

# Sanitary Inspection Grade

On the most recent food safety inspection, this establishment received a grade of:

A

Establishment Name: SAMUEL CLEMENS HIGH SCHOOL

Establishment Address: 1001 ELBEL Schertz, Tx 78154

Date Issued: 02/15/23 Registered Sanitarian Badge #: 92121 (ST)

*Must be posted in public view with a copy of the most recent scored inspection report.*  
healthinspector@schertz.com

Date: 2/15/23 Time in: \_\_\_\_\_ Time out: \_\_\_\_\_ License/Permit # 1868 Est. Type School Risk Category 2 Page 1 of 2

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

Establishment Name: Samuel Clemens H.S. Contact/Owner Name: \_\_\_\_\_ \* Number of Repeat Violations: \_\_\_\_\_  
 ✓ Number of Violations COS: \_\_\_\_\_

Physical Address: 1001 Elbel City/County: Schertz Zip Code: 78154 Phone: \_\_\_\_\_ Follow-up: Yes  No (circle one) **100**

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation  
 Mark the appropriate points in the OUT box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk \* in appropriate box for R

**Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days**

Compliance Status	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R			
OUT	IN	NO	NA	COS	
	<input checked="" type="checkbox"/>				1. Proper cooling time and temperature
	<input checked="" type="checkbox"/>				2. Proper Cold Holding temperature(41°F/ 45°F)
	<input checked="" type="checkbox"/>				3. Proper Hot Holding temperature(135°F)
	<input checked="" type="checkbox"/>				4. Proper cooking time and temperature
	<input checked="" type="checkbox"/>				5. Proper reheating procedure for hot holding (165°F in 2 Hours)
	<input checked="" type="checkbox"/>				6. Time as a Public Health Control; procedures & records
					Approved Source
	<input checked="" type="checkbox"/>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction
	<input checked="" type="checkbox"/>				8. Food Received at proper temperature
					Protection from Contamination
	<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting
	<input checked="" type="checkbox"/>				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature
	<input checked="" type="checkbox"/>				11. Proper disposition of returned, previously served or reconditioned

Compliance Status	Employee Health	R			
OUT	IN	NO	NA	COS	
	<input checked="" type="checkbox"/>				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
	<input checked="" type="checkbox"/>				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
					Preventing Contamination by Hands
	<input checked="" type="checkbox"/>				14. Hands cleaned and properly washed/ Gloves used properly
	<input checked="" type="checkbox"/>				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N )
					Highly Susceptible Populations
	<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
					Chemicals
	<input checked="" type="checkbox"/>				17. Food additives; approved and properly stored; Washing Fruits & Vegetables
	<input checked="" type="checkbox"/>				18. Toxic substances properly identified, stored and used
					Water/ Plumbing
	<input checked="" type="checkbox"/>				19. Water from approved source; Plumbing installed; proper backflow device
	<input checked="" type="checkbox"/>				20. Approved Sewage/Wastewater Disposal System, proper disposal

**Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days**

Compliance Status	Demonstration of Knowledge/ Personnel	R			
OUT	IN	NO	NA	COS	
	<input checked="" type="checkbox"/>				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
	<input checked="" type="checkbox"/>				22. Food Handler/ no unauthorized persons/ personnel
					Safe Water, Recordkeeping and Food Package Labeling
	<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe
	<input checked="" type="checkbox"/>				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled
					Conformance with Approved Procedures
			<input checked="" type="checkbox"/>		25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions
					Consumer Advisory
				<input checked="" type="checkbox"/>	26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label

Compliance Status	Food Temperature Control/ Identification	R			
OUT	IN	NO	NA	COS	
	<input checked="" type="checkbox"/>				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
	<input checked="" type="checkbox"/>				28. Proper Date Marking and disposition
	<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
					Permit Requirement, Prerequisite for Operation
	<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current & Valid)
					Utensils, Equipment, and Vending
	<input checked="" type="checkbox"/>				31. Adequate handwashing facilities; Accessible and properly supplied, used
	<input checked="" type="checkbox"/>				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
	<input checked="" type="checkbox"/>				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided

**Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First**

Compliance Status	Prevention of Food Contamination	R			
OUT	IN	NO	NA	COS	
	<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals
	<input checked="" type="checkbox"/>				35. Personal Cleanliness/eating, drinking or tobacco use
	<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored
	<input checked="" type="checkbox"/>				37. Environmental contamination
	<input checked="" type="checkbox"/>				38. Approved thawing method
					Proper Use of Utensils
	<input checked="" type="checkbox"/>				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
	<input checked="" type="checkbox"/>				40. Single-service & single-use articles; properly stored and used

Compliance Status	Food Identification	R			
OUT	IN	NO	NA	COS	
	<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)
					Physical Facilities
	<input checked="" type="checkbox"/>				42. Non-Food Contact surfaces clean
	<input checked="" type="checkbox"/>				43. Adequate ventilation and lighting; designated areas used
	<input checked="" type="checkbox"/>				44. Garbage and Refuse properly disposed; facilities maintained
	<input checked="" type="checkbox"/>				45. Physical facilities installed, maintained, and clean
	<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean
	<input checked="" type="checkbox"/>				47. Other Violations

Received by: (signature) \_\_\_\_\_ Print: \_\_\_\_\_ Title: Person In Charge/ Owner

Inspected by: (signature) Amanda Cantu, R.S. 1/22/23 Print: Amanda Cantu, R.S. #4820 Business Email: healthinspector@schertz.com