# 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 | | Permit No. | Risk Cat. |
|---|---|---|---|---|---|---|---|---|
| 85 | 11 | 14 | 13 | 3 20p | Yes / ~~No~~ | Kay Schneider CFN | 13-22402 | 94 |

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

Establishment: Papa John's | Owner:

Physical Address: 728 E Hwy 377 | 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 | WIC | 37.6° |
| | 2. Cold Hold (41°F/45°F) | Pepperoni 40.8° | |
| | 3. Hot Hold (135°F) | | |
| | 4. Proper Cooking Temperatures per PHF | | |
| | 5. Rapid Reheating (165°F in 2 Hrs) | | |

Food/Temperatures — Fire Ext April 2013

| DEMERITS (4 Pts) | **Personnel/Handling/Source Requirements** Violations Require Immediate Corrective Action | Remarks | COS |
|---|---|---|---|
| | 6. Personnel with Infections Restricted/Excluded | HB3012 ✓ | |
| | 7. Proper/Adequate Handwashing | | |
| | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other) | | |
| | 9. Approved Source/Labeling | Clear Visible labeling on Product Food-Manufac Equip April 2013 | |
| | 10. Sound Condition | | |
| | 11. Proper Handling of Ready-To-Eat Foods ✓ | Grease Trap - Big dippers | |
| | 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 | observed flies in dishwash area | |
| | 18. No Evidence of Insect Contamination (18) | Hometown | |
| | 19. No Evidence of Rodents/Other Animals | | |
| | 20. Toxic Items Properly Labeled/Stored/Used | | |
| | 21. Manual Warewashing and Sanitizing at ( ) ppm/temperature | Quat Ammonia | |
| | 22. Mechanical Warewashing and Sanitizing at ( ) ppm/temperature | | |
| | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal | IN line Grease Trap installed ✓ | |
| | 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/Buffet 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 1-3 | |
| 3 | |
| Total Demerits | Inspected by: Jeannie Johnson — Print: Jeannie Johnson RS #4515 |
| Follow-up Insp YES / NO | Received by: X Earl Wright — Print: Earl Wright — Title: |

Form No. E-5 (7/02)