SCHERTZ
COMMUNITY★SERVICE★OPPORTUNITY

Retail Food Establishment Inspection Report

1400 Schertz Pkwy bldg #1, Schertz TX 78154
210-619-1673

Date:	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page of
11/2/22			0185le	School	2	1 of 1

Purpose of Inspection: [ ] 1-Compliance [X] 2-Routine [ ] 3-Field Investigation [ ] 4-Visit [ ] 5-Other

Establishment Name:	Contact/Owner Name:	✱ Number of Repeat Violations: ___ ✓ Number of Violations COS: ___	TOTAL/SCORE
Green Valley Elementary	SCUC ISD		100

Physical Address:	City/County:	Zip Code:	Phone:	Follow-up: Yes / No (circle one)
1600 Green Valley Rd	Schertz	78154		

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 OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
		X			1. Proper cooling time and temperature	
X					2. Proper Cold Holding temperature(41°F/ 45°F) WALK IN 37F SLICED CHEESE 34F WIC	
X					3. Proper Hot Holding temperature(135°F) PIZZA 176F	
		X			4. Proper cooking time and temperature	
		X			5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
		X			6. Time as a Public Health Control; procedures & records	
					Approved Source	
	X				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
	X				8. Food Received at proper temperature	
					Protection from Contamination	
	X				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
	X				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature	
	X				11. Proper disposition of returned, previously served or reconditioned	

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

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

OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R
	X				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 10/7/22	
	X				22. Food Handler/ no unauthorized persons/ personnel	
					Safe Water, Recordkeeping and Food Package Labeling	
	X				23. Hot and Cold Water available; adequate pressure, safe	
	X				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
					Conformance with Approved Procedures	
			X		25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
					Consumer Advisory	
			X		26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label	

OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	X				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	X				28. Proper Date Marking and disposition	
	X				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
					Permit Requirement, Prerequisite for Operation	
	X				30. **Food Establishment Permit** (Current & Valid) 9/30/23	
					Utensils, Equipment, and Vending	
	X				31. Adequate handwashing facilities: Accessible and properly supplied, used	
	X				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	X				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*

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

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

Received by: (signature)	Print: Kim Tapson	Title: Person In Charge/ Owner
Inspected by: (signature) Amanda Cantu, R.S.	Print: Amanda Cantu, R.S. #4820	Business Email: healthinspector@schertz.com

Form EH-06 (Revised 09-2015)

Renew CFM - expired 10/7/22
Provide hand out training on TFN