



## 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

|   |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|---|--|--------------|-----------|-------------------|----------------------|-----------------------|------------|--|---------|--|---------|--------------------------|---|-------------------|--|---|--|--|--|--|--------|----|
| Rm  | 0527   | 082          | SP        | Yes               | No                   |                       |            |  |         |  |         |                          |   |                   |  | R |  |  |  |  | 811099 | 82 |
| <b>San Code</b>   | <b>Mo</b>  | <b>Day</b>   | <b>Yr</b> | <b>Insp. Time</b> | <b>FPM Certified</b> |                       | <b>CFN</b> |  |         |  |         |                          | <b>Permit No.</b>   | <b>Risk Cat.</b>  |  |   |  |  |  |  |        |    |
| <b>Purpose of Inspection:</b>   |  | 1-Compliance |           | 2-Routine         |                      | 3-Field Investigation |            |  | 4-Visit |  | 5-Other |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>Establishment:</b> <i>Chap N Blak</i>  |  |              |           |                   |                      |                       |            |  |         |  |         | <b>Owner:</b>            |   |                   |  |   |  |  |  |  |        |    |
| <b>Physical Address:</b> <i>1470 E. Hwy 377</i>   |  |              |           |                   |                      |                       |            |  |         |  |         | <b>Zip:</b> <i>76044</i> |   | <b>Phone:</b> ( ) |  |   |  |  |  |  |        |    |
| <b>DEMERITS</b><br>(5 Pts)  | <b>Food (PHF) Temperature/Time Requirements</b><br>Violations Require Immediate Corrective Action                            |              |           |                   |                      |                       |            |  |         |  |         |                          | <b>Remarks</b>  | <b>COS</b>        |  |   |  |  |  |  |        |    |
|   | 1. Proper Cooling for Cooked/Prepared Food   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>All food trays OK ✓</i>  |                   |  |   |  |  |  |  |        |    |
|   | 2. Cold Hold (41°F/45°F)   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>Vertical 2dr freezer - OK ✓</i>  |                   |  |   |  |  |  |  |        |    |
|   | 3. Hot Hold (135°F)  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 4. Proper Cooking Temperatures per PHF   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>WIC -</i>  |                   |  |   |  |  |  |  |        |    |
|   | 5. Rapid Reheating (165°F in 2 Hrs)  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>Food/Temperatures</b>  |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <i>HH</i>   |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <i>Sausages, Turkey, Biscuits, Ribst Hn - 150°F - 160°F HH</i>  |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <i>Cold Hold</i>  |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <i>Potato Salad, Cole Slaw 41°F - OK ✓</i>  |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>DEMERITS</b><br>(4 Pts)  | <b>Personnel/Handling/Source Requirements</b><br>Violations Require Immediate Corrective Action                              |              |           |                   |                      |                       |            |  |         |  |         |                          | <b>Remarks</b>  | <b>COS</b>        |  |   |  |  |  |  |        |    |
|   | 6. Personnel with Infections Restricted/Excluded   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>13) Please do not cool fully cooked Biscuits/meats @ room temp. Cooling under refrigeration (up to 6 hrs + ≤ 41°F)</i> |                   |  |   |  |  |  |  |        |    |
|   | 7. Proper/Adequate Handwashing   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>11) Please do not store utensils in food products under refrigeration, as according to TFER.</i>                       |                   |  |   |  |  |  |  |        |    |
|   | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)   |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 9. Approved Source/Labeling  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 10. Sound Condition  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <input checked="" type="checkbox"/>   | 11. Proper Handling of Ready-To-Eat Foods  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <input checked="" type="checkbox"/>   | 12. Cross-Contamination of Raw/Cooked Foods/Other  |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>12) Extensive mold buildup in dispensers of soda machine by dove-tru. Please clean + sanitize.</i>                     |                   |  |   |  |  |  |  |        |    |
| <input checked="" type="checkbox"/>   | 13. Approved Systems (HACCP Plans/Time as Public Health Control)   |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 14. Water Supply - Approved Source/Sufficient Capacity/Hot and Cold Under Pressure   |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>DEMERITS</b><br>(3 Pts)  | <b>Facility and Equipment Requirements</b><br>Violations Require Immediate Corrective Action, Not To Exceed 10 Days          |              |           |                   |                      |                       |            |  |         |  |         |                          | <b>Remarks</b>  | <b>COS</b>        |  |   |  |  |  |  |        |    |
|   | 15. Equipment Adequate to Maintain Product Temperature   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>Please post signage @ condiment counter please use new plate/container year-tensit to counter.</i>                     |                   |  |   |  |  |  |  |        |    |
| <input checked="" type="checkbox"/>   | 16. Handwash Facilities Adequate and Accessible  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 17. Handwash Facilities with Soap and Towels   |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 18. No Evidence of Insect Contamination  |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>Pest Control: Carson - 1x/ma / As needed.</i>  |                   |  |   |  |  |  |  |        |    |
|   | 19. No Evidence of Rodents/Other Animals   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>Please store grease in closed barrels/containers w/ lids etc. They do not permit insect harborage.</i>                 |                   |  |   |  |  |  |  |        |    |
|   | 20. Toxic Items Properly Labeled/Stored/Used   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>Hypochlorite / Bleach</i>  |                   |  |   |  |  |  |  |        |    |
|   | 21. Manual Warewashing and Sanitizing at (100) ppm/temperature   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>Chlorine (Avaré) -</i>   |                   |  |   |  |  |  |  |        |    |
|   | 22. Mechanical Warewashing and Sanitizing at (100) ppm/temperature   |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 24. Thermometers Provided/Accurate/Properly Calibrated (± 2°F)   |              |           |                   |                      |                       |            |  |         |  |         |                          | <i>25) 8-door Herrick refrigerator → Rusty shelving, mold on doors/vents, etc. Not easily cleanable</i>                   |                   |  |   |  |  |  |  |        |    |
| <input checked="" type="checkbox"/>   | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 26. Posting of Consumer Advisories (Helmich/Raw Shellfish Warning/Buffer Plate)  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
|   | 27. Food Establishment Permit / FPM Certification - 8-11099  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>Subtotals</b>  |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>Other Violations - Violations Require Corrective Action, Not To Exceed 90 Days Or The Next Inspection, Whichever Comes First</b> |  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| 5 Pts   | 16) Back HW sink by WIC is not draining correctly, is not likely to be used as often / frequently the adequate handwashing ✓ |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| 4 Pts   | 25) Approx. 8" x 31 hole in wall in "catering room" by chaffing dishes.  |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| 3 Pts   | 25) Several rusty shelves throughout - in need of replacement.   |              |           |                   |                      |                       |            |  |         |  |         |                          |   |                   |  |   |  |  |  |  |        |    |
| <b>Total Demerits</b>   | <b>Inspected by:</b> <i>Becky Nauck</i>  |              |           |                   |                      |                       |            |  |         |  |         |                          | <b>Print:</b> <i>Becky Nauck, R. 8/14/16</i>  |                   |  |   |  |  |  |  |        |    |
| <b>Follow-up Insp</b>   | <b>Received by:</b> <i>Sandra Dase</i>   |              |           |                   |                      |                       |            |  |         |  |         |                          | <b>Print:</b> <i>Sandra DASE</i>  |                   |  |   |  |  |  |  |        |    |
| <b>YES</b> <input checked="" type="checkbox"/>  |  |              |           |                   |                      |                       |            |  |         |  |         |                          | <b>Title:</b> <i>G. Lober</i>   |                   |  |   |  |  |  |  |        |    |