

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

Inspection #: 76295
Case # 15 002 2 = 9 200
Page of2

Food Establishment Inspection Report

13	2847	7		F(ood Esta	blishmen	it Ins	pection	Repo i	rt		
11	24	15				Hame	sta	17	Za ha	- I	12/	/
Mo	Day	Year	Tim	ıe In	Time Out	7 770	MEU	Estal	olishment	<u> </u>	Expire M	Io-Yr. Risk
		11	0 41	1 1		1		1	1			IO II. HISR
Street A	ddress:	16	9 7/0	elli	ast L	m.		City:	aco	Zip:7670	S Phone:	
Purpose	of Inspec	tion:	1-P	ermit.	Renewal	2-Routine		3-Reinspe	ection	4-Complaint	5-Other	
Owner/I	Manager:		Payl	Va.	chma	enn		-	Food I Yes	Managers Certified: Need N/A	Food Hand Yes	dler Certificates:
Demerits	IN	NA	. ₹vo	COS	Food Temp	erature/Time	Requir	rements				
5 Pts						Require Immed				R	lemarks	
			5/			Cooling for Co			i			
	_ <i>V</i>	_				old (41 degrees						
						d (135 degrees						
		 	+-		4. Proper C	Cooking Temp	eratures					
	cation/Food				5. Rapid R	eheating (165	degrees	Fahrenheit	in 2 Hrs)	oued Jemy		
Demerits	TNI	1 374	1 17/0	000	T							
Demerits 4 Pts	IN	NA	N/O	COS	Personnel/I	Handling/Sou	rce Req	uirements				
		ļ		1,1		Require Immed				R	emarks .	
	- V	-		_		el with Infection			ided			
-	V	 				Adequate Hand					_	
4	_		200			ygiene Practice		g/Drinking	Smoking/0	Other)		
		-				d Source/Labe						
	- 5	-	ļ <u>. </u>			ondition of Fo		F - P 1				
//	_					landling of Re			1.40.1			
4	- V	 				ntamination o				1.1 0 . 1/0 . 1/		
	- i-		-		13. Approve	u systems (HA	ad Sour	rans/11me a	nt Composite	ealth Control/Date Mar //Hot and Cold Under	'king)	
Demerits	IN	NA	N/O	COS					nt Capacity	//Hot and Cold Under	Pressure	
3 Pts			1,,,,	000	Violetions P	Equipment I	Require	ments	T D	1105	_	
		<u> </u>			15 Equipme	equire Immedent Adequate to	Mointe	rection, Not	10 Exceed	110 Days Re	emarks	
	V				16 Handway	sh Facilities A	doguata	and Assessed	lemperatui	<u>e</u>		
	1					sh Facilities wi						
7			1			ence of Insect						
~	V					ence of Roden						
_	1					ms Properly L						
3						Mechanical Wa)ppm/tempe	rature	
3	12									ified Food Manager	rature	
										er Disposal, Air Gaps		
	-				24. Thermon	neters Provided	d/Accur	ate/Properly	Calibrated	l (±2 degrees Fahrenhe	it)	
3					25)Food Cor	ntact Surfaces	of Equip	pment and U	Itensils Cle	aned/Sanitized/Good	Repair)	
		'			26. Posting o	of Consumer A	dvisorie	s (Disclosu	re/Reminde	er/Buffet Plate)	<u> </u>	
					27. Food Est	ablishment Per	rmit					
ubtotal	Othe	r Viola	ations - R	equire	Corrective Ac	ction Not To E	xceed 90	Days or th	e Next Ins	pection, Whichever Co	mes First	
pt	Note:	<u>s:</u> 9	lale	e l	lelia	me ata)	w/	Nome	eteac	Prame, a	ddian	· //·
pt / 2			. //		Is.	in man	رارم			y riceyre, com	in ordered,	ingredien
pt / 2	25	Cle.	anth	<i>ت س</i> ی	arti	m /// co						1
Demerit Otals:	18	7.1	ies								Cl	ralle Blu D
24	Inspe	ected by	y: رنج . ,	Du	acare	A.P. 5		# of seats	В	ldg. Sq. ft.	Waco / Ci	ty Uninc.
Follow-uj Yes	p Required No	l: F	Follow-up			ceived by:	0 K	71)	1	Print Name:		
	110		, une	e per	×		ION			_ KAYWA	CHSMAR	11)



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

Page 2 of 2

Establishment:				Date:	,
Hor	nestead?	Darket		11/2	4/15
Address:	a chost La	-	City: 1	Zip Coo	le:
Violation Bar Item fac im Number 90	ilities, which must be corr mediately. Items 15-27 m days or such shorter time	rected. As indicated on the it tust be corrected within 10 d as specified by the regulator	elow identify the violation in inspection form, items 1-14 in ays. Other violations must by authority. Failure to comp.	operations or nust be corrected e corrected within by with any time	Corrected By (Date)
7 / 200 2 / 200	eration. A copy of the inspatient of the inspati	ed in this notice may result in pection report furnished to t	n cessation of your Retail For the owner/permit holder/perso	od Establishment n in charge	
18	tlies -	get			
21 L	ese proper.	75-1000/1	not + Soapy) all f	och contact + Cloan).
12 /	but tolde	Contamina	11 71	rened - X	et test stry
12 12	laujanen	1 1 . 1	atile	, Adul M	oat, dut
A B	Spair los	re Coving		,	
25 "	Walkin .	get adequ	uote racks	to stone	allpio
8	The floor Dean the y	- Keepal Bandsirk	e propped	product	2 Course
B) C	lean & san	ritize all	equipment	, all se	rfaces)
25 C	lean the u	valkin ft	oor thea	e	
8 1	o to Net la	ey aprons	In Wark tale	les in n	o at mark
9 3	pice Wagon	Natierner of	Land Sauce	must ha	ve full man
ther I	Not not sexo	me, address,	ingredients,	weight.	
	not reuse		& hang Coats	on good.	rachn-
_	lies-				
			Vsiialatio		
- 3	and Hoods	lage Food No	ndling des,	Knawled	ee is not
00	emonstrate	d	•		
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Inspection #: 76 425

Case # 1500 22 9200

Page _____ of ____

Food Establishment Inspection Report

47				
/	15	-		Homestead Market 12/15
Day	Year	Tin	ne In	Time Out Establishment Expire Mo-Yr.
	, , ,	41	1	
ress: /	49	Ma	lle	ut In. City: Waco Zip76705 Phone:
Inspecti	on:	1-P	ermit/R	enewal 2-Routine 3-Reinspection 4-Complaint 5-Other
nager: ,	1.	(A PART OF THE PROPERTY OF THE PARTY OF THE P	Food Managers Certified: Food Handler Certification
	NIA	nys	anc	aster Yes Need N/A Yes Need
1 "7	MA	N/O	003	Food Temperature/Time Requirements Violations Require Immediate Corrective Action Remarks
		 . /	1	
		-	 	Proper Cooling for Cooked/Prepared Food Cold Hold (41 degrees Fahrenheit)
				3. Hot Hold (135 degrees Fahrenheit)
				Proper Cooking Temperatures
				5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)
on/Food	Tempe	rature	o V	
	1			
IN	NA	N/O	COS	Personnel/Handling/Source Requirements
				Violations Require Immediate Corrective Action Remarks
				6. Personnel with Infections Restricted/Excluded
				7. Proper/Adequate Handwashing
/				8. Good Hygiene Practices (Eating/Drinking/Smoking/Other)
1/	- P.			9. Approved Source/Labeling
				10. Sound Condition of Food
		Ì		11. Proper Handling of Ready-To-Eats Foods
1				12. Cross-contamination of Raw/Cooked Foods/Other
/				13. Approved Systems (HACCP Plans/Time as Public Health Control/Date Marking)
				14. Water Supply - Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure
IN	NA	N/O	cos	Facility and Equipment Requirements
				Violations Require Immediate Correction, Not To Exceed 10 Days Remarks
				15. Equipment Adequate to Maintain Product Temperature
				16. Handwash Facilities Adequate and Accessible
				17. Handwash Facilities with Soap and Towels
				18. No Evidence of Insect Contamination
//				19. No Evidence of Rodents/Other Animals
1/1				20. Toxic Items Properly Labeled/Stored/Used
				21. Manual/Mechanical Warewashing and Sanitizing at (50+)ppm/temperature
1				22. Person in Charge Demonstration of Knowledge / Certified Food Manager
1				23. Approved Sewage/Wastewater Disposal System, Proper Disposal, Air Gaps
				24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit)
"				25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair)
+,,	V			26. Posting of Consumer Advisories (Disclosure/Reminder/Buffet Plate)
V	X7' 1 4	. ,		27. Food Establishment Permit
		10ns - !	<u>cequire</u>	Corrective Action Not To Exceed 90 Days or the Next Inspection, Whichever Comes First
Notes	<u>.</u>			
-				4
1	011	, ,	, 10	ctions made - OK to senew Chalks
/ /	xx	CO-	ne	Challes made - OK to senew Challes
U				
1		_		# of seats Bldg. Sq. ft. Waco / City (Thing)
Inspe	cted by		Du	# of seats Bldg. Sq. ft. Waco / City Uninc.
1	cted by		p by: (d	avacily ac. 3
	ress: / Inspection Ins	Day Year ress: // 9 Inspection: nager: // IN NA IN NA IN NA IN NA IN NA IN NA	Day Year Tin ress: // 9 // A Inspection: 1-F nager: // NA N/O IN NA N/O IN NA N/O IN NA N/O IN NA N/O Other Violations - 1	Day Year Time In ress: // 9 Wallee Inspection: 1-Permit/Re nager: Juny and IN NA N/O COS IN NA N/O COS