. B. ONE STALL WAS OUT OF ORDER. REMOVED SIGN. TOILET SEAT NEEDS REPAIR. NRI.

228.149(e)(2) A plumbing system shall be maintained in good repair

228.149(e)(2) A plumbing system shall be maintained in good repair

228.149(e)(2) A plumbing system shall be maintained in good repair

228.149(e)(2) A plumbing system shall be maintained in good repair

47	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	
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**Measured Observations**

- BRISKET CHOPPED HH 140.00 Degrees Fahrenheit
- BRISKET HH 166.00 Degrees Fahrenheit
- HOT WATER HAND SINK 132.00 Degrees Fahrenheit
- BRISKET HH 133.00 Degrees Fahrenheit
- CHLORINE SANITIZER MECHANICAL DISH WASHER 0.00 Parts Per Million
- POTATO SALAD CH 38.00 Degrees Fahrenheit
- CHLORINE SANITZER BUCKET 50.00 Parts Per Million
- COOKED RIBS HH 39.00 Degrees Fahrenheit



# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
J & M BBQ

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0000520

COOKED BEANS WIC 38.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.

NOTE: ROUTINE INSPECTION PERFORMED ALONG WITH A COMPLAINT INVESTIGATION.  
DISCUSSED CURRENT RENOVATIONS THAT THE RESTAURANT IS UNDERGOING.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


JEANNE VALDEZ

EHS II RS CPO

TODD WILLIAMS

OWNER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	11:00 am	Core:	0	
Activity Date 08/31/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	12:00 pm	Tot. Minutes:	60	
Establishment JOHNNY'S FAMOUS BBQ	Address 218 RED BUD	City/State LUBBOCK, TX	Zip Code 79403	Telephone (806) 441-5444		
Record ID # PR0014011	Permit Holder JOHNNY ESCAREÑO	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer	Event Organizer Phone	Booth / Space No.	Serial Number DA00D3XX9			
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION						

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided	

### CORE ITEMS

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# Inspection Report



**Activity Date**  
08/31/2020

**Establishment**  
JOHNNY'S FAMOUS BBQ

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014011

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

brisket hot hold 145.00 Degrees Fahrenheit

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Johnny Escareno

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	7	<b>Priority:</b>	1	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">13</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	4	
		<b>Time In</b>	11:10 am	<b>Core:</b>	2	
<b>Activity Date</b> 08/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	12:15 pm	<b>Tot. Minutes:</b>	65	
<b>Establishment</b> LA BELLA PIZZA	<b>Address</b> 2112 50TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79412	<b>Telephone</b> (806) 712-5000		
<b>Record ID #</b> PR0012114	<b>Permit Holder</b> KYLE RILEY	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR02			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	8/27/20

**Violation Comments:**

OBSERVED MICROWAVES SOILED. MAINTAIN CLEAN DAILY. COS. 228.113(1) Food-contact surfaces clean to sight and touch

11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	9/3/20
<b>Violation Comments:</b>			
OBSERVED NO CERTIFIED FOOD MANAGER CERTIFICATE ON SITE. 30 DAYS TO PROVIDE. 228.32(2) Being a certified food protection manager who has shown proficiency of required information through passing a test that is part of an Accredited Program			
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	9/3/20
<b>Violation Comments:</b>			
OBSERVED NO FOOD HANDLER CARDS FOR THOSE WHO HANDLE FOOD. PROVIDE IN 30 DAYS. 228.33(d) Food Handler Training criteria			
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	

Follow up : Yes Followup Date: 09/03/2020

# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
LA BELLA PIZZA

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0012114

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition	9/3/20

**Violation Comments:**

OBSERVED NO DATE MARKS ON COOKED RIBS, AND CUT TOMATO IN THE PREP AREA COOLERS. PROVIDED. COS. 228.75(g)(1) Date marking prepare on site RTE/ TCS food

OBSERVED NO DATE MARKS ON MACARONI AND CHEESE (DISCARDED), SLICED HAM, AND LASAGNA. PROVIDED DATES. COS. 228.75(g)(2) Date marking commercially prepared RTE/ TCS food

29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN		<input checked="" type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	9/3/20

**Violation Comments:**

OBSERVED NO PAPER TOWELS IN THE RESTROOM AND NONE AT THE HAND SINK. PROVIDED. COS. NOTE: YOU MAY NOT OPERATE WITHOUT PAPER TOWELS. 228.38(b)(3) Disposable paper towels used to avoid re-contaminating hands if manually operated faucet handles on a hand washing sink or the handle of a restroom door

32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

**CORE**

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN		<input type="checkbox"/> COS	<input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN		<input checked="" type="checkbox"/> COS	<input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	11/22/20

**Violation Comments:**

OBSERVED SINGLE-SERVICE PLASTIC PORTION CUPS INSIDE THE CONTAINERS OF SALT AND SUGAR. SINGLE-SERVICE ITEMS MAY BECOME DAMAGED AND PHYSICALLY CONTAMINATE THE FOOD ITEM. USE ONLY DURABLE, REUSABLE SCOOPS FOR READY-TO-EAT FOODS. REMOVED. COS. 228.112(c)(1) Single-service and single-use articles may not be reused

41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO		<input type="checkbox"/> COS	<input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/22/20

**Violation Comments:**

OBSERVED FLOORS SOILED. MAINTAIN CLEAN DAILY. NRI. 228.186(b) Cleaning, frequency and restrictions.

OBSERVED MOP HEADS STORED IN BUCKETS WITH WATER. MOP HEAD SHALL AIR-DRY BETWEEN USES BY HANGING THEM UP. COS. 228.186(f) Drying mops

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	47 Other violations	

**Measured Observations**

COOKED RIBS RIC 40.00 Degrees Fahrenheit  
 SPAGHETTI NOODLE WIC 43.00 Degrees Fahrenheit  
 BEEF CRUMBLE RIC 40.00 Degrees Fahrenheit

Follow up : Yes    Followup Date: 09/03/2020

# Inspection Report



**Activity Date**  
08/24/2020  
**Establishment**  
LA BELLA PIZZA

**Purpose of Inspection**  
ROUTINE INSPECTION  
**Record ID #**  
PR0012114

SLICED HAM WIC 43.00 Degrees Fahrenheit  
COOKED RIBS WIC 43.00 Degrees Fahrenheit  
HOT WATER HANDSINK 147.00 Degrees Fahrenheit  
DICED HAM RIC 40.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.  
PERMIT ISSUED.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

### Signatures


\_\_\_\_\_  
JEANNE VALDEZ

\_\_\_\_\_  
EHS II RS CPO

\_\_\_\_\_  
SETH FRAGA

\_\_\_\_\_  
COOK

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 1	<b>Priority:</b> 1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">3</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 1:30 pm	<b>Core:</b> 0	
<b>Activity Date</b> 08/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 2:15 pm	<b>Tot. Minutes:</b> 45	
<b>Establishment</b> LITTLE CAESARS #3299-0001	<b>Address</b> 7301 UNIVERSITY AVE 600	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79423	<b>Telephone</b> (806) 771-4688
<b>Record ID #</b> PR0003802	<b>Permit Holder</b> CKC PIZZA LLC	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR01	

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented

8/27/20

**Violation Comments:**

OBSERVED PANS OF PRECOOKED CHICKEN WINGS STACKED WITHOUT THE BENEFIT OF PROTECTION FROM THE PAN ABOVE IT IN THE WALK-IN COOLER. DISCUSSED PROVIDING A LID, PARCHMENT PAPER, OR PLASTIC WRAP BETWEEN PANS. COS. 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display

10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate

Follow up : No

# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
LITTLE CAESARS #3299-0001

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0003802

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		33 Warewashing facilities & Service sink provided	
	REP			

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		37 Environmental contamination	
	REP			
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		38 Approved thawing method	
	REP			
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		41 Original container labeling (Bulk Food)	
	REP			
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/>		47 Other violations	
	REP			

### Measured Observations

HAM RIC 40.00 Degrees Fahrenheit  
 QUAT SANITIZER BUCKET 400.00 Parts Per Million  
 COOKED CHICKEN WING WIC 36.00 Degrees Fahrenheit  
 BEEF CRUMBLE RIC 40.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.  
 PERMIT ISSUED.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures

*Jeanne Valdez*

JEANNE VALDEZ


EHS II RS CPO

VERONICA ACEVEDO

STORE MANAGER



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	11:00 am	Core:	0
Activity Date 08/26/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	12:00 pm	Tot. Minutes:	60
Establishment MCALISTER'S DELI #528	Address 4210 82ND ST 212	City/State LUBBOCK, TX	Zip Code 79423	Telephone (806) 740-0023	
Record ID # FA0003611	Permit Holder SOUTHWEST DELI GROUP, INC.	Est. Type	Risk Category FR02		

## OBSERVATIONS

### Measured Observations

ham ric 40.00 Degrees Fahrenheit  
 chicken salad cold prep 35.00 Degrees Fahrenheit  
 turkey cold prep 44.00 Degrees Fahrenheit - Comments: prepped within 45 minutes of inspection and cooling

### Overall Inspection Comments

COMPLAINT - BROKEN EQUIPMENT SMELLS LIKE A PROPANE LEAK IN THE KITCHEN, SOME FRIDGES BROKEN AND NOT HOLDING TEMPS.

At time of complaint investigation spoke with PIC who advised there was a huge staff turn over last week and she was brought in from another location to fix everything.

- no propane smell
  - hot hold unit door not sealing but new unit is on order
  - many facility and equipment repairs are scheduled
  - temps of items in all cold hold units ranged from 35f to 42f
- PIC using active managerial control to correct issues.  
 No violation observed.

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
 LESLIE MORGAN

\_\_\_\_\_  
 EHS II REHS/RS CPO

\_\_\_\_\_  
 Sandy Salinas

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	3:00 pm	Core:	0
Activity Date 08/27/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Time Out	3:15 pm	Tot. Minutes:	15
Establishment MCDONALD'S #1221	Address 2339 19TH ST	City/State LUBBOCK, TX	Zip Code 794014411	Telephone (806) 747-5536	
Record ID # FA0000627	Permit Holder HUGO VARGAS	Est. Type	Risk Category FR02		

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No signature was obtained at the time of investigation due to COVID.

At the time of investigation, I spoke to Duane, a member of management. He was present in the facility during the morning shift. He states that no employees were bleeding or injured this morning (i.e. cut finger, bloody nose). No violation is observed.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures




\_\_\_\_\_  
JACKIE DICKSON

\_\_\_\_\_  
EHS I RSIT CPO

\_\_\_\_\_  
Duane

\_\_\_\_\_  
Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	
		Time In	3:15 pm	
		Time Out	5:35 am	
		Total Time	860	
Activity Date 08/26/2020	Purpose of Inspection COMPLAINT INVESTIGATION	Program Identifier		
Establishment OAKRIDGE APARTMENTS	Address 5321 S LOOP 289	City/State LUBBOCK, TX	Zip Code 79424	Telephone (806) 794-9393
Record ID # FA0000675	Permit Holder GRASSANO TEXAS			

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

AT TIME OF INVESTIGATION THE POOL WAS VERY GREEN AND SPOKE TO THE PROPERTY MANAGER ABOUT THE POOL. THE CHLORINATOR BROKE NEARLY A WEEK AGO, AND THEY HAD ORDERED THE PART FROM A POOL STORE. SHE SAID THEY WERE STILL WAITING ON THE PIECE TO COME IN, AND HAD CLOSED THE POOL TO THE PUBLIC. SHE SAID THE POOL NORMALLY CLOSES AROUND LABOR DAY SO THEY WOULD JUST CLOSE IT FOR THE REST OF THE YEAR. THEY MAINTAIN THE POOL AROUND THE YEAR. THE GUY MANAGING THE POOL STILL HAD THE PUMP GOING AND WAS ADDING IN CHEMICAL TO HELP. ASKED PROPERTY MANAGER TO CALL WHEN PIECE COMES IN AND COLOR OF POOL IS CLEAR. DUE TO COVID-19, NO SIGNATURE REQUIRED ON INVESTIGATION REPORT.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

### Signatures




JACOB KEMMER

EHS II RS CPO

Ciara Zomora

Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	2:45 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/15/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	3:00 pm	<b>Tot. Minutes:</b>	15	
<b>Establishment</b> JOHNNY'S FAMOUS BBQ	<b>Address</b> 218 RED BUD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79403	<b>Telephone</b> (806) 441-5444		
<b>Record ID #</b> PR0013983	<b>Permit Holder</b> JOHNNY ESCAREÑO	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b>	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b>	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DA2KBLLUM			

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	17 Additives approved/used    Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

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# Inspection Report



**Activity Date**  
08/15/2020

**Establishment**  
JOHNNY'S FAMOUS BBQ

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013983

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

brisket grill 165.00 Degrees Fahrenheit  
sausage grill 161.00 Degrees Fahrenheit

### Overall Inspection Comments

At the time of inspection, no violation is observed.

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE


### Signatures

*Jackie Dickson*

\_\_\_\_\_  
JACKIE DICKSON                      EHS I RSIT CPO

\_\_\_\_\_  
Johnny Escareno                      Person in charge

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	12:00 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/29/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	1:00 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> PORKY'S TEMPORARY	<b>Address</b> 512 MLK BLVD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79403	<b>Telephone</b> (806) 466-5890		
<b>Record ID #</b> PR0014010	<b>Permit Holder</b> CHRISTOPHER HERNANDEZ	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b>	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b>	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DAF238G0T			

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used    Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

# Inspection Report



**Activity Date**  
08/29/2020

**Establishment**  
PORKY'S TEMPORARY

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014010

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

ribs hot hold 155.00 Degrees Fahrenheit

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Christopher Hernandez

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 12	Priority: 3	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 3em; margin-top: 10px;">21</h1>
		<b>No. of Repeat Violations</b> 1	Priority Foundation: 3	
		<b>Time In</b> 10:00 am	Core: 6	
<b>Activity Date</b> 08/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 11:00 am	<b>Tot. Minutes:</b> 60	
<b>Establishment</b> RISE N SHINE DONUTS	<b>Address</b> 410 FRANKFORD AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794160000	<b>Telephone</b> (806) 795-1088
<b>Record ID #</b> PR0001241	<b>Permit Holder</b> CHHEAV CHHOUN CORPORATION	<b>Est. Type</b> BAKERY	<b>Risk Category</b> FR01	
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION				

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	8/27/20

**Violation Comments:**  
 Observed large quantities of kalache hot dogs on 2 separate counters at 56F for less than 4 hours, PIC moved to ric. Advised PIC to only pull as many as could be prepped in a short amount of time to keep tcs foods out of temperature danger zone.  
 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)

3	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
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**Violation Comments:**  
 Observed cooked potatoes sitting on prep counter at 74F for unknown amount of time. Voluntarily discarded.  
 228.75(f)(1)(A) Hot Hold (135°F or higher)

4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	8/27/20

**Violation Comments:**  
 Observed bleach in sanitizer bucket at 0 ppm bleach. PIC remade to 75ppm.  
 228.118(3)(A) After being cleaned food-contact surfaces shall be sanitized an exposure time of at least 10 seconds for a CHLORINE SOLUTION

11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	9/3/20
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**Violation Comments:**  
 Due to nature and number of violations, no certified food manager knowledge observed.  
 228.32(1) Based on the risks inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this rule. The person in charge shall demonstrate this knowledge by complying with these rules by having no critical violations/priority items during the current inspection

22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	



# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
RISE N SHINE DONUTS

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0001241

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		28 Proper date marking and disposition	
29	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	9/3/20

**Violation Comments:**

Observed no thermometer in ric. Replace.  
228.108(b) Food thermometers provided and accessible

30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	9/3/20

**Violation Comments:**

Observed sprayer nozzle on hose at 3 comp sink with duct tape. Replace.  
228.104(a) Cleanability. Food-contact surfaces.

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		33 Warewashing facilities & Service sink provided	
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**CORE**

34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	11/22/20
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**Violation Comments:**

Observed back door with large gaps. Seal to prevent pest control issues.  
228.174(e)(1) Outer openings, protected  
228.174(e)(4) Windows or doors protected against the entry criteria

35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	11/22/20
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**Violation Comments:**

Observed many drinks missing lids and straws throughout kitchen. Voluntarily discarded.  
228.42(a)(1) Eating food, chewing gum, drinking beverages, or using tobacco

36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	11/22/20
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**Violation Comments:**

Observed several wet rags stored out of sanitizer solution. Discussed, retrained.  
228.68(d)(2)(A) Cloths in-use for wiping between uses stored

37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		37 Environmental contamination	11/22/20
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**Violation Comments:**

Observed the following:  
A- fan used for cooling frosting on donuts soiled - remove and clean  
B- one side of 3 comp sink (not in use) used to store tray of hot dogs during prep - Advised PIC to use prep surface next to sink in order to prevent possible contamination.  
228.69(a)(1)(A) Food shall be protected from contamination by storing the food in a clean, dry location  
228.69(a)(1)(B) Storing the food where it is not exposed to splash, dust, or other contamination

38	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP		38 Approved thawing method	11/22/20
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**Violation Comments:**

Observed raw bacon and hot dogs thawing on counter. Advised PIC to thaw using running water under 70F, refrigeration or as part of the cooking process. Items moved to ric.  
228.75(c)(1) Except as specified in paragraph (4) of this subsection, time/temperature controlled for safety (TCS) food shall be thawed under refrigeration that maintains the food temperature at 5 degrees Celsius (41 degrees Fahrenheit) or less  
228.75(c)(2) Thawing. under running water criteria  
228.75(c)(3)(A) Except as specified in paragraph (4) of this subsection, time/temperature controlled for safety (TCS) food shall be thawed as part of a cooking process if the food that is frozen is cooked as specified in sections §228.71(a)(1) - (2) or (b) of this title

39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
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Follow up : Yes    Followup Date: 09/03/2020

# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
RISE N SHINE DONUTS

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0001241

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/22/20

**Violation Comments:**

Observed personal items stored throughout kitchen, in small freezer room, on shelves by back door, and in small reach in cooler by flat top grill. Advised PIC to create a breakroom or area with personal storage locations to prevent issues from employee storage. Employee and non food service items shall be kept separate or below items for food service. All items moved to labeled location.  
228.212 Other Personal Care Items, Storage

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

**Measured Observations**

eggs ric 40.00 Degrees Fahrenheit  
 hot dogs prep counter 56.00 Degrees Fahrenheit - Comments: sent to ric  
 kalache warmer 125.00 Degrees Fahrenheit - Comments: documented time as control  
 cooked potatoes on counter 74.00 Degrees Fahrenheit - Comments: voluntarily discarded due to no time as control  
 tamales hot hold 144.00 Degrees Fahrenheit  
 bleach sani bucket 75.00 Parts Per Million  
 bleach sani bucket 0.00 Parts Per Million  
 sausage cold prep 41.00 Degrees Fahrenheit

**Overall Inspection Comments**

No signature obtained due to Covid 19 precautions.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

**Signatures**


*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

Mengheang Kourch

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		No. of Repeat Violations	0	Priority Foundation:	0	
		Time In	1:00 pm	Core:	0	
Activity Date 08/27/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	2:00 pm	Tot. Minutes:	60	
Establishment ROGERS VENDOR TEMPORARY	Address 3304 E 17TH	City/State LUBBOCK, TX	Zip Code 79403	Telephone (806) 473-5824		
Record ID # PR0014008	Permit Holder ROY ROGERS	Est. Type 2020 TEMPORARY	Risk Category TF15			
Event Name	Event Address	Event City/State	Zip Code	Event Telephone		
Event Organizer	Event Organizer Phone	Booth / Space No.	Serial Number DA1MEFFAW			

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used    Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

# Inspection Report



**Activity Date**  
08/27/2020

**Establishment**  
ROGERS VENDOR TEMPORARY

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014008

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Roy Rogers

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 1	<b>Priority:</b> 1	<h1 style="font-size: 2em;">Score</h1>  <h1 style="font-size: 3em;">3</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 1:40 pm	<b>Core:</b> 0	
<b>Activity Date</b> 08/19/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 2:20 pm	<b>Tot. Minutes:</b> 40	
<b>Establishment</b> SANCTUARY BAR & CAFE	<b>Address</b> 8209 SLIDE RD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 368-3866
<b>Record ID #</b> PR0013963	<b>Permit Holder</b> EDDIE MURPHY	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03	

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	8/22/20

**Violation Comments:**

Observed brisket in reach in cooler with prep day of 8-9-20. Should have been discarded on 8-16-20. Voluntarily discarded. COS.  
 228.75(h)(2) Dispensed through a vending machine, discarded if it exceeds a temperature and time combination

7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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# Inspection Report



**Activity Date**  
08/19/2020

**Establishment**  
SANCTUARY BAR & CAFE

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013963

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

### Measured Observations

Tomato CH 39.00 Degrees Fahrenheit  
 Ham RIC 39.00 Degrees Fahrenheit  
 Diced Tomato CH 40.00 Degrees Fahrenheit  
 Chicken RIC 46.00 Degrees Fahrenheit - Comments: Cooling  
 Cheese RIC 40.00 Degrees Fahrenheit

### Overall Inspection Comments

Make sure to display food permit and certified food manager in a visible location for costumers.  
 Due to COVID-19, no signature required on inspection report.

Inspection Result: COMPLIED - OWNER

Required Action: NOT APPLICABLE

### Signatures

*Jacob Kemmer*


\_\_\_\_\_  
JACOB KEMMER

\_\_\_\_\_  
EHS II RS CPO

\_\_\_\_\_  
Eddie Murphy

\_\_\_\_\_  
Owner

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 1	<b>Priority:</b> 1	<h1 style="font-size: 2em;">Score</h1>  <h1 style="font-size: 3em;">3</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 1:40 pm	<b>Core:</b> 0	
<b>Activity Date</b> 08/19/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 2:20 pm	<b>Tot. Minutes:</b> 40	
<b>Establishment</b> SANCTUARY BAR & CAFE	<b>Address</b> 8209 SLIDE RD	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 368-3866
<b>Record ID #</b> PR0013964	<b>Permit Holder</b> EDDIE MURPHY	<b>Est. Type</b> BAR	<b>Risk Category</b> FR01	

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	8/22/20

**Violation Comments:**

Observed cleaner stored with spray nozzle pointing towards tongs used for grabbing lemons and limes at the bar. Moved. COS.  
 228.203 Poisonous/toxic materials or chemicals stored properly

19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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# Inspection Report



**Activity Date**  
08/19/2020

**Establishment**  
SANCTUARY BAR & CAFE

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013964

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

Due to COVID-19, no signature required on inspection form.

Inspection Result: COMPLIED - OWNER

Required Action: NOT APPLICABLE

### Signatures


*Jacob Kemmer*

JACOB KEMMER                      EHS II RS CPO

\_\_\_\_\_  
Eddie Murphy                      Owner



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	8:30 am	<b>Core:</b>	0	
<b>Activity Date</b> 08/26/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	9:30 am	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> SHERICK MEMORIAL	<b>Address</b> 2502 UTICA AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 794072332	<b>Telephone</b> (806) 799-8600		
<b>Record ID #</b> PR0000969	<b>Permit Holder</b> OLDHAM TRUST	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR04			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination	

# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
SHERICK MEMORIAL

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0000969

OUT = OUT OF COMPLIANCE   IN = IN COMPLIANCE   NO = NOT OBSERVED   NA = NOT APPLICABLE   COS = CORRECTED ON SITE   REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION


### Signatures

*Leslie Morgan*

LESLIE MORGAN

EHS II REHS/RS CPO

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	7	Priority:	1	<h1 style="font-size: 2em; margin: 0;">Score</h1> <h1 style="font-size: 4em; margin: 0;">12</h1>
		No. of Repeat Violations	1	Priority Foundation:	3	
		Time In	3:05 pm	Core:	3	
Activity Date 08/28/2020	Purpose of Inspection ROUTINE INSPECTION	Time Out	4:00 pm	Tot. Minutes:	55	
Establishment SOMETHING DIFFERENT GRILL	Address 4317 50TH ST	City/State LUBBOCK, TX	Zip Code 79413	Telephone (575) 799-6633		
Record ID # PR0011597	Permit Holder LEONARD VANDENBERG	Est. Type RESTAURANT	Risk Category FR04			
OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION						

### PRIORITY


1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	8/31/20
<b>Violation Comments:</b> OBSERVED ITEMS IN THE TWO REACH-IN COOLERS ACROSS THE GRILL NOT AT 41 DEGREES F OR BELOW AT THE TIME OF INSPECTION: RAW CHICKEN AT 47 DEGREES F, RAW CUBE STEAK AT 47 DEGREES F, AND EGG ROLLS AT 45 DEGREES F. ITEMS OUT LESS THAN 4 HOURS. MOVE TO THE WALK-IN COOLER FOR RAPID CHILL. TEMPERATURE LOGS AVAILABLE FOR INSPECTION. DISCUSSED. COS. 228.75(f)(1)(B) Cold Hold (41°F/45°F or below)			
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	9/7/20
<b>Violation Comments:</b> CERTIFIED FOOD MANAGER CERTIFICATE WAS NOT OBSERVED. DISCUSSED. 30 DAYS TO OBTAIN. 228.32(2) Being a certified food protection manager who has shown proficiency of required information through passing a test that is part of an Accredited Program			
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	

Follow up : Yes Followup Date: 09/07/2020

# Inspection Report

		<b>Activity Date</b> 08/28/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	
		<b>Establishment</b> SOMETHING DIFFERENT GRILL	<b>Record ID #</b> PR0011597	
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION				
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	9/7/20
<b>Violation Comments:</b> OBSERVED HAND SINK ACROSS THE GRILL AREA WITH NO HOT WATER AT 100 DEGREES F. MANAGER STATES IT WILL BE REPAIRED. 24 HOURS TO REPAIR (TUESDAY, SEPTEMBER 1, 2020). 228.146(b)(1) Hand washing facility provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet  OBSERVED NO PAPER TOWELS AT THE HAND SINK ACROSS THE GRILL AREA. PROVIDE. COS. 228.38(b)(3) Disposable paper towels used to avoid re-contaminating hands if manually operated faucet handles on a hand washing sink or the handle of a restroom door				
32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input checked="" type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	9/7/20
<b>Violation Comments:</b> OBSERVED REACH-IN COOLER DRAWERS, REACH-IN FREEZER DOORS, AND THE WALK-IN COOLER DOOR WITH TORN GASKETS. REPAIR REQUIRED. REPEATED VIOLATION ON 2/18/2020. 90 DAYS TO REPAIR. 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition				
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		33 Warewashing facilities & Service sink provided	
<b>CORE</b>				
34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		41 Original container labeling (Bulk Food)	11/26/20
<b>Violation Comments:</b> OBSERVED BULK BINS OF CORN MEAL AND SEASONED FLOUR WITH NO LABELS. PROVIDE. 24 HOURS. 228.66(b) Food storage containers, identified with common name of food.				
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	11/26/20
<b>Violation Comments:</b> OBSERVED REACH-IN FREEZERS WITH DEBRIS ON THE BOTTOM SHELVES, AND ICE BUILD-UP IN THE REACH-IN FREEZER ACROSS FROM THE GRILL. MAINTAIN CLEAN. NRI. 228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris				
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/26/20
<b>Violation Comments:</b> OBSERVED PERSONAL DRINKS OBSERVED ON A SHELF OVER THE FRONT HAND SINK. RELOCATE ALL PERSONAL ITEMS TO AWAY AND BELOW ANY AND ALL SERVICE ITEMS (FOOD, UTENSILS, PREP AREAS). DISCUSSED. COS. 228.183(a) Areas for employees--location				
Follow up : Yes    Followup Date: 09/07/2020				

# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
SOMETHING DIFFERENT GRILL

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0011597

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

### Measured Observations

- CHLORINE SANITIZER MECHANICAL DISH WASHER 50.00 Parts Per Million
- TACO MEAT HH 158.00 Degrees Fahrenheit
- RAW CHICKEN RIC BY GRILL 47.00 Degrees Fahrenheit
- HOT WATER HAND SINK 128.00 Degrees Fahrenheit
- RAW CHICKEN WIC 39.00 Degrees Fahrenheit
- DICED CHICKEN HH 156.00 Degrees Fahrenheit
- RAW CUBE STEAK RIC BY GRILL 47.00 Degrees Fahrenheit
- DICED TOMATO CH 39.00 Degrees Fahrenheit
- SLICED TURKEY RIC 39.00 Degrees Fahrenheit
- EGG ROLLS RIC BY GRILL 45.00 Degrees Fahrenheit
- RAW GROUND BEEF WIC 34.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.

Inspection Result: VIOLATION


Required Action: RE-INSPECTION

### Signatures

JEANNE VALDEZ                      EHS II RS CPO

AMANDA GRAHAM                      GENERAL MANAGER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	1	<b>Priority:</b>	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">3</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	8:00 am	<b>Core:</b>	0	
<b>Activity Date</b> 08/27/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	9:00 am	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> SONIC DRIVE IN #6543	<b>Address</b> 7603 MILWAUKEE AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 771-2431		
<b>Record ID #</b> PR0008793	<b>Permit Holder</b> RODNEY WARREN	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR02			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	8/30/20

**Violation Comments:**

Observed bag of ice stored in ice bin for service. PIC removed and voluntarily discarded ice and cleaned/sanitized bin.  
 228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display

10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	

# Inspection Report



**Activity Date**  
08/27/2020

**Establishment**  
SONIC DRIVE IN #6543

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0008793

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	<input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS	<input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	47 Other violations	

### Measured Observations

cut tomatoes cold prep 41.00 Degrees Fahrenheit  
 Quat Sani bucket 300.00 Parts Per Million  
 eggs hot hold 155.00 Degrees Fahrenheit  
 Cut tomatoes Wic 40.00 Degrees Fahrenheit

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Melissa Mata

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b> 0	<b>Priority:</b> 0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b> 0	<b>Priority Foundation:</b> 0	
		<b>Time In</b> 2:00 pm	<b>Core:</b> 0	
<b>Activity Date</b> 08/27/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b> 2:25 pm	<b>Tot. Minutes:</b> 25	
<b>Establishment</b> SPEC'S LIQUOR #107	<b>Address</b> 6816 SLIDE RD 12	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 794-1900
<b>Record ID #</b> PR0007369	<b>Permit Holder</b> SPEC'S WINE SPIRITS & FINER	<b>Est. Type</b> GROCERY	<b>Risk Category</b> FR01	

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	



# Inspection Report



**Activity Date**  
08/27/2020

**Establishment**  
SPEC'S LIQUOR #107

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0007369

OUT = OUT OF COMPLIANCE   IN = IN COMPLIANCE   NO = NOT OBSERVED   NA = NOT APPLICABLE   COS = CORRECTED ON SITE   REP = REPEAT VIOLATION

38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

### Measured Observations

Sausage CH 39.00 Degrees Fahrenheit  
 Cheese CH 40.00 Degrees Fahrenheit  
 Cheese CH 40.00 Degrees Fahrenheit

### Overall Inspection Comments

Due to COVID-19, no signature required on inspection report.

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

### Signatures


JACOB KEMMER

EHS II RS CPO

Arnold Sanchez

Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	4	<b>Priority:</b>	2	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">9</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	1	
		<b>Time In</b>	10:32 am	<b>Core:</b>	1	
<b>Activity Date</b> 08/24/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	11:44 am	<b>Tot. Minutes:</b>	72	
<b>Establishment</b> STRIPES #2442	<b>Address</b> 806 34TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79404	<b>Telephone</b>		
<b>Record ID #</b> PR0001139	<b>Permit Holder</b> CAL'S CONVENIENCE INC.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR04			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	8/27/20

**Violation Comments:**

Observed an employee taking an order from customer started preparing RTE taco without washing hands and wearing new gloves. Advised an employee to wash hands between change of task. Taco breads were voluntarily discarded, employee washed hand properly, changed gloves and started prepared taco.

228.66(a)(1)(A) Food protected from cross contamination by separating, storage, preparation, holding, and display

10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	8/27/20
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**Violation Comments:**

Observed soiled can opener. PIC stated that can opener gets cleaned at the end of the day and is used twice a day in the morning and in the evening. Advised PIC that facility shall clean and sanitize can opener after use in each shift if used twice a day or clean and sanitize every 4 hours if used through out the day or longer than 4 hours in each shift. PIC sent can opener to ware wash.

228.113(1) Food-contact surfaces clean to sight and touch

11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	

Follow up : Yes Followup Date: 11/22/2020

# Inspection Report



**Activity Date**  
08/24/2020

**Establishment**  
STRIPES #2442

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0001139

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	9/3/20

**Violation Comments:**

Observed the following:

- a) no soap for hand washing sink in the front. PIC provided soap.
- b) paper dispenser not working for hand wash sink in the back room. PIC stated that work order had been placed to replace dispenser, and until it is repaired employees are using hand wash sink in the front in the opposite wall.

228.175(b) Hand washing cleanser, availability

32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

**CORE**

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	11/22/20

**Violation Comments:**

Observed the following:

- a) soiled floor and wall plates in cook line. Facility shall clean and sanitize.
- b) soiled floor under prep table and 3 compartment sink. Facility shall clean and sanitize.
- c) ice build up on the floor in walk-in-freezer. Facility shall clean and sanitize.
- d) soiled fan cover for walk-in-cooler. Facility shall clean and sanitize.

228.113(3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris

43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

**Measured Observations**

raw Chicken WIC 40.00 Degrees Fahrenheit  
 Carne Guisada WIC 38.00 Degrees Fahrenheit  
 RTE Rice HH 143.00 Degrees Fahrenheit  
 Sanitizing solution 3 comp sink 150.00 Parts Per Million  
 RTE Chicken thigh HH 184.00 Degrees Fahrenheit

**Overall Inspection Comments**

Due to Covid-19 pandemic, Person In Charge signatures are not captured.

# Inspection Report



**Activity Date**  
08/24/2020  
**Establishment**  
STRIPES #2442

**Purpose of Inspection**  
ROUTINE INSPECTION  
**Record ID #**  
PR0001139

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


NIRAJAN SHRESTHA

EHS I RSIT CPO

Brittany Atcheson

Restaurant Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	No. of Violations	0	Priority:	0
		No. of Repeat Violations	0	Priority Foundation:	0
		Time In	12:45 pm	Core:	0
Activity Date 08/27/2020	Purpose of Inspection COMPLIANCE INSPECTION	Time Out	1:00 pm	Tot. Minutes:	15
Establishment	Address	City/State	Zip Code	Telephone	
Record ID # N/A	Permit Holder	Est. Type	Risk Category FC01		

## OBSERVATIONS

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

COMPLIANCE INSPECTION: TEMPORARY PERMIT PURCHASED. COMPLIED.

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.

Inspection Result: COMPLIED - OWNER

Required Action: VOLUNTARY CLOSURE

### Signatures




\_\_\_\_\_  
JEANNE VALDEZ

\_\_\_\_\_  
EHS II RS CPO

\_\_\_\_\_  
RAUL PEREZ III

\_\_\_\_\_  
OWNER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	2:00 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/27/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	2:20 pm	<b>Tot. Minutes:</b>	20	
<b>Establishment</b> SUNSHINE'S SMOKEHOUSE	<b>Address</b> 1930 N AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79411	<b>Telephone</b> (806) 507-2438		
<b>Record ID #</b> PR0014014	<b>Permit Holder</b> RAUL PEREZ	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b>	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b>	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DAZTCBDN3			
OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION						

PRIORITY ITEMS			
1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal	

PRIORITY FOUNDATION ITEMS	
	Follow up : No

# Inspection Report



**Activity Date**  
08/27/2020

**Establishment**  
SUNSHINE'S SMOKEHOUSE TEMPORARY

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014014

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO	<input type="checkbox"/> COS	28 Proper date marking and disposition	
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate	
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA	<input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO	<input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided	

### CORE ITEMS

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored	
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO	<input type="checkbox"/> COS	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO	<input type="checkbox"/> COS	38 Approved thawing method	
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled	
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO	<input type="checkbox"/> COS	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained	
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean	
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean	

# Inspection Report



**Activity Date**  
08/27/2020

**Establishment**  
SUNSHINE'S SMOKEHOUSE TEMPORARY

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0014014

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NA = NOT APPLICABLE NO = NOT OBSERVED COS = CORRECTED ON SITE REPT = REPEAT VIOLATION

47  OUT  IN  NA  NO  COS

47 Other violations

### Measured Observations

RAW BRISKET RIC 42.00 Degrees Fahrenheit  
HAMBURGER PATTY COOKED HH 163.00 Degrees Fahrenheit  
BRISKET CHOPPED HH 151.00 Degrees Fahrenheit

### Overall Inspection Comments

NO VIOLATION WAS OBSERVED AT TIME OF INSPECTION.  
TEMPORARY PERMIT ISSUED.

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.

Inspection Result: NO VIOLATION

Required Action: NOT APPLICABLE

### Signatures

JEANNE VALDEZ


EHS II RS CPO

RAUL PEREZ III

OWNER



# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	2:25 pm	<b>Core:</b>	0	
<b>Activity Date</b> 08/28/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	3:05 pm	<b>Tot. Minutes:</b>	40	
<b>Establishment</b> TACO VILLA #20	<b>Address</b> 1911 50TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79412	<b>Telephone</b> (806) 744-5661		
<b>Record ID #</b> PR0001075	<b>Permit Holder</b> TIJUANA TACOS OF TEXAS, LTD.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

PRIORITY						
1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		01 Proper cooling time and temperature			
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		02 Proper cold holding temperature (41 F / 45 F)			
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		03 Proper hot holding temperature (135 F)			
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		04 Proper cooking time and temperature			
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		05 Proper reheating for hot holding 165 F in 2 hr.			
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		06 Time as Control; procedures/records			
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		07 Approved source; Condition/parasite destruction			
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		08 Food received at proper temperature			
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		09 Separated & protected; contamination prevented			
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		10 Contact surfaces/returnables; clean & sanitized			
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		11 Proper disposition; returned/served/recondition			
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		12 Management, employees; knowledge & reporting			
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		13 Proper use of restriction and exclusion			
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		14 Hands cleaned and properly washed / Glove use			
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		15 No bare hand contact w/RTE or approved method			
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		16 Pasteurized foods used; prohibited not offered			
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		17 Additives approved/used Washing fruits/veg			
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		18 Toxic substances; identified/stored/used			
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		19 Water; approved source; plumbing, backflow			
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		20 Approved Sewage / Wastewater disposal			
PRIORITY FOUNDATION						
21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		21 PIC present / demonstration / duties / CFM			
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		22 Food Handler/no unauthorized persons/personnel			
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		23 Hot and Cold water available; adequate pressure			
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		24 Records available shellstock/destruction/labels			
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		25 Compliance with variance, specialized / HACCP			
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		26 Posting of consumer advisories, Allergen label			
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		27 Proper cooling method used; equipment adequate			
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		28 Proper date marking and disposition			
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		29 Thermometers / test strips provided, accurate			
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		30 Food Establishment Permit (Current & Valid)			
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		31 Handwash facilities; accessible/supplied/used			
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP		32 Food & non-food contact surfaces cleanable/use			

# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
TACO VILLA #20

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0001075

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided
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### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

### Measured Observations

SALSA FRESCA CH 40.00 Degrees Fahrenheit  
 RAW BEEF WIC 39.00 Degrees Fahrenheit  
 REFRIED BEANS HH 163.00 Degrees Fahrenheit  
 SALSA FRESCA WIC 40.00 Degrees Fahrenheit  
 HOT WATER HAND SINK 132.00 Degrees Fahrenheit  
 TACO MEAT HH 160.00 Degrees Fahrenheit  
 REFRIED BEANS HH 161.00 Degrees Fahrenheit  
 QUATERNARY AMMONIUM SANITIZER 3-COMP SINK 200.00 Parts Per Million  
 RAW GROUND BEEF WIC 33.00 Degrees Fahrenheit  
 RAW CHICKEN WIC 39.00 Degrees Fahrenheit

### Overall Inspection Comments

NO SIGNATURE DUE TO THE DECLARATION OF PUBLIC HEALTH DISASTER.  
 PERMIT ISSUED.

NO VIOLATION OBSERVED AT THE TIME OF ROUTINE INSPECTION. ALL PRIOR VIOLATIONS OBSERVED COMPLIED.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


JEANNE VALDEZ

EHS II RS CPO

GUADALUPE MENDEZ

HOURLY MANAGER

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	6	<b>Priority:</b>	1	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">10</h1>
		<b>No. of Repeat Violations</b>	2	<b>Priority Foundation:</b>	2	
		<b>Time In</b>	9:45 am	<b>Core:</b>	3	
<b>Activity Date</b> 08/26/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	10:25 am	<b>Tot. Minutes:</b>	40	
<b>Establishment</b> TACO VILLA #96	<b>Address</b> 7110 QUAKER AVE	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79424	<b>Telephone</b> (806) 791-5939		
<b>Record ID #</b> PR0001082	<b>Permit Holder</b> TIJUANA TACOS OF TEXAS, LTD.	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NO = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON SITE REP = REPEAT VIOLATION

PRIORITY							
1	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	08 Food received at proper temperature
9	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	09 Separated & protected; contamination prevented
10	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> IN			<input checked="" type="checkbox"/> COS	<input checked="" type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized

**Violation Comments:**

A. Observed the inside of ice machine with build up around the ice chute. Clean and sanitize. COS.  
 B. Observed build up on ladle stored with cleaned utensils. Discarded. COS.

228.113(1) Food-contact surfaces clean to sight and touch

11	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN			<input type="checkbox"/> COS	<input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal

PRIORITY FOUNDATION							
21	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN		<input type="checkbox"/> NA	<input type="checkbox"/> COS	<input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)
31	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> IN			<input checked="" type="checkbox"/> COS	<input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used

**Violation Comments:**

Observed mop bucket stored in front of hand wash sink in dish washing area. Hand wash sink must be easily accessible at all times. COS.  
 228.147(a)(1) Hand washing facilities. at least one hand washing lavatory, a number of hand washing lavatories necessary for their convenient use by employees in areas, and not fewer than the number of hand washing lavatories required by the Plumbing Code shall be provided

Follow up : Yes Followup Date: 11/24/2020

# Inspection Report



**Activity Date**  
08/26/2020

**Establishment**  
TACO VILLA #96

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0001082

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

32	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	9/5/20
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**Violation Comments:**

Observed chipped container lids/dulled knives throughout kitchen. Replace or repair. NRI.  
 228.101(a)(2) -(5) Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: durable, corrosion-resistant, and nonabsorbent; sufficient in weight and thickness to withstand repeated ware washing; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition

33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	
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**CORE**

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco	
36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input checked="" type="checkbox"/> REP	36 Wiping clothes; properly used and stored	11/24/20

**Violation Comments:**

Observed wiping clothes stored on counter when not in use. Moved to dirty hamper. COS.  
 228.68(d)(2)(A) Cloths in-use for wiping between uses stored

37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination	
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method	
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled	11/24/20

**Violation Comments:**

Observed containers stacked wet. Rearrange to allow proper air drying of sanitizer. COS.  
 228.124(a)(2)(A) Clean equipment and utensils shall be stored as specified under paragraph (1) of this subsection and shall be stored in a self-draining position that allows air drying

40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used	
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)	
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean	
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area	
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained	
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean	11/24/20

**Violation Comments:**

Observed dusty vent covers near ice machine. Clean and sanitize. NRI.  
 228.186(b) Cleaning, frequency and restrictions.

46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean	
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations	

**Measured Observations**

Quat 3 comp sink 400.00 Parts Per Million  
 Tomato CH 40.00 Degrees Fahrenheit  
 Ground beef HH 165.00 Degrees Fahrenheit  
 Chicken Grill 199.00 Degrees Fahrenheit  
 Beans HH 140.00 Degrees Fahrenheit  
 Eggs HH 150.00 Degrees Fahrenheit

**Overall Inspection Comments**

Due to COVID-19, no signature is required on inspection report.

# Inspection Report



**Activity Date**  
08/26/2020  
**Establishment**  
TACO VILLA #96

**Purpose of Inspection**  
ROUTINE INSPECTION  
**Record ID #**  
PR0001082

Inspection Result: VIOLATION

Required Action: NEXT REGULAR INSPECTION

## Signatures

A handwritten signature in blue ink that reads "Jacob Kemmer".


JACOB KEMMER

EHS II RS CPO

Michael Baldwin

Manager

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	0	<b>Priority:</b>	0	<h1 style="font-size: 48px; margin: 0;">Score</h1> <h1 style="font-size: 72px; margin: 0;">0</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	0	
		<b>Time In</b>	11:00 am	<b>Core:</b>	0	
<b>Activity Date</b> 08/28/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	12:00 pm	<b>Tot. Minutes:</b>	60	
<b>Establishment</b> UNITED #552	<b>Address</b> 6321 4TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79416	<b>Telephone</b> (806) 791-0220		
<b>Record ID #</b> PR0013999	<b>Permit Holder</b> UNITED SUPERMARKET #552	<b>Est. Type</b> 2020 TEMPORARY	<b>Risk Category</b> TF15			
<b>Event Name</b>	<b>Event Address</b>	<b>Event City/State</b>	<b>Zip Code</b>	<b>Event Telephone</b>		
<b>Event Organizer</b>	<b>Event Organizer Phone</b>	<b>Booth / Space No.</b>	<b>Serial Number</b> DAF3LNC3X			

OUT = OUT OF COMPLIANCE IN = IN COMPLIANCE NA = NOT APPLICABLE NO = NOT OBSERVED COS = CORRECTED ON SITE REPT = REPEAT VIOLATION

### PRIORITY ITEMS

1	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	01 Proper cooling time and temperature
2	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	02 Proper cold holding temperature (41 F / 45 F)
3	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	03 Proper hot holding temperature (135 F)
4	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	04 Proper cooking time and temperature
5	<input type="checkbox"/> OUT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	05 Proper reheating for hot holding 165 F in 2 hr.
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	06 Time as Control; procedures/records
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	07 Approved source; Condition/parasite destruction
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	08 Food received at proper temperature
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	09 Separated & protected; contamination prevented
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	10 Contact surfaces/returnables; clean & sanitized
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	11 Proper disposition; returned/served/recondition
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	12 Management, employees; knowledge & reporting
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	13 Proper use of restriction and exclusion
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	14 Hands cleaned and properly washed / Glove use
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	15 No bare hand contact w/RTE or approved method
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	16 Pasteurized foods used; prohibited not offered
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	17 Additives approved/used Washing fruits/veg
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	18 Toxic substances; identified/stored/used
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	19 Water; approved source; plumbing, backflow
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	20 Approved Sewage / Wastewater disposal

### PRIORITY FOUNDATION ITEMS

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	21 PIC present / demonstration / duties / CFM
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	22 Food Handler/no unauthorized persons/personnel
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	23 Hot and Cold water available; adequate pressure
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	24 Records available shellstock/destruction/labels
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	25 Compliance with variance, specialized / HACCP
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	26 Posting of consumer advisories, Allergen label
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	27 Proper cooling method used; equipment adequate
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	28 Proper date marking and disposition
29	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	29 Thermometers / test strips provided, accurate
30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	30 Food Establishment Permit (Current & Valid)
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> COS	31 Handwash facilities; accessible/supplied/used
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> COS	32 Food & non-food contact surfaces cleanable/use
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS	33 Warewashing facilities & Service sink provided

### CORE ITEMS

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# Inspection Report



**Activity Date**  
08/28/2020

**Establishment**  
UNITED #552

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013999

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NA = NOT APPLICABLE    NO = NOT OBSERVED    COS = CORRECTED ON SITE    REPT = REPEAT VIOLATION

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	34 Evidence of contamination; insect/rodent/other
35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> NO <input type="checkbox"/> COS	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> COS		47 Other violations

### Measured Observations

No Temperature Observations

### Overall Inspection Comments

No signature obtained due to Covid 19 precautions.

Inspection Result: NO VIOLATION

Required Action: NEXT REGULAR INSPECTION

### Signatures


*Leslie Morgan*

\_\_\_\_\_  
LESLIE MORGAN

\_\_\_\_\_  
EHS II REHS/RS CPO

\_\_\_\_\_  
Timothy McCullar

# Inspection Report

	Environmental Health Department 1314 Ave. K 4th Floor Lubbock, TX 79457 (806) 775-2902	<b>No. of Violations</b>	1	<b>Priority:</b>	0	<h1 style="font-size: 2em;">Score</h1> <h1 style="font-size: 4em; margin-top: 10px;">2</h1>
		<b>No. of Repeat Violations</b>	0	<b>Priority Foundation:</b>	1	
		<b>Time In</b>	11:45 am	<b>Core:</b>	0	
<b>Activity Date</b> 08/27/2020	<b>Purpose of Inspection</b> ROUTINE INSPECTION	<b>Time Out</b>	12:22 pm	<b>Tot. Minutes:</b>	37	
<b>Establishment</b> YAYA'S PLACE @ HAND OF THE	<b>Address</b> 1500 14TH ST	<b>City/State</b> LUBBOCK, TX	<b>Zip Code</b> 79401	<b>Telephone</b> (806) 441-1154		
<b>Record ID #</b> PR0013922	<b>Permit Holder</b> MIA WHITE	<b>Est. Type</b> RESTAURANT	<b>Risk Category</b> FR03			

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### PRIORITY

1	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	01 Proper cooling time and temperature	
2	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	02 Proper cold holding temperature (41 F / 45 F)	
3	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	03 Proper hot holding temperature (135 F)	
4	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	04 Proper cooking time and temperature	
5	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	05 Proper reheating for hot holding 165 F in 2 hr.	
6	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	06 Time as Control; procedures/records	
7	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	07 Approved source; Condition/parasite destruction	
8	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	08 Food received at proper temperature	
9	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	09 Separated & protected; contamination prevented	
10	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	10 Contact surfaces/returnables; clean & sanitized	
11	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	11 Proper disposition; returned/served/recondition	
12	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	12 Management, employees; knowledge & reporting	
13	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	13 Proper use of restriction and exclusion	
14	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	14 Hands cleaned and properly washed / Glove use	
15	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	15 No bare hand contact w/RTE or approved method	
16	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	16 Pasteurized foods used; prohibited not offered	
17	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	17 Additives approved/used Washing fruits/veg	
18	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	18 Toxic substances; identified/stored/used	
19	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	19 Water; approved source; plumbing, backflow	
20	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	20 Approved Sewage / Wastewater disposal	

### PRIORITY FOUNDATION

21	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	21 PIC present / demonstration / duties / CFM	
22	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	22 Food Handler/no unauthorized persons/personnel	
23	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	23 Hot and Cold water available; adequate pressure	
24	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	24 Records available shellstock/destruction/labels	
25	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	25 Compliance with variance, specialized / HACCP	
26	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	26 Posting of consumer advisories, Allergen label	
27	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	27 Proper cooling method used; equipment adequate	
28	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	28 Proper date marking and disposition	
29	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	29 Thermometers / test strips provided, accurate	9/6/20

**Violation Comments:**

Observed no test strips to measure concentration of sanitizing solution. Facility shall provide one within 10 days.

228.108(e) Sanitizing solutions, testing devices

30	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	30 Food Establishment Permit (Current & Valid)	
31	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	31 Handwash facilities; accessible/supplied/used	
32	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	32 Food & non-food contact surfaces cleanable/use	
33	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	33 Warewashing facilities & Service sink provided	

### CORE

34	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> COS <input type="checkbox"/> REP	34 Evidence of contamination; insect/rodent/other	
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Follow up : Yes Followup Date: 09/06/2020



# Inspection Report



**Activity Date**  
08/27/2020

**Establishment**  
YAYA'S PLACE @ HAND OF THE COOK

**Purpose of Inspection**  
ROUTINE INSPECTION

**Record ID #**  
PR0013922

OUT = OUT OF COMPLIANCE    IN = IN COMPLIANCE    NO = NOT OBSERVED    NA = NOT APPLICABLE    COS = CORRECTED ON SITE    REP = REPEAT VIOLATION

35	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	35 Personal Cleanliness; eating/drinking/tobacco
36	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	36 Wiping clothes; properly used and stored
37	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	37 Environmental contamination
38	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	38 Approved thawing method
39	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	39 Utensils/equipment/linens; used/stored/handled
40	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN	<input type="checkbox"/> COS <input type="checkbox"/> REP	40 Single-service/use; properly stored, and used
41	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	41 Original container labeling (Bulk Food)
42	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	42 Non-food contact surfaces clean
43	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	43 Adequate ventilation, lighting; designated area
44	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	44 Garbage & refuse properly disposed/maintained
45	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	45 Physical facilities installed/maintained/clean
46	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO	<input type="checkbox"/> COS <input type="checkbox"/> REP	46 Toilet facilities; constructed/supplied/clean
47	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> COS <input type="checkbox"/> REP	47 Other violations

### Measured Observations

Onions CH 41.00 Degrees Fahrenheit  
 Corn cooking 194.00 Degrees Fahrenheit  
 Chicken fried steak frying 224.00 Degrees Fahrenheit

### Overall Inspection Comments

Due to Covid-19 pandemic, PIC signatures were not captured.

Inspection Result: VIOLATION

Required Action: RE-INSPECTION

### Signatures

\_\_\_\_\_  
NIRAJAN SHRESTHA

\_\_\_\_\_  
EHS I RSIT CPO

\_\_\_\_\_  
Mia White

\_\_\_\_\_  
Owner