



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

| | | | | | | | | |
|----------|----|-----|----|------------|---------------|-----|------------|-----------|
| San Code | Mo | Day | Yr | Insp. Time | FPM Certified | CFN | Permit No. | Risk Cat. |
| 55 | 12 | 17 | 13 | 9:55 AM | Yes | | 13-23528 | 100 |

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

Establishment: A-1 Donuts Owner: _____
 Physical Address: 613 Lipan Hwy Zip: 76048 Phone: () _____

| DEMERITS (5 Pts) | Food (PHF) Temperature/Time Requirements Violations Require Immediate Corrective Action | Remarks | COS |
|------------------|---|-----------------|------|
| | 1. Proper Cooling for Cooked/Prepared Food | Maximum Ref | 38° |
| | 2. Cold Hold (41°F/45°F) | Maximum Freezer | -10° |
| | 3. Hot Hold (135°F) <u>Pig w/blanket 167.4°</u> | | |
| | 4. Proper Cooking Temperatures per PHF | | |
| | 5. Rapid Reheating (165°F in 2 Hrs) | | |

Food/Temperatures Oak Farms
put white 12/21
Supplier's Oak Farms sunrise

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

| DEMERITS (3 Pts) | Facility and Equipment Requirements Violations Require Immediate Corrective Action, Not To Exceed 10 Days | Remarks | COS |
|------------------|---|-------------------|-----|
| | 15. Equipment Adequate to Maintain Product Temperature | | |
| | 16. Handwash Facilities Adequate and Accessible | | |
| | 17. Handwash Facilities with Soap and Towels | | |
| | 18. No Evidence of Insect Contamination | | |
| | 19. No Evidence of Rodents/Other Animals | | |
| | 20. Toxic Items Properly Labeled/Stored/Used | | |
| | 21. Manual Warewashing and Sanitizing at () ppm/temperature | Sod in Appliances | |
| | 22. Mechanical Warewashing and Sanitizing at () ppm/temperature | | |
| | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal | | |
| | 24. Thermometers Provided/Accurate/Properly Calibrated (± 2°F) | | |
| | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair | | |
| | 26. Posting of Consumer Advisories (Heimlich/Raw Shellfish Warning/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
No Demerits at time of inspection

Total Demerits Inspected by: Jeannie Johnson Print: Jeannie Johnson BS 4515
 Follow-up Insp Received by: [Signature] Print: _____ Title: _____