



## 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

85	11	20	13	1045A	(Yes) No	TX 001301	13-22037	(100)	
San Code	Mo	Day	Yr	Insp. Time	FPM Certified	Tyler Stokes	CFN 7/18/2018	Permit No.	Risk Cat.
<b>Purpose of Inspection:</b> 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other									
Establishment: <u>The Oaks of Granbury</u>						Owner:			
Physical Address: <u>1017 Lipan Hwy</u>						Zip: <u>76048</u>		Phone: ( )	
DEMERITS (5 Pts)	<b>Food (PHF) Temperature/Time Requirements</b> Violations Require Immediate Corrective Action					Remarks	COS		
	1. Proper Cooling for Cooked/Prepared Food					2 door true freezer	2.3°		
	2. Cold Hold (41°F/45°F)					true freezer	8.3°		
	3. Hot Hold (135°F) <u>Fried Rice 162.3°</u>					true Ref	33.4°		
	4. Proper Cooking Temperatures per PHF					Whirlpool freezer	11.1°		
	5. Rapid Reheating (165°F in 2 Hrs)								
Food/Temperatures <u>3 employees w/ FMC</u> <span style="float: right;"><u>Fire Ext Jul 2013</u></span>									
DEMERITS (4 Pts)	<b>Personnel/Handling/Source Requirements</b> 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					<u>Hood triple B Aug 2013</u>			
	10. Sound Condition								
	11. Proper Handling of Ready-To-Eat Foods								
	12. Cross-Contamination of Raw/Cooked Foods/Other					<u>Grease Trap Gilbert Enviro 10/13</u>			
	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)	<b>Facility and Equipment Requirements</b> 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					<u>perfect control of TX per month</u>			
	19. No Evidence of Rodents/Other Animals								
	20. Toxic Items Properly Labeled/Stored/Used								
	21. Manual Warewashing and Sanitizing at ( ) ppm/temperature					<u>Quat</u>			
	22. Mechanical Warewashing and Sanitizing at ( ) ppm/temperature					<u>Sodium Hypochlorite</u>			
	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	<b>Other Violations - Violations Require Corrective Action, Not To Exceed 90 Days Or The Next Inspection, Whichever Comes First</b>								
5 Pts	<u>Hand Nets and Uniforms worn by all</u> <u>No Demerits at time of inspection</u>								
4 Pts									
3 Pts									
Total Demerits	Inspected by: <u>Deanne Johnson</u>	Print: <u>Deanne Johnson RS #455</u>							
Follow up Insp. YES (NO)	Received by: <u>Mark</u>	Print: <u>MARK CLEVENGER</u>	Title: <u>ED</u>						