

# City of Lewisville Food Establishment Inspection Report

Complaint   
  Field Investigation   
  Pre-opening  
 Routine Inspection   
  Temp Food Svc

Business Name:	Date Inspected: 08/31/2012
Physical Address:	Inspected By: Brooke Terrell
Sanitation Code: 7226	Group ID: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

New No Score                      **Inspection Score: 100**

Food Mgr. Cert. Current:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Reinspection Required?	<input type="radio"/> Yes <input type="radio"/> No	Reinspection Scheduled for:	Food Handler Cards?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Approval of dumpster compactor:			<input type="radio"/> Yes <input type="radio"/> No			

### Temp/Time/Source

	(5 Pts)	Food (PHF Temperature/Time Requirements/Source/Hygienic Remarks)	Pts.	*	
<input type="checkbox"/> N/A	<input type="checkbox"/> 1.	Proper Cooling for Cooked/Prepared Food. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 2.	Cold Hold (41°F / 45° F. Hot Hold (140°F). Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 3.	Approved Source/Sound Conditions. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 4.	Proper Cooking Temperatures per PHF/Rapid Reheating (165° F) in 2 Hours. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 5.	Proper/Adequate Handwashing/Good Hygiene Practices (Eating/Drinking/Smoking/Other). Comments: <a href="#">(Click to add standard comments)</a>	0		

### Personnel

	(4 Pts)	Personnel Handling Requirements	Pts.	*	
<input type="checkbox"/> N/A	<input type="checkbox"/> 6.	Personnel with Infections Restricted/Excluded Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 7.	Proper Handling of Ready-To-Eat-Foods. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 8.	Cross-Contamination of Raw/Cooked Foods/Others. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 9.	Approved Systems (HACCP Plans/Time as Public Health Control). Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 10.	Toxic Items Properly Labeled/Stored/Used.	0		

		Comments: <a href="#">(Click to add standard comments)</a>			
<input type="checkbox"/> N/A	<input type="checkbox"/> 11.	Handwash Facilities Adequate and Accessible. Comments: <a href="#">(Click to add standard comments)</a>	0		

Prot. & Strge

	3 Pts)	Food Protection Storage	Pts.	*	Over-Ride
<input type="checkbox"/> N/A	<input type="checkbox"/> 12.	Food Protection and Labeling Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 13.	PHF Properly Thawed. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 14.	Single Service Storage. Comments: <a href="#">(Click to add standard comments)</a>	0		

Facility & Equip

	3 Pts)	Facility and Equipment Requirements	Pts.	*	
<input type="checkbox"/> N/A	<input type="checkbox"/> 15.	Equipment Adequate to Maintain Product Temperature Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 16.	Thermometers Provided/Accurate/Properly Calibrated (+/- 2 ° F)/Test Strips Provided. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 17.	Food Contact/Non Food Contact/Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 18.	Manual/Mechanical Ware Washing and Sanitizing/Wiping Sanitizer. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 19.	Water Supply - Approved Source/Sufficient Capacity/Hot and Cold Under Pressure. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 20.	Approved Sewage/Wastewater Disposal System, Proper Disposal/Documents/Removal. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 21.	Cross-Connection/Backflow. Comments: <a href="#">(Click to add standard comments)</a>	0		

Facility & Equip(2)

	3 Pts)	Facility and Equipment Requirements (Page 2)	Pts.	*	
<input type="checkbox"/> N/A	<input type="checkbox"/> 22.	Toilet Rooms/Enclosed Self-Closing Doors, Fixtures, Good Repair, Clean, Hand Cleanser, Sanitary Towels/Tissues, Hand-Drying Devices Provided, Proper Waste Receptacles.	0		

		Comments: <a href="#">(Click to add standard comments)</a>			
<input type="checkbox"/> N/A	<input type="checkbox"/> 23.	Outside Storage Area Enclosed Properly Constructed/Clean Controlled Incineration/Premise Clean. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 24.	No Evidence of Insect Contamination/No Evidence of Rodents/Other Animals/Out Openings Protected. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 25.	Floors Constructed Drained/Clean/Good Repair/Covering Installation/Dustless/Cleaning Methods. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 26.	Walls, Ceiling/Attached Equipment/Constructed/Good Repair/Clean Surfaces/Dustless/Cleaning Methods. Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 27.	Clean/Soiled Line Properly Stored Comments: <a href="#">(Click to add standard comments)</a>	0		
<input type="checkbox"/> N/A	<input type="checkbox"/> 28.	Posting of Consumer Advisories (Heimlich/Raw Shellfish Warning/Buffer Plate). Comments: <a href="#">(Click to add standard comments)</a>	0		

YES indicates override  
\* Indicates previous violation

Grease Trap

Grease Trap Company Name	
Gallons Pumped	
Date pumped	
Trip Ticket #	

Cert. Mgr.

Certified Manager Name	
Date Expires	

\* - Repeat  
Inspector:

\*\* - Citation

Yes - points not effected (override)

Food Service Representative