



Public Health

Time In: 01:04

Inspection Date: 04/26/2018

Location Information

Location: LONDON I.S.D. (Central Kitchen)

Owner: LONDON I.S.D.

Permit Number: 18006139-2

Physical Address: 1306 FM 43

Zip: 78415

Phone Number: 361-855-0092

District: 3

Census: 7

OUT	IN	NA	COS	NO	3Pts Violations	Remarks
Time and Temperature for Food Safety (F = degrees Fahrenheit)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Proper cooling time and temperature	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Proper Cold Holding temperature (41 F/ 45 F)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Proper Hot Holding temperature (135 F)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Proper cooking time and temperature	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Proper reheating procedure for hot holding (165 F in 2 Hours)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Time as a Public Health Control; procedures & records	
Approved Source						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Food Received at proper temperature	
Protection from Contamination						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Proper disposition of returned, previously served or reconditioned	
Employee Health						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Hands cleaned and properly washed/ Gloves used properly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
Chemicals						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Toxic substances properly identified, stored and used	
Water / Plumbing						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Water from approved source; Plumbing installed; proper backflow device	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Approved Sewage/Wastewater Disposal System, proper disposal	

OUT	IN	NA	COS	NO	2Pts Violations	Remarks
Demonstration of Knowledge / Personnel						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Food Handler/ no unauthorized persons/ personnel	
Safe Water, Recordkeeping and Food Package Labeling						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Hot and Cold Water available; adequate pressure, safe	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
Conformance with Approved Procedures						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
Consumer Advisory						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	
Food Temperature Control / Identification						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Proper Date Marking and disposition	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
Permit Requirement, Prerequisite for Operation						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Food Establishment Permit (Current & Valid)	
Utensils, Equipment, and Vending						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Adequate handwashing facilities: Accessible and properly supplied, used	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	
OUT	IN	NA	COS	NO	1Pts Violations	Remarks
Prevention of Food Contamination						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. No Evidence of Insect contamination, rodent/other animals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Personal Cleanliness/eating, drinking or tobacco use	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Wiping Cloths; properly used and stored	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Environmental contamination	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Approved thawing method	
Proper Use of Utensils						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Single-service & single-use articles; properly stored and used	
Food Identification						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Original container labeling (Bulk Food)	
Physical Facilities						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Non-Food Contact surfaces clean	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used	

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Garbage and Refuse properly disposed; facilities maintained | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Physical facilities installed, maintained, and clean | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. Other Violations | |

Total Demerits : 0

Inspector Signature:



Julissa Jimenez, 04/26/2018

Location Representative Signature:



Nada Licon, 04/26/2018