

## Waco-McLennan County Public Health District 225 West Waco Drive Waco, Texas 76707 (254) 750-5464

Inspection #: _	76336

Case # 1500 ZZ9 179

Page \_\_\_\_\_\_ of \_\_\_\_\_\_

Food Establishment Inspection Report

12	509				I. O	ou Estat		IIII	pecuo	n ixepo	JI U					
11	24		15				Coachs	Sn	10 Ke -	Food			05/16			
Mo	Day		Year	Tim	e In	Time Out			Est	ablishment	t	160	Expire Mo-Yr.	Risk		
													254 -			
Street A	ddress:		<u>330</u>	A٠	estin	Ave			City:	Waco		Zip: 76701	Phone: 214-89	584		
Purpose	of Incr	sectio	an•	•	ermit/R		2-Routine		3-Reins	nection		Complaint	5-Other			
i ui posc	or rust	ecin.	<i>,</i>	1-1		Clicwai	Z-Koutilic	(	J-Keilis	Parkers (March 1981)		<u>a tafi seperakan</u>		<u> </u>		
Owner/N	Manage	er:	Ga	ry .	Zack	jarias				Food Yes	l Manage Nec	ers Certified: ed N/A	Food Handler Cer	rtificates: Need		
Demerits		IN	NA	<b>1</b> /O	COS	Food Temp	erature/Time I	Requir	ements		exp. o	5/20				
5 Pts						Violations Require Immediate Corrective Action Remarks										
				V		1. Proper C	Proper Cooling for Cooked/Prepared Food									
		^/					ld (41 degrees l					ALE:				
		1/					d (135 degrees l		heit)							
		V					4. Proper Cooking Temperatures 5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)									
		<b>V</b>				5. Rapid Re	eheating (165 d	legrees	Fahrenhe	eit in 2 Hrs)	)			*		
Item/Loc	ation/F	ood '	Temper	ature	Lhi	de OKan	_									
					1 PC	ds Oka	1									
							ŀ									
Demerits		IN.	NA	N/O	COS	- 10T	T 334 ' (C		e de la constant				Bernoeddo vas	Na josepsky		
4 Pts		"	1111	100	005		Handling/Sourd Require Immedi						. 1935-1935 (1937) Live Barrier (1937)			
<u> </u>		100	* 1111	77 (17 7) 24 (17 7)	1.15.22.	1	el with Infection					Re	emarks			
		. /	- 11							ciuded	,		····			
	4		20.00				dequate Handv giene Practices			na/Smokin	g/Other)	OV.	***			
	-						d Source/Label		ig/Diniki	пауэшокий	g/Other)			_		
				- 25					· M				· · · · · · · · · · · · · · · · · · ·	711.0		
	-+		1		<u> </u>	10. Sound Condition of Food ♂↓↓ 11. Proper Handling of Ready-To-Eats Foods										
	-+	1	/		<u> </u>	11. Froper Handring of Ready-10-Eats Foods  12. Cross-contamination of Raw/Cooked Foods/Other										
			/ /													
		1/	13. Approved Systems (HACCP Plans/Time as Public Health Control/Date Marking) 14. Water Supply - Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure													
Demerits		IN	NA	N/O	COS					ciciii Capac	city/110t a	nd Cold Olider	ressure			
3 Pts	'			1,,0	000		<b>l Equipment R</b> Lequire Immedi			Not To Evo	and 10 De	nivo Dia	emarks			
												iys Ke	marks			
		7		<u> </u>			15. Equipment Adequate to Maintain Product Temperature 16. Handwash Facilities Adequate and Accessible									
			/				sh Facilities wi					<del></del>				
										7018			· · · · · · · · · · · · · · · · · · · ·	MATERIAL DE LA CONTRACTION DEL CONTRACTION DE LA		
		-				18. No Evidence of Insect Contamination										
•2						19. No Evidence of Rodents/Other Animals  Toxic Items Properly Labeled/Stored/Used										
	<b>^</b>	1														
		1		p 17 377		22. Person in Charge Demonstration of Knowledge / Certified Food Manager										
						23. Approved Sewage/Wastewater Disposal System, Proper Disposal, Air Gaps										
		1	1			24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit)										
		V				-25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair)										
		4				<del>}</del>										
		1,00				26. Posting of Consumer Advisories (Disclosure/Reminder/Buffet Plate)  27. Food Establishment Permit										
Subtotal	(	ther	Violat	tions -	Require	Corrective A	ction Not To E	xceed 9	0 Days o	r the Next I	Inspection	n, Whichever Co	omes First			
5pt (	1 (	lotes	: (70)	1 Pr	73.7100	1. 186	الحاد	0 1-0	ممزوطا	\$ / Spr	- L b	tles				
4pt C				/ \ \ 1	Sp.	9	05 -00	سهر	<b>,</b> ,	1						
3pt	3	Notes: 20) Proporty label all chemicals /spray bottles.  All other previous violations have been corrected.														
Demerit Totals:	71	I.C.	·L (	JIhe		INCOI &	V/2( / .			_ 5		• •				
Totals:	7													•		
	I	nspe	cted by	$: \mathcal{M}$	ike	Kelinske			# of sea	ats	Bldg. S	q. ft.	Waco Y City / U	ninc.		
Follow-u					p by: (		etelyed by:		) /	9		Print Name:	,			
Yes	No				14/1		$\langle \rangle$	` /					Eachanes			
				_	- //	•		$\langle \ \rangle$								
	A co	ру о	of the	inspec	tión re	eport furnis	hed to the ow	vner/p	ermit h	older/pers	son in cl	ıarge conštitu	tes a written notice.			



## Waco-McLennan County Public Health District 225 West Waco Drive Waco, Texas 76707 (254) 750-5464

Inspection #: _	76004
-	

Case # 1500229179

Page \_\_\_\_\_\_ of \_\_\_\_\_\_\_

## **Food Establishment Inspection Report**

125	୰୳	·											
11	18		15				Conchis	Smokes	- Food		05	116	
Mo	Da	y	Year	Tim	e In	Time Out			blishment		Expire	Mo-Yr.	Risk
			77		Δ				_			254.	
Street A	ddres	s:	33	0	Ausi	on Ave	•	City:	Waco	Zip: Ho	Phone:	214-85	584
Purpose	of In	enacti	oni	1_D	ermit/P	lenewal	Routine	3-Reinspe	action /	l-Complaint	5-Other_		-
1 ur pose	Or All	эрсси	UII.	1-1		ciicwai	2-Routine	3-Kemspe	and the state of t		freezigen, ook		
Owner/N	/ //ana	øer:	6	ary	7	4			1 / 1	gers Certified:		indler Cep	\ \ \
	1	_				changs			Yes N	leed N/A	Yes		Veed '
Demerits 5 Pts		IN	NA	N/O	COS		erature/Time Req			Sandarione)			$\smile$
3113		Violations Require Immediate Corrective Action 65/20 Remarks											
				v		1. Proper Cooling for Cooked/Prepared Food							
		- 1			-		ld (41 degrees Fahr						
~							d (135 degrees Fahr						
		$\sim$					<ul><li>4. Proper Cooking Temperatures</li><li>5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)</li></ul>						
Itam/L aa	otion	/Eggd	Tompo	roturo	<u> </u>								
Item/Loc	апоп	roou	remper	ature	WAY	mer 164	of wal	K-in 40	2°F				
Λ		1	1 1	_	i		١.						
A	11	r	1010	7 6	عاد طاد	rveck at	the pr	oper to	em per cr	ares.			
						_	<b>'</b>	1					
Demerits	J	IN .	NA .	N/O	COS	Personnel/F	Iandling/Source R	Requirements			griffikation	Jen. 184	3.44575
4 Pts							equire Immediate (		ion	Re	emarks		
						6. Personne	l with Infections R	estricted/Excl	uded				
		<b>✓</b>		Dig			dequate Handwash						
Ļ	1				(0)	(8) Good Hy	giene Practices (Ea	ating/Drinking	g/Smoking/Other	.)		*****	
		$\underline{\hspace{1cm}}$					d Source/Labeling						
l	4				Cos		ondition of Food			7475			
		$\sim$				11. Proper Handling of Ready-To-Eats Foods							
	4				CO)	(12)Cross-contamination of Raw/Cooked Foods/Other							
-	4					(13) Approved Systems (HACCP Plans/Time as Public Health Control/Date Marking)  14. Water Supply - Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure							
		~		11/0		1			ent Capacity/Ho	t and Cold Under	Pressure		
Demerits 3 Pts		IN	NA	N/O	COS		<b>Equipment Requ</b>						
J 1 18		/	/				equire Immediate (			Days Re	marks		4 11 11 11
		<b>-</b>					nt Adequate to Ma			71			The contract of the contract o
			/				sh Facilities Adequ				-40		
-411			17. Handwash Facilities with Soap and Towels										
			/				ence of Insect Cont						
	3	~~					ence of Rodents/Ot ms Properly Label		A				
	<i>5</i>	<del></del> }	/				Mechanical Warew			)ppm/tempe			****
			/	1 a 16			Charge Demonstr				rature		
		V					d Sewage/Wastewa				4.		
		2					neters Provided/Ac				it)		
	3		,		-		ntact Surfaces of E						
			,				of Consumer Advis						
				1.00		27. Food Est	ablishment Permit						
Subtotal	2 8 4	Other Violations - Require Corrective Action Not To Exceed 90 Days or the Next Inspection, Whichever Comes First											
5pt	$O_{\perp}$	Notes	(20)	$\Delta L_{\epsilon}$		1 10000	h	4m 50.5	- work	carereal in	d. 12		
	10	(3)	(6)	CWS	ich her	2 (6773	0. 200	and spice		2 - ( 11.	4	1	11 .
3pt	Notes: 25) Observed tongs hanging on spice rack covered in dust.  (c) (25) Clean all coolers, freezers, equipment, etc especially the door handles.												
Demerit Totals: 🗷	The [20] / alas all all all all all all all all al												
Totals: 2	_	Inspe	cted by	: p	1.K.	Klan	, -)	# of seats	Bldg.	Sq. ft.	Wago	/ City / Un	inc.
Eallace:	n D -		. Jr	eller:	n hour	dota) ID	Cooking I	/					
Follow-u Yes	ıp Ked No	-	· F	ollow-u			ceived by:			Print Name:	7		
	14(			11-4	24-1	1) 1	Y Jones			Ja,	7 (90)	49.00	
	A	сору	of the	inspec	tion r	eport furnisl	hed to the owner	:/permit hol	der/person in	charge constitu	tés a writtei	n notice.	



## Waco-McLennan County Public Health District 225 West Waco Drive Waco, Texas 76707 (254) 750-5464

Page  $\underline{Z}$  of  $\underline{Z}$ 

Establishme	ent:		Date:
	Comis Smoke - Food		11-18-15
Address:	330 Austin Ave.	City:	Zip Code: 7670
Violation Item Number	Based on an inspection this day, the items documented below identify facilities, which must be corrected. As indicated on the inspection for immediately. Items 15-27 must be corrected within 10 days. Other v 90 days or such shorter time as specified by the regulatory authority. limits for corrections specified in this notice may result in cessation o operation. A copy of the inspection report furnished to the owner/per constitutes a written notice.	with the violation in operation, items 1-14 must be oriolations must be correct Failure to comply with of your Retail Food Estal mit holder/person in characteristics.	cons or corrected by (Date)  (Date)
(8)	Do not store personal items		
	Surfaces or areas where you	store toda	
	or clean plates atomsily etc.		
<u> </u>	Always stope atansis handle a	p to prev	ent
	contamination of the working		
(10)(12)	Observed a cup (being used as		esting
	half buried in the ice. Only		
	scoops with a handle. All		
(25)	Discard any steasil that is	broken, chi	? પ્રેસ્ટર્સ
	cracked etc Observed cracked	ice season	
(13)	Observed several foods without	a a	
	Properly datemark all poter		/
	foods it held for more	than 24	hours
			•
	An inspector will return on	11-24-1	5
	All violations must be co		i
	reinspection Failure to comple	may ves	ult
	in legal actions		
Inspected by	Tike Kelinja Received by:	Tit	le: