



Hidalgo County Health Department
Environmental Health Division
 1304 S. 25th • Edinburg, TX 78539
 Phone (956) 383-0111 • Fax: (956) 383-7351
Food Service Establishment Inspection Report

Of Employees: _____

I.D.#: 2586

| | | | | | | |
|----------|----------------|--------------|--------------|----------------------|---------------|---------------|
| <i>W</i> | <i>5/21/09</i> | <i>11:00</i> | <i>11:50</i> | <i>2586</i> | <i>41476</i> | <i>A</i> |
| San Code | Date | Time in | Time Out | Establishment Number | Permit Number | Risk Category |

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

Establishment: *H.E.B. Alam* Owner: *H.E.B. Inc*

Physical Address: *1211 S. Franklin* Zip: Phone: () *702-2285*

| OUT 5 Pts. | IN | NA | NO | COS | Food (PHF) Temperature/Time Requirements Violations Require Immediate Corrective Action | Remarks |
|------------|----|----|----|-----|--|---------|
| / | / | | | | 1. Proper Cooling for Cooked/Prepared Food | |
| / | / | | | | 2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit) | |
| / | / | | | | 3. Hot Hold (135 degrees Fahrenheit) | |
| / | / | | | | 4. Proper Cooking Temperatures | |
| / | / | | | | 5. Rapid Reheating (165 degrees Fahrenheit In 2 Hrs.) | |

Item/Location/Temperature
Note: Bakery Dept / Deli Dept *Very Clean / Accessible*

| OUT 4 Pts. | IN | NA | NO | COS | Personnel/Handling Source Requirements Violations Require Immediate Corrective Action | Remarks |
|------------|----|----|----|-----|--|------------------------|
| / | / | | | | 6. Personnel with Infections Restricted/ Excluded | |
| / | / | | | | 7. Proper/Adequate Handwashing | |
| / | / | | | | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other) | <i>Note Permit</i> |
| / | / | | | | 9. Approved Source/Labeling | |
| / | / | | | | 10. Sound Condition | <i>Will expire 6/1</i> |
| / | / | | | | 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 Sources/Sufficient Capacity/Hot and Cold Under Pressure | |

| OUT 3 Pts. | IN | NA | NO | COS | Facility and Equipment Requirements Violations Require Immediate Corrective Action, Not to Exceed 10 days | Remarks |
|------------|----|----|----|-----|--|-------------------------|
| / | / | | | | 15. Equipment Adequate to Maintain Product Temperature | <i>Renew before 6/1</i> |
| / | / | | | | 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 | <i>Ind</i> |
| / | / | | | | 20. Toxic Items Properly Labeled/Stored/Used | <i>Compliance</i> |
| / | / | | | | 21. Manual/Mechanical Warewashing and Sanitizing at ()ppm/Temperature | |
| / | / | | | | 22. Manager Demonstration of Knowledge/Certified Food Manager | |
| / | / | | | | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal | |
| / | / | | | | 24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit) | |
| / | / | | | | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair | |
| / | / | | | | 26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/Buffer Plate) | |
| / | / | | | | 27. Food Establishment Permit | <i>Exp. 6/1/09</i> |

Subtotal **Other Violations - Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First**

| | |
|--------|---|
| 5 Pts. | ANNUAL FEE \$50.00 OR \$100.00 |
| 4 Pts. | |
| 3 Pts. | |

Total *0* Inspected by: *[Signature]* Print: *Tina Lora*
 F/V Received by: *[Signature]* Print: *Aldo Smith* Title: *Manager / Deli*
 Yes/No