

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

Food Establishment Inspection Report

Date: 10/26/22	Establishment Name Suffron	, 8	Ēγ			AND DESCRIPTION	Permit QQ(\$583 07 TOTAL/SCO	ORE
Purpose of Inspection: Contact/Owner Name:	Reinspe	ction	·] 4-C	ompl	aint ☐ 5-Other* Number of Repeat Viola	14 24 24		
	Ci.	Zip Code			7:- 6	✓ Number of Violations COS:			
Physical Address: 416	N valley mills DR	City: U)ic	0			Phone:	Date	2
Compliance	Status: Out = not in compliance IN = in compliance n the OUT box for each numbered item Mark	NO = 1	not obs	serve	l NA	= not	applicable COS = corrected on ox for IN, NO, NA, COS Ma	site R = repeat violation lurk an asterisk '* in appropriate box	for R
wark the appropriate points in	Priority Items (3 Points) violations						CONTRACTOR OF THE PROPERTY OF	Management of the Contract of	
Compliance Status O I N N C		R			nce St				R
U N O A O S	Time and Temperature for Food Safety (F = degrees Fahrenheit)		U T	N	O A	o S		loyee Health	
3 1. Proper cooling time and temperature				•			 Management, food emplo knowledge, responsibilities, a 	yees and conditional employees; and reporting	
2. Proper Cold Holding temperature (41F/ 45F)							13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
	per Hot Holding temperature (135F)		3540			4 24/8	Preventing Co	ntamination by Hands	<u> </u>
4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165F in 2			2			3		erly washed/ Gloves used properly h ready to eat foods or approved	+-
Hours) 6. Time as a Public Health Control; procedures & records		+	2	esiyik ya	21,573.5	مساه ا	alternate method properly foll	lowed (Approved Y N) ceptible Populations	To sales
Approved Source							16. Pasteurized foods used; p	rohibited food not offered	
7. Foo	od and ice obtained from approved source; Food in		1882				Pasteurized eggs used when r		
good condition, safe, and unadulterated; parasite destruction						Chemicals			
The second secon	od Received at proper temperature						17. Food additives; approved & Vegetables	and properly stored; Washing Fruits	
	Protection from Contamination		3			1	18. Toxic substances properly	· · · · · · · · · · · · · · · · · · ·	ida wasa
prepar	od Separated & protected, prevented during food ration, storage, display, and tasting							er/ Plumbing	
	ood contact surfaces and Returnables; Cleaned and zed at ppm/temperature		,				 Water from approved sou backflow device 	rce; Plumbing installed; proper	
11. Pr	oper disposition of returned, previously served,					ŝ	20. Approved Sewage/Waste disposal	water Disposal System, proper	
recond	ditioned Priority Foundation Items (2 Poi	nts) viol	ations	s Rec	uire	Corre	COMPANIES OF THE PERSON OF THE		
O I N N C U N O A O	Demonstration of Knowledge/ Personnel	R	O U	I	N N O A	C	\$254445000000000000000000000000000000000	re Control/ Identification	R
T	erson in charge present, demonstration of knowledge,		Т			S	27. Proper cooling method us		
and pe	erform duties/ Certified Food Manager (CFM) ood Handler/ no unauthorized persons/ personnel		1		25		Maintain Product Temperatur 28. Proper Date Marking and		
ENGLES ENGLES	e Water, Record Keeping and Package Labeling	3.55	2	S			29. Thermometers provided,	accurate, and calibrated; Chemical/	
	ot and Cold Water available; adequate pressure, safe		2				Thermal test strips Permit Requirement	t, Prerequisite for Operation	
24. Required records available (shellstock tags; para							30. Food Establishment Permit (Current & Valid)		
destruction); Package food labeling Conformance with Approved Procedures		4 k 4	3758				Utensils, Equ	ipment, and Vending	
	ompliance with Variance, Specialized Process, and CP plan; Variance obtained for specialized							acilities: Accessible and properly	
	ssing methods; manufacturer instructions	50.25					supplied, used	tact surfaces cleanable, properly	_
	Consumer Advisory		2	8			designed, constructed, and us	sed	
	osting of Consumer Advisories; raw or under cooked (Disclosure/Reminder/Buffet Plate)/ Allergen Label			-			33. Warewashing Facilities; i Service sink or curb cleaning		
	ore Items (1 Point) violations Require Corrective	Action N	Vot to						
O I N N C U N O A O	Prevention of Food Contamination	R	O U T	I N	N N		Food	Identification	R
# =: 00 [cn. 10:0]	o Evidence of Insect contamination, rodent/other	(4) sei 4)-2	1	(200-01)	100000		41.Original container labelin	g (Bulk Food)	200
anima 35. Pe	als ersonal Cleanliness/eating, drinking or tobacco use	+	1	\$ 35 E	(1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	25.00 25.00		sical Facilities	
36. W	/iping Cloths; properly used and stored		Ju		8	35	42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used		
	pproved thawing method				2		44. Garbage and Refuse properly disposed; facilities maintained 45. Physical facilities installed, maintained, and clean		
39. U	Proper Use of Utensils tensils, equipment, & linens; properly used, stored,	64 E SE	H	1		원 원		ed, maintained, and clean y constructed, supplied, and clean	+-
dried,	, & handled/In use utensils; properly used ingle-service & single-use articles; properly stored		H			4	47. Other Violations		-
and u									
Received by: (signature)		Prin	t: \	1	M١	501	$1/M_1$	Title: MANAGE W	
Transfer OVI A A D O -			Print: Thomas				A WHE	Permit Expires: 7/23	
(signature) CPC 0 Mo / Yr 1 / 2 Notes:								D. OPT. OPT. OPT. OPT. OPT. OPT. OPT. OPT	
,	See attrohed.		,						
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PUBLIC HEALTH DISTRICT Permit #: Establishment: QQQ 583.07 Zip Code: Address: TEMPERATURE OBSERVATIONS Item/Location/Food Temperature °F Pancer) - 181%-OBSERVATIONS AND CORRECTIVE ACTIONS AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW. Number Received by: Print: (signature) Print: Inspected by:



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Establishment:			Permit #:	Date:
	Softron Expr	ess	add 583.07	10/20/22
Address:	the N ville mills	SP City: L	Juco	Zip Code: 76710
TEMPERATU	RE OBSERVATIONS			
Item/Location/F	ood Temperature °F			
OBSERVATIO	NS AND CORRECTIVE ACTIONS			the second second
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN AND NOTED BELOW.	MADE. YOUR ATTENTION IS	S DIRECTED TO THE CON	DITIONS OBSERVED
	The probet at you	hin colon	2	
31) 31)	Spans stred with instead of handle	bood partial	t projet	at prep
41)	Umaseled bulk s	your, Spice	o in the	les \$
43	Heavy dust accer	notation o	1 CRILLE P	regi
	Servariding tiles	horanen	Jucilian	I waterd
45)	Personal call prove	stred on	greg 120	Ce che con
	of in in apprired	mannet		
	Reinspection fre 10/27/22 lue Den utll be conducted udetions to avoid	on 10/28/22 veinspic	due by liticis, of Concet their fee	5 pm m. Rænspectri
			<u> </u>	
Received by:	Print: \M	Misa Ai	Title: MM	ager
(signature) Inspected by:	HILL Print: TE	Misa Ai Jeon uu	US .	