



SCM #2

# Granbury Health Department - 116 West Bridge St. Retail Food Establishment Inspection Report

Risk Cat.: 100-90=A, 89-80=B, 79-70=C, 69-61=48hr. reinspection, 60 or less=cessation

(fsc)

|          |    |     |    |            |               |          |       |         |      |            |  |  |  |  |           |           |
|----------|----|-----|----|------------|---------------|----------|-------|---------|------|------------|--|--|--|--|-----------|-----------|
| J5       | 09 | 13  | 12 | 11         | 00            | A        | (Yes) | No      | Tamm | MN         |  |  |  |  | 12-21-272 | 100       |
| San Code | Mo | Day | Yr | Insp. Time | FPM Certified | Anderson | CFN   | 6/14/17 | exp  | Permit No. |  |  |  |  |           | Risk Cat. |

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other

Establishment: Rinky TINKS Owner: \_\_\_\_\_  
 Physical Address: 3804 E. Hwy 377 Zip: 76049 Phone: ( ) \_\_\_\_\_

| DEMERITS (5 Pts) | Food (PHF) Temperature/Time Requirements<br>Violations Require Immediate Corrective Action | Remarks            | COS |
|------------------|--|--------------------|-----|
|                  | 1. Proper Cooling for Cooked/Prepared Food   |                    |     |
|                  | 2. Cold Hold (41°F/45°F)   | Ice Cream Freezers | 10° |
|                  | 3. Hot Hold (135°F)  |                    | 10° |
|                  | 4. Proper Cooking Temperatures per PHF   |                    |     |
|                  | 5. Rapid Reheating (165°F in 2 Hrs)  |                    |     |

Food/Temperatures

HEB - Mop Sink

| DEMERITS (4 Pts) | Personnel/Handling/Source Requirements<br>Violations Require Immediate Corrective Action | Remarks | COS |
|------------------|--|---------|-----|
|                  | 6. Personnel with Infections Restricted/Excluded ✓                                       |         |     |
|                  | 7. Proper/Adequate Handwashing ✓   |         |     |
|                  | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other) ✓                             |         |     |
|                  | 9. Approved Source/Labeling ✓  |         |     |
|                  | 10. Sound Condition ✓  |         |     |
|                  | 11. Proper Handling of Ready-To-Eat Foods ✓  |         |     |
|                  | 12. Cross-Contamination of Raw/Cooked Foods/Other ✓                                      |         |     |
|                  | 13. Approved Systems (HACCP Plans/Time as Public Health Control) ✓                       |         |     |
|                  | 14. Water Supply - Approved Source/Sufficient Capacity/Hot and Cold Under Pressure       |         |     |

| DEMERITS (3 Pts) | Facility and Equipment Requirements<br>Violations Require Immediate Corrective Action, Not To Exceed 10 Days | Remarks                             | COS |
|------------------|--|-------------------------------------|-----|
|                  | 15. Equipment Adequate to Maintain Product Temperature ✓   |                                     |     |
|                  | 16. Handwash Facilities Adequate and Accessible ✓  |                                     |     |
|                  | 17. Handwash Facilities with Soap and Towels ✓   |                                     |     |
|                  | 18. No Evidence of Insect Contamination  | X HEB Pest Control for entire store |     |
|                  | 19. No Evidence of Rodents/Other Animals   |                                     |     |
|                  | 20. Toxic Items Properly Labeled/Stored/Used   |                                     |     |
|                  | 21. Manual Warewashing and Sanitizing at ( ) ppm/temperature   |                                     |     |
|                  | 22. Mechanical Warewashing and Sanitizing at ( ) ppm/temperature   |                                     |     |
|                  | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal ✓  | Tied into HEB Grease Trap           |     |
|                  | 24. Thermometers Provided/Accurate/Properly Calibrated (± 2°F) ✓   |                                     |     |
|                  | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair                            |                                     |     |
|                  | 26. Posting of Consumer Advisories (Heimlich/Raw Shellfish Warning/Buffer Plate)                             |                                     |     |
|                  | 27. Food Establishment Permit / FPM Certification  |                                     |     |

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

5 Pts  
4 Pts  
3 Pts  
Total Demerits: 0

No Demerits at this time.

Inspected by: Jannie Johnson Print: Jannie Johnson ES #4515  
 Received by: JoAnn Shelton Print: JoAnn Shelton Title: owner