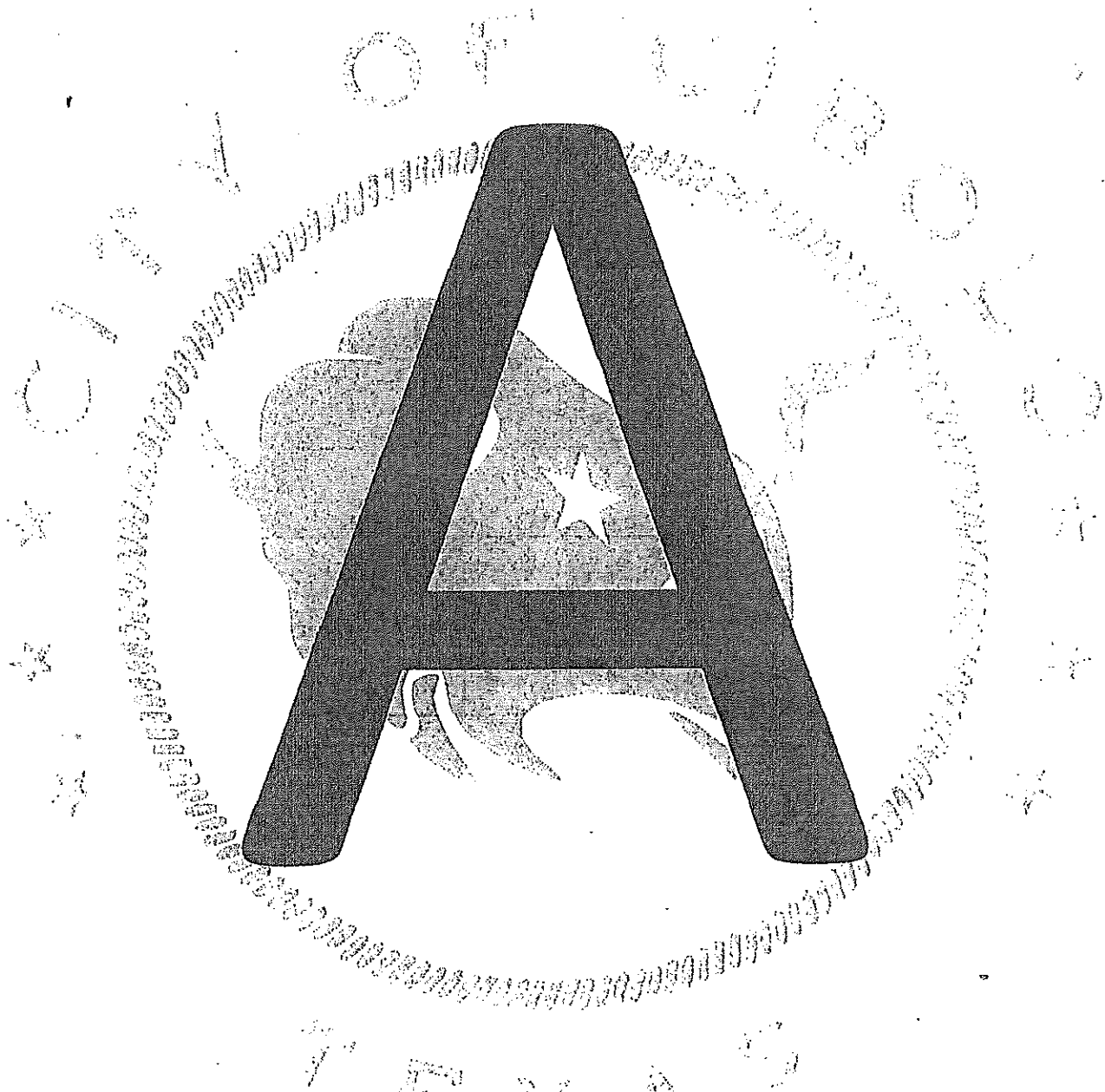


ENVIRONMENTAL HEALTH INSPECTION



Establishment Name: Jordan Inter.

Health Inspector Signature: [Signature]

Date Issued: 4/28/2023 EXPIRES SEPTEMBER 30TH OF EACH YEAR

City of Cibolo • 200 S. Main Street • Cibolo, TX 78108 • (210)-658-4175



CITY OF CIBOLO
RETAIL FOOD ESTABLISHMENT INSPECTION FORM

Page 1 of 2

Employee No.: Date: 4/29/2023 Time In: Time Out: Total Inspection: Permit / Complaint Number: Risk: 3
Purpose of Inspection: [X] 1. Compliance [] 2. Routine [] 3. Field Investigation [] 4. Visit [] 5. Other
Establishment: Jordan International Owner:
Address: Zip: Phone:
Number of repeat Violations: Number of Violations COS:
SCORE 83/100

Compliance Status: Out = not in compliance IN = In compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
Mark an X in appropriate box for OUT Mark a checkmark '✓' in appropriate box for IN, NO, NA, COS Mark an X in box for R if it is a repeated violation

PRIORITY ITEMS (3 Points each) Violations require immediate Corrective Action not to exceed 3 days

Table with 2 columns: Compliance Status (OUT, IN, NO, NA, COS) and Description of violations. Includes sections for TIME AND TEMPERATURE FOR FOOD SAFETY, EMPLOYEE HEALTH, APPROVED SOURCE, PROTECTION FROM CONTAMINATION, PREVENTION OF CONTAMINATION BY HANDS, HIGHLY SUSCEPTIBLE POPULATIONS (HSC), CHEMICALS, and WATER / PLUMBING.

PRIORITY FOUNDATION ITEMS (2 Points each) Violations require Corrective Action within 10 days

Table with 2 columns: Compliance Status (OUT, IN, NO, NA, COS) and Description of violations. Includes sections for DEMONSTRATION OF KNOWLEDGE / PERSONNEL, SAFE WATER, RECORDKEEPING & FOOD PACKAGE LABELING, CONFORMANCE WITH APPROVED PROCEDURES, and CONSUMER ADVISORY.

CORE ITEMS (1 Point each) Violations require Corrective Action not to exceed 90 Days or Next Inspection, Whichever comes first.

Table with 2 columns: Compliance Status (OUT, IN, NO, NA, COS) and Description of violations. Includes sections for PREVENTION OF FOOD CONTAMINATION, PROPER USE OF UTENSILS, and FOOD IDENTIFICATION.

Inspected by: (signature) Print: Phone:
Received by: (signature) Print: Title: