Permit Number: 0505-0466

Description: CIVIC CENTER KITCHEN

Applied: 5/19/2005	Approved: 5/19/2005	Site Address: 321 E MCKINNEY
Issued: 5/19/2005	Finaled: 5/19/2005	City, State Zip Code: DENTON, TX 76205
Status: ACTIVE		Applicant: CITY OF DENTON PARKS AND RECREATION DEPT
Parent Permit:		Owner: CITY OF DENTON PARKS AND RECREATION DEPT
Parent Project:		Contractor: <none></none>

Details:

I LEFT AN APPLICATION AT THE CIVIC CENTER OFFICE TO HAVE THEM FILL OUT FOR OUR RECORDS ON THE KITCHEN

(6/24/2005 08:36 lp) PERMIT ISSUED TO MYRA ANDERSON 6-23-05

(6/9/2008 07:12 JK)

Dropped off permit on 6/3/08 with Jane at the front counter.

CIVIC CENTER KITCHEN

LIST OF INSPECTIONS							
SEQ ID	SCHEDULED DATE	COMPLETED DATE	ТҮРЕ	INSPECTOR	RESULT	REMARKS	
	5/19/2005	5/19/2005	CH - FINAL HEALTH	LAURIE PEARSON	APPROVED	SEE NOTES	
Notes: THIS KITCHEN WILL BE INSPECTED 2 TIMES A YEAR AS A NORMAL COMMERCIAL PERMITTED FACILITY BUT WITH NO FEE THE KITCHEN HAS A MOP SINK IN A NEAR BY CLOSET THEY WILL NEED TO DESIGNATE ONE SINK AS A HAND WASH ONLY SINK THAT HAS LIQUID SOAP/PAPER TOWELS/ LOTION HAND SANITIZER AND A SMALL TRASH CAN DESIGNATE THE 3 COMPARTMENT SINKS SO PEOPLE WILL KNOW TO WASH/RINSE/SANITIZE; I RECOMMEND THAT AN OPEN-WEAVE TYPE SHELF BE ADDED ABOVE THE SINK TO ALLOW THINGS TO AIR DRY THE VENT IN THE WALL ON THE WEST SIDE OF THE STORE ROOM NEEDS TO HAVE A COVER ANYONE WHO ACTUALLY PREPARES PHF TYPE FOODS IN THIS KITCHEN SHOULD OBTAIN A FOODHANDLER CARD BY ATTENDING ONE OF THE CLASSES WE OFFER							
	6/23/2005	6/23/2005	CH - FINAL HEALTH	LAURIE PEARSON	APPROVED	see notes	
Notes: ALL ITEMS FROM PREVIOUS INSPECTIONS HAVE BEEN COMPLETED. ICE MACHINE WILL NEED TO HAVE A SCOOP WITH HANDLE AVAILABLE; ADD THERMOMETER IN BACK REFRIG. (EVEN THOUGH NOT AVAILABLE TO PUBLIC) MR. HERMAN LAWSON SAID THAT THEY HAVE NEW BACK DOORS COMING IN THAT WILL BE SELF-CLOSING AND WILL SEAL CORRECTLY. MYRA ANDERSON SAID THAT SHE WILL BE THE PERSON RESPONSIBLE FOR SEEING THAT THE ICE MACHINE IS KEPT CLEAN AND THAT PEOPLE CLEAN UP AFTER USING THE KITCHEN							

7

			-				
	5/9/2006	5/9/2006	CH - SCORED	JACKIE WELDON	APPROVED	SEE NOTES	
Notes:							
KITCHEP	I LOOKED GOOD.					F	
	12/12/2006	12/12/2006	CH - HEALTH CARD RE-	JACKIE WELDON	APPROVED	97	
Notes:							
		UIPMENT AND UTENSILS	CLEANED / SANITIZE	D / GOOD REPAIR:	CLEAN INSIDE LI	D OF ICE MACHINE. ALSO, THE	
MICROV	VAVE NEEDS CLEANING.						
NICE KIT	CHEN!						
	5/14/2007	5/14/2007	CH - SCORED	JACKIE WELDON	APPROVED	94	
Notes:							
FOOD C	UNTACT SURFACE OF EQ	UIPMENT AND UTENSILS	CLEANED / SANITIZE	D / GOOD REPAIR:	INSIDE LID TO IC	E MACHINE NEEDS CLEANING.	
HANDW	ASH FACILITIES WITH SO	AP AND PAPER TOWELS (HAND WASH SIGNS	POSTED): NEED SC	AP AND PAPER T	OWELS AT ALL TIME NEXT TO	
HANDSI							
	10/23/2007	10/23/2007	CH - SCORED	JACKIE WELDON	APPROVED	100	
Notes:							
KITCHEI	WAS NICE. THE UPRIGE	IT UNIT WAS TEMPING A	I 38 DEGREES.				
NICE, CL	EAN PLACE.						
	6/3/2008	6/3/2008	CH - SCORED	JACKIE WELDON	APPROVED	100	
Notes:							
A) JUST	CLEAN AND SANITIZE PR	EP TABLE BEFORE USE, D	UE TO MEDICAL SUP				
	11/20/2008	11/20/2008	CH - SCORED	LAURIE PEARSON	APPROVED	97	
Notes:				PLANSON			
Notes.							
FOOD C	ONTACT SURFACE OF EQ	UIPMENT AND UTENSILS	CLEANED / SANITIZE	D / GOOD REPAIR;	improper storag	e of ice scoop; must be on a clean dry	
	not on the top of the ice	machine					
	side lid of ice machine side of microwave						
	ceiling tiles have been m	noved out of place					
	4/29/2009	4/29/2009	CH - SCORED	LAURIE	APPROVED	100/NOTE	
	4/23/2003	4/23/2003	CH-SCONED	PEARSON	AFFROVED		
Notes:							
	UPRIGHT REFRIGERATOR HOLDING AT 29 DEGREES						
UPRIGH	I KERKIGEKATOK HOLDIN	IG AT 29 DEGREES					

	12/29/2009	12/29/2009	CH - SCORED	JACKIE WELDON	APPROVED	97			
Notes:									
CLEANIN	FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR: THE UPRIGHT 2 DOOR UNIT NEEDS SOME SERIOUS CLEANING. THE UNIT IS TEMPING BELOW 29 DEGREES. IF FOOD IS FREEZING IN THIS UNIT TURN THE TEMPERATURE UP. IT SHOULD BE KEPT BELOW 41 DEGREES.								
OVERAL	L THE KITCHEN LOOKED (GOOD.							
	6/18/2010	6/18/2010	CH - SCORED	LAURIE PEARSON	APPROVED	100			
Notes:									
	11/2/2010	11/2/2010	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES			
Notes:									
NO HEA	LTH VIOLATIONS OBSERV	ED DURING TIME OF INS	PECTION. BUT THE	FOLLOWING NEED	TO GET FIX.				
		THE FACUET WITHOUT TH TER AT THE BOTTOM WH			ED.				
	5/3/2011	5/3/2011	CH - SCORED	JACKIE WELDON	APPROVED	97			
Notes:			•						
						OR UNIT REMOVE NEWSPAPER. CLEAN COOP IN A DRY, CLEAN AREA.			
	11/16/2011	11/16/2011	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES			
	CE KITCHEN. ALL UNITS I ND PAPER TOWEL AT HAI	JP AND RUNNING BELOW NDSINK.	/ 38 DEGREES.						
	5/5/2012	5/5/2012	CH - SCORED	LAURIE PEARSON	APPROVED	100/ notes			
Notes:									
	as no PHF in the refrig. or over all very neat and cle	n the north side which is a an	good - the temp. of t	the unit is 50 degre	es				
	11/28/2012	11/28/2012	CH - SCORED	GARY CHAMBERS	APPROVED	96/NOTES			
Notes:			•						
WATER-SUPPLY-APPROVED SOURCE/SUFFICIENT CAPACITY/HOT AND COLD UNDER PRESSURE/CROSS CONNECTION.: FAUCET WITH SPRAYER AT 3 BAY SINK IS LEAKING. NO SANITIZING SOLUTION WAS OBSERVED IN KITCHEN AT TIME OF INSPECTION.									

	3/5/2013	3/5/2013	CH - SCORED	JACKIE WELDON	APPROVED	100			
Notes:	•								
- WASH - WIPE D	FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR: - WASH AND SANITIZE THE HANDSINK AREA. - WIPE DOWN TOP OF MICROWAVE - WASH AND SANITIZE PREP TABLE AND THE SHELF UNDER THE TABLE								
A) THIN	IGS STORED IN THE KITCH	IEN YOU DON'T NEED OR	USE REMOVE.						
OVERAL	L NICE KITCHEN.			1					
	4/25/2013 2:30 PM	4/25/2013	CH - REINSPECT	JACKIE WELDON	APPROVED	NOTES			
Notes:	•								
PER MY	RA SHE WANTED THE CIV	IC KITCHEN CHECK SINCE	THE FOOD VENDOR	S FROM THE JAZZ F	ESTIVAL WAS GO	DING TO USE IT.			
THE REF	RIGERATION UNIT WAS I	NICE AND CLEAN AND HO	LDING AT 39.6 DEGF	REES.					
HOT WA	ATER AT ALL SINKS.								
PREP TA	BLES WIPED DOWN.								
ALL GOO	DD.								
	11/19/2013	11/19/2013	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES			
Notes:				· · · · ·					
ALL UNI	TS WERE WORKING AT T	HE TIME OF INSPECTION.							
EVERYT	HING WAS FARILY CLEAN	, EXCEPT THE HANDSINK /	AREA.						
	5/15/2014	5/15/2014	CH - SCORED	LAURIE PEARSON	APPROVED	100			
Notes:			L			L			
	11/14/2014	11/14/2014	CH - SCORED	LAURIE PEARSON	APPROVED	100/ NOTES			
Notes:									
	KITCHEN NOT IN USE AT TIME OF INSPECTION; REFRIG. HOLDING AT 30 DEGREES; KITCHEN CLEAN AND NEAT								
NO VIOL	ATIONS SEEN								

	5/28/2015	5/28/2015	CH - SCORED	JACKIE WELDON	APP W/COND	92			
Notes:									
	COLD HOLD (41F/45F): - UPRIGHT TWO DOOR UNIT WAS HOLDING TEMP AT 66 DEGREES. THE CONTAINERS OF WHIPPED CREAM NEEDS TO BE THROWN OUT.								
- CLEAN	FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR - CLEAN INSIDE THE BROKEN UNIT. - CLEAN HANDSINK AREA								
	AND MOP FLOOR THRU	OUT KITCHEN.							
***MYF	A WILL CALL WHEN UNI	T HAS BEEN FIXED.							
	11/10/2015 1:00 PM	11/10/2015	CH - SCORED	GARY CHAMBERS	APPROVED	97/NOTES			
Notes:									
TOSS OI	JT OLD MEXICAN FOOD	IN FRIDGE- ODOR							
REPLAC	E MISSING CEILING TILE	LES FROM PREP ROOM CE	ILING						
CLEAN C	OUT BOTTOM OF UPIGH	T STEEL DOOR COOLER (O	DOR)						
	5/24/2016	5/24/2016	CH - SCORED	JACKIE WELDON	APPROVED	97			
Notes:									
FOOD		UIPMENT AND UTENSILS							
		d contact surfaces and sin		.D / GOOD REPAIR.					
- Clean t	he inside of the upright	refrigeration unit	T						
	11/3/2016 2:30 PM	11/3/2016	CH - SCORED	GARY CHAMBERS	APPROVED	97/NOTES			
Notes:									
	L WAREWASHING AND	SANITIZING AT () PPM	I/TEMPERATURE: HA	VE BLEACH (OR SO	ME OTHER SANIT	FIZING AGENT) ON HAND FOR			
DISHWA									
CLEAN E	DEAD ROACHES FROM IN	ISIDE LIGHT SHIELDS.	·	T					
	4/4/2017 9:45 AM	4/4/2017	CH - SCORED	JACKIE WELDON	APPROVED	97			
Notes:									
FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR: - Clean microwaves of food debri.									
****Faucet dripping at three compartment sink when water is turned off. Fix.									
	11/9/2017 9:30 AM	11/9/2017	CH - SCORED	GARY CHAMBERS	APPROVED	97/NOTES			
Notes:									
FOOD C	ONTACT SURFACE OF EC	UIPMENT AND UTENSILS	CLEANED / SANITIZE	ED / GOOD REPAIR:	CLEAN DEBRIS AC	COMULATION FROM THE BOTTOM OF			
	CHIN COOLER.								
1									

5/15/2018	3	5/15/2018	CH - SCORED	SARA LOSH	APPROVED	97		
Notes:								
TOXIC ITEMS PROPERLY LABELED / STORED / USED -LABEL ALL CHEMICAL SPRAY BOTTLES								
DEFROST ICE CREAM FREEZER, POST CURRENT HEALTH PERMIT, CLEAN BOTTOM OF COOLER 11/5/2018 11/5/2018 CH - SCORED JACKIE ACOSTA APPROVED 97								
Notes:	,	11/5/2018	CH- SCORED	JACKIE ACOSTA	AFFROVED	57		
FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR: - CLEAN HANDSINK OF FOOD DEBRI - CLEAN COUNTER WHERE COFFEE MAKERS ARE ON - CLEAN INSIDE UPRIGHT REFRIGATOR AND THROW OUT ALL OLD FOOD.								
5/31/2019	3:00 PM	5/31/2019 3:45 PM	CH - SCORED	KEVIN CUMMINGS	APPROVED	100		
Notes: No violation noted								
5/17/2021	L	5/17/2021	CH - SCORED	SARA LOSH	APPROVED	94		
Notes: PROVIDE TOWELS AT HANDSINK CLEAN INSIDE SODA COOLER, REMOVE ALL RUST								
11/1/2021	9:30 AM	11/1/2021	CH - SCORED	JACKIE ACOSTA	APPROVED	94		
Notes:								
HANDWASH FACILITIES WITH SOAP AND PAPER TOWELS (HAND WASH SIGNS POSTED): - Need paper towels at handsink and handsoap to wash hands.								
FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR: - Clean the three compartment sink area - Clean inside the upright refrigeration unit - Store ice scoop in a dry clean container and not on top of ice machine where it gets dusty.								

Permit Number: 1001-0172

Applied: 1/13/2010	Approved:	Site Address: 501 N. BELL AVENUE
Issued:	Finaled:	City, State Zip Code: DENTON, TX 76201
Status: ACTIVE		Applicant: <none></none>
Parent Permit:		Owner: <none></none>
Parent Project:		Contractor: <none></none>

Details:

DENTON SENIOR CENTER

	LIST OF INSPECTIONS							
SEQ ID	SCHEDULED DATE	COMPLETED DATE	ТҮРЕ	INSPECTOR	RESULT	REMARKS		
	1/22/2009	1/22/2009	CH - SCORED	LAURIE PEARSON	APPROVED	100/NOTES		
Notes:	Notes:							
FOODS ARRIVE AT THIS KITCHEN FACILITY AND ARE SERVED FROM ELECTRIC HOT CABINET. CABINET TEMP. AT TIME OF INSPECTION WAS 145-160 DEGREES.; UPRIGHT COMMERCIAL REFRIG. 38 DEGREES FOOD IS NOT PREPARED HERE BUT BROUGHT HERE BY SPAN EMPLOYEES SERVING FOOD ARE WEARING GLOVES NICE KITCHEN								
	1/13/2010	1/13/2010	CH - SCORED	LAURIE PEARSON	APPROVED	SEE NOTES		
Notes: THIS WAS SUPPOSED TO BE A COURTESY INSPECTION OF THE CITY "KITCHEN" AT THE SENIOR CENTER. THE FOOD IS NOT PREPARED HERE BUT BROUGHT HERE BY SPAN AND THEN SEPARATED AND SENT OUT TO SECTIONS OF THE CITY BY VOLUNTEERS. THE ONLY THING NEEDED IN THE KITCHEN ITSELF IS TO HAVE A SMALLER TRASH CAN BY THE HAND SINK THAT DOES NOT BLOCK EASY ACCESS TO THE SINK THE KITCHEN HAS AN ELECTRIC WARMER CABINET AND FOOD IN THERE WAS QUITE HOT - OVER 150 DEGREESBUT INDIVIDUAL MEALS PACKAGED AND HELD IN ICE CHESTS WERE AT APPROXIMATELY 110-113 DEGREES AND WILL NOT BE HOT WHEN THEY ARE FINALLY DELIVERED TO THE PEOPLE SAME WITH SMALL CARTONS OF MILK. THEY ARE IN AN ICE CHEST WITH PACKETS OF ICE CUBES BUT ARE AT ABOUT 44 DEGREES AT TIME OF INSPECTION -9AM AND WIL NOT GET ANY COLDER IN THE SMALLER STYROFOAM CHESTS THAT ARE FILLED AND THEN LATER DELIVERED.								
	9/2/2011	9/2/2011	CH - SCORED	LAURIE PEARSON	APPROVED	100/ NOTES		
Notes: THIS IS A COURTESY INSPECTION AS A SPAN DROP OFF POINT THE FOODS ARE BROUGHT IN AND HELD IN PLASTIC COOLERS WITH ICE PACKS ON THEM BUT THEY REALLY SHOULD HAVE MORE ICE PACKS ON TOP AND AROUND FOODS TOP TEMPERATURE OF PACKAGED FOODS WAS 43 DEGREES THEY ARE HOLDING THE CARTONS OF MILK IN THEIR UPRIGHT COMMERCIAL UNIT AND IT WAS VERY COLD - 40 DEGREES KITCHEN ITSELF LOOKS FINE								

ΓΙΟΝ							
FION							
FION							
TION							
nt							
PLAINT							
#13 EXPIRED MILK, MAY HAVE BEEN PERSONAL FOOD. #18 KEEP DOORS SHUT TO PREVENT INSECT CONTAMINATION. CLEAN OVEN. LABEL ALL FOOD AND DESIGNATE EMPLOYEE FOOD.							
Notes: FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR: - TWO DOOR UPRIGHT REACH IN NEEDS CLEANING.							



	11/17/2017	11/17/2017	CH - SCORED	GARY CHAMBERS	APPROVED	100	
Notes:							
No viola	tions observed at time o	f inspection.					
	5/14/2018	5/14/2018	CH - SCORED	SARA LOSH	APPROVED	100	
Notes:							
	11/5/2018	11/5/2018	CH - SCORED	JACKIE ACOSTA	APPROVED	100	
Notes:							
NOTE SWEEP F	-LOOR IN DRY STORAGE I	ROOM					
	5/30/2019	5/30/2019	CH - SCORED	SARA LOSH	APPROVED	100	
Notes:							
	11/7/2019 9:15 AM	11/7/2019	CH - SCORED	JACKIE ACOSTA	APPROVED	97	
Notes:							
- Clean i - Clean i	nside upright refrigeratic nside lid of ice machine		CLEANED / SANITIZE	D / GOOD REPAIR:			
	room floor needs to be s thermometer inside upr	wept. ight refrigeration unit. To	don't think the built	in thermometer is	reading correctly		
	11/13/2020 10:15 AM	11/13/2020 10:45 AM	CH-FOLLOW-UP	KEVIN CUMMINGS	CHECK NOTES	Closed due to COVID 19	
Notes:				•			
Not ope	n at this time						
	5/17/2021 10:45 AM	5/17/2021	CH - SCORED	JACKIE ACOSTA	APPROVED	97	
Notes:							
		UIPMENT AND UTENSILS on unit and get rid of old f			this time due to C	OVID.	
	11/30/2021	11/30/2021	CH - SCORED	JESSICA GRIFFITH	APPROVED	100	
Notes:				•			
NO VIOL	NO VIOLATIONS OBSERVED AT TIME OF INSPECTION						

Permit Number: 0202-0410

Description: MARTIN LUTHER KING, JR. CENTER

Applied: 2/28/2002	Approved:	Site Address: 1300 WILSON
Issued: 10/26/1992	Finaled: 10/26/1999	City, State Zip Code: DENTON, TX 76201
Status: ACTIVE		Applicant: CITY OF DENTON
Parent Permit:		Owner: CITY OF DENTON
Parent Project:		Contractor: <none></none>

Details:

THE CENTER NO LONGER OPERATES A FULL TIME DAY CARE - ON TUESDAYS THERE ARE HOME-SCHOOLERS WHO USE THE FACILITY BUT BASICALLY THE REMODELED KITCHEN IS USED FOR DIFFERENT FUNCTIONS.

I DROPPED OFF A CURRENT HEALTH PERMIT FOR THE KITCHEN AS A FORMALITY. THE KITCHEN MAY BE INSPECTED WHEN SOMEONE IS GOING TO USE IT TO FEED THE PUBLIC FROM.

MARTIN LUTHER KING, JR. CENTER

	LIST OF INSPECTIONS										
SEQ ID	SCHEDULED DATE	COMPLETED DATE	ТҮРЕ	INSPECTOR	RESULT	REMARKS					
	2/15/2002	2/15/2002	CH - ROUTINE	LAURIE PEARSON	APPROVED	SEE NOTES					
THE CEN AS NEED	ITER DOESN'T PROVIDE N DED. RITE TO KENNETH WASHI	NGTON (PARKS AND REC)	AND RECOMMEND	THAT THEY RE-SUI	RFACE WALLS IN I	ND THE CENTER JUST MICROWAVES					
BECAUS	CAUSE THE WALLPAPER IS IN POOR REPAIR AND THEY NEED A NON-ABSORBENT DURABLE EASILY CLEANABLE SURFACE 6/30/2003 6/30/2003 CH - SCORED LAURIE PEARSON APPROVED SEE NOTES										
Notes: ORMICA COMING LOOSE FROM EDGES OF CABINET BELOW BATHROOM SINK; CLEAN REFRIGERATOR (AND FREEZER) IN KITCHEN; BE SURE TO HAVE LIQUID SOAP AND PAPER TOWELS FOR HANDWASHING; DISHWASHER DOESN'T WORK - HAS ONLY A 2 COMPARTMENT SINK IN THE COUNTER; - NO SEPARATE HANDWASH SINK; CLEAN WALL AREA AROUND TRASH CAN - BY DOORWAY INTO BACK STORE ROOM; IN ORDER TO BE IN COMPLIANCE WITH CURRENT CODE THIS KITCHEN NEEDS 1) A SEPARATE HANDWASH SINK 2) A 3 COMPARTMENT SINK OR A COMMERCIAL DISHWASHER - OR ADD ANOTHER 2 COMPARTMENT SINK IN COUNTERTOP WITH A SPLASHGUARD BETWEEN ONE FOR A HAND SINK											
	9/30/2003	9/30/2003	CH - REINSPECT	LAURIE PEARSON	CANCELLED						
Notes:											
	1/19/2007	1/19/2007	CH - SCORED	JACKIE WELDON	APPROVED	100					
Notes: LEFT CU CLEAN K		THE KITCHEN IS ONLY US	ED FOR PRIVATE PA	RTIES.							



	7/27/2007	7/27/2007	CH - SCORED	LAURIE PEARSON	APPROVED	95
Notes:						
USUALL	Y MILK KEPT IN THERE		ETER READS 50 DEG	REES AS DOES MIN	ENO PHF IN TH	ERE AT THIS TIME BUT THERE IS
B) CABIN	ACE WALLBOARD AROUN NET BELOW SINK WILL BE 6 MOPS AND BROOMS UI	REPLACED IN REMODEL				
	12/3/2007	12/3/2007	CH - FINAL HEALTH	JACKIE WELDON	APPROVED	SEE COMMENTS
Notes:						
DID A FI	NAL ON THEIR RE-NOVAT	TED KITCHEN.				
THEY W	ILL NEED A THERMOMET	ER IN THEIR NEW UP RIG	HT UNIT.			
NEED SC	OAP AND PAPER TOWELS	AT HANDSINK.				
NICE KIT	CHEN.					
	1/20/2009	1/20/2010	CH - SCORED	LAURIE PEARSON	APPROVED	93
Notes:						
out - jus	t set bag in plastic contai	ner or ziplock type bag				n liddo not have to empty contents
TOXICTI	EMS PROPERLY LABELED	/ STORED / USED; alway	s store chemicals be	low and away from LAURIE	food supplies	
	1/22/2009	1/22/2009	CH - SCORED	PEARSON	APPROVED	100
Notes:						
	1/22/2009	1/22/2009	CH - SCORED	LAURIE PEARSON	APPROVED	FULL CENTER
Notes:						
	7/22/2009	7/22/2009	CH - SCORED	JACKIE WELDON	APPROVED	100
Notes:						
LEFT INS	PECTION HISTORY. NICE	KITCHEN.				
	1/7/2011	1/7/2011	CH - SCORED	JACKIE WELDON	APPROVED	96
Notes:						
HANDW	ASH FACILITIES WITH SO	AP AND PAPER TOWELS (HAND WASH SIGNS	POSTED): NEED AT	HANDSINK.	
	CONDITION: OPEN BAG NER WITH A TIGHT FITTIN		EEDS TO BE STORED	IN A TIGHTLY SEAL	CONTAINER, EITH	HER A ZIPLOCK BAG OR IN A

	2/13/2012	2/13/2012	CH - SCORED	LAURIE PEARSON	APPROVED	96
Notes:						
center n	CONDITION; found large nanager moved it into a in general very neat and		ry storage area			
	7/5/2012	7/5/2012	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES
Notes:						
NO HEA	LTH VIOLATIONS OBSER\	/ED DURING THIS INSPECT	TION. EVERYTHING	MARKED ON LAST I	NSPECTION WAS	CORRECTED.
USE OF	ΚΙΤΟΗΕΝ COSTS \$20.00/Ε	PER HOUR. AFTER HOURS	US \$31 \$100 DEPO	SIT		
002 01				LAURIE		400/110750
	1/9/2013	1/9/2013	CH - SCORED	PEARSON	APPROVED	100/ NOTES
Notes:						
MANAG	ER BOBBY GIVENS INDIC	ATED THAT THEY DO NOT	HAVE A GREASE TR	AP AT THIS KITCHE	N BUT THAT MOS	T OF THE PEOPLE WHO RENT IT DO
	OK WITH GREASE/LADEN					
A) FRP N	IEEDED AROUND WALLS	OF MOP SINK				
	7/16/2013	7/16/2013	CH - SCORED	GARY CHAMBERS	APPROVED	97/NOTES
Notes:						
HANDW	ASH FACILITIES WITH SO	AP AND PAPER TOWELS (HAND WASH SIGNS	POSTED): SOAP & F	PAPER TOWELS N	EEDED AT HANDSINK.
REPLAC	2.15	BOARD AT MOP SINK. CLE			E ICE MACHINE.	
	1/14/2014 PM	1/14/2014	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES
Notes:						
NO ACT	IVITY GOING ON IN THIS	KITCHEN AT THE TIME OF	THIS BOUTINE INSP	ECTION		
) NEED TO STOCK HANDS (ITCHEN.	SINK WITH SOAP AND PAF	PER TOWELS, BUT DI	D NOT MARK AS A	VIOLATION SINC	E THE KITCHEN WAS NOT IN USE.
	7/15/2014 8:30 AM	7/15/2014 8:30 AM	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES
Notes:						
THEDMA		CCURATE / PROPERLY CAL				
	IE FOR FRIDGE	CONATE / PROPEREI CAL	IBRATED (+2 F)			
	1/6/2015 9:00 AM	1/6/2015	CH - SCORED	GARY CHAMBERS	APPROVED	100/NOTES
Notes:						
NEED SO	DAP & PAPER TOWELS AT	F HANDWASH SINK. KITCH	EN NOT IN USE AT T	IME OF INSPECTIO	N.	

	//14/2015	2:00 PM	7/14/2015	CH - SCORED	GARY CHAMBERS	APPROVED	100					
Notes:												
			HANDSINK. KITCHEN WA									
INEED SU	1/25/2016		1/25/2016	CH - SCORED	JACKIE WELDON	APPROVED	94					
Notes:												
- Clean o THERMO - Refrige	door gasket up uprij DMETERS PROVIDEI gration unit needs a	ght un D / AC	CURATE / PROPERLY CALI		ED / GOOD REPAIR:							
	Left Health permit. 7/22/2016 7/22/2016 CH - SCORED SARA LOSH APPROVED 94											
Notes:	//22/2010		772272010		JAIA LOJII	ATTROVED						
-PROVIE TOXIC IT	DE SOAP AND TOWE	ELS AT BELED										
	1/14/2017	9:30 AM	1/19/2017	CH - SCORED	GARY CHAMBERS	APPROVED	100					
Notes:												
	ATIONS OBSERVED).										
		ם אם	ENSERS INSTALLED.									
INE VV SC	1	.0:30										
	1 //11//01/	AM	7/11/2017	CH - SCORED	JACKIE WELDON	APPROVED	100/NOTES					
Notes:												
NO HEA	LTH VIOLATIONS OF	BSERV	ED.									
	1/8/2018		1/8/2018	CH - SCORED	SARA LOSH	APPROVED	100					
Notes:												
		9:30 AM	7/13/2018	CH - SCORED	GARY CHAMBERS	APPROVED	100					
Notes:												
	ATIONS OBSERVED)										

	1/9/2019	1/9/2019	JESSICA GRIFFITH	APPROVED	92	
Notes:						
SOUND	CONDITION: Label all	open food with "use by" dat	e - 7 days max. Disca	ard expired food (b	utter exp April 20	118, cream cheese exp Aug 2018).
APPROV cooler o		ARKING (HACCP PLANS/TIM	E AS PUBLIC HEALTH	CONTROL): Food r	nust be mechanic	cally refrigerated. Do not hold salad in
Hot hold	d OK: chicken @ 140d	egrees, rice @ 141 degrees.		_		
	7/30/2019 2:4 PN	7/30/2019	CH - SCORED	KEVIN CUMMINGS	APPROVED	97
Notes:						
25 - Foo	d Contact Surfaces - C	lean microwave interior, an	d oven bottom of fo	od spills		
	1/28/2020	1/28/2020	CH - SCORED	SARA LOSH	APPROVED	100
Notes:						
	1/12/2021	1/12/2021	CH-FOLLOWUP	JACKIE ACOSTA	CHECK NOTES	KITCHEN CLOSED
Notes:						
DURING	COVID					
	7/19/2021 10:0 AM	//19//0/1	CH - SCORED	JACKIE ACOSTA	APPROVED	97
Notes:						
	ASH FACILITIES WITH paper towels at hands	SOAP AND PAPER TOWELS (nk	HAND WASH SIGNS	POSTED)		
	1/31/2022	1/31/2022	CH - SCORED	JESSICA GRIFFITH	APPROVED	96
Notes:						
SOUND	CONDITION: DISCARD	EXPIRED FOODS IN FRIDGE	(EGGS, CREAM CHE	ESE, ETC.)		





Retail Food Establishment Inspection Report

D	ate:	2	12	2	Time in: Time out: 20 License	/Permi	it #	0	17	3	-	Est. Type	Risk Category	Page of
-	_		-	_	tion: 1-Compliance 2-Routine			3-Fi	eld Ir	ives	tigati		5-Other	TOTAL/SCOR
Es	stabl	ishn	nent	Nan	ie: Contact/Owne	r Nam	e:					* Number of Repeat Viola Violations C	tions: OS:	
Pł	nysic	cal A	Addr	ess:	City/County:		2	Zip (Code:	Т	Phor		Follow-up: Yes	100
	-	-	20	2	N DEN LENTO	5					9	10-344-0142	No (circle one)	
М	ark t	the a	ppro	oriate	pliance Status: Out = not in compliance IN = in compliance points in the OUT box for each numbered item Mar	ce No k'∕'a	$\mathbf{D} = \mathbf{n}$ check	ot ob: kmarl	served k in ap	N proj	IA ≡ π priate		site R = repeat vio rk an asterisk ' * ' in	
-					Priority Items (3 Points) violation			Im	nedia	te (Correc		vs	
0	I	N		C O	Time and Temperature for Food Safety	R	ŀ	0	IN	N	Status N C			
U T	N	0	A	0 S	(F = degrees Fahrenheit)			U T	NC		A O S	Empl	oyee Health	STALL BOT
					1. Proper cooling time and temperature							12. Management, food employ		employees;
					2. Proper Cold Holding temperature(41°F/ 45°F)		ŀ	+		+		knowledge, responsibilities, a 13. Proper use of restriction at		charge from
_					3. Proper Hot Holding temperature(135°F)	+-	-					eyes, nose, and mouth	tamination by Han	de
					4. Proper cooking time and temperature		t					14. Hands cleaned and proper	ly washed/ Gloves u	ised properly
					5. Proper reheating procedure for hot holding (165°F in 2 Hours)							15. No bare hand contact with alternate method properly foll	ready to eat foods o	r approved
					6. Time as a Public Health Control; procedures & records		t			-		Highly Susce	eptible Populations	
					Approved Source							16. Pasteurized foods used; pr Pasteurized eggs used when re	ohibited food not off	fered
					7. Food and ice obtained from approved source; Food in		F					rasieunzeu eggs useu when re	equirea	
					good condition, safe, and unadulterated; parasite destruction							C	hemicals	
					8. Food Received at proper temperature	+-	F	T		T		17. Food additives; approved a	and properly stored;	Washing Fruits
					Protection from Contamination		┝	-	_	+		& Vegetables 18. Toxic substances properly	identified stored an	dused
					9. Food Separated & protected, prevented during food				2		141		r/ Plumbing	u useu
	-				preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and			-	-	T	-	19. Water from approved sour	oa: Plumbing install	di propor
					Sanitized at ppm/temperature							backflow device		
					11. Proper disposition of returned, previously served or reconditioned							20. Approved Sewage/Wastew disposal	vater Disposal Syster	n, proper
		¥ A	2	1.8	Priority Foundation Items (2 I	oints) vio	latio	ns Re	equi	ire Co			1.525.00
O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Personnel	R			I N N C		A O S	Food Temperatur	e Control/ Identific	ation
					21. Person in charge present, demonstration of knowledge							27. Proper cooling method use		quate to
					and perform duties/ Certified Food Manager (CFM) 22. Food Handler/ no unauthorized persons/ personnel	-	-	-		+		Maintain Product Temperature 28. Proper Date Marking and o		
					Safe Water, Recordkeeping and Food Package							29. Thermometers provided, a	ccurate, and calibrate	ed; Chemical/
					Labeling 23. Hot and Cold Water available; adequate pressure, safe	-				-	_	Thermal test strips Permit Requirement,	Provide the Control	
_					24. Required records available (shellstock tags; parasite		-	-		T	T	-		
					destruction); Packaged Food labeled							30. Food Establishment Pern	nit (Current & Valio	1)
					Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and				-	-	-		pment, and Vending	
					HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions							31. Adequate handwashing fac supplied, used	ilities: Accessible ar	nd prop er ly
					Consumer Advisory					T		32. Food and Non-food Contac		, properly
					26. Posting of Consumer Advisories; raw or under cooked		-	-				designed, constructed, and use 33. Warewashing Facilities; in	stalled, maintained,	used/
_			-		foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label							Service sink or curb cleaning f	acility provided	
0	1	N	N	C	Core Items (1 Point) Violations Require Correction	R R			Exco I N			ys or Next Inspection , Which	ever Comes First	
U T	N	0	A	0 S	Prevention of Food Contamination				NÖ	A		Food Id	dentification	
					34. No Evidence of Insect contamination, rodent/other animals							41.Original container labeling	(Bulk Food)	
-				_	35. Personal Cleanliness/eating, drinking or tobacco use			_		-	-		al Facilities	
-					36. Wiping Cloths; properly used and stored 37. Environmental contamination		-		-			42. Non-Food Contact surfaces 43. Adequate ventilation and li	s clean	rans used
	-				38. Approved thawing method		E					44. Garbage and Refuse proper	rly disposed; facilitie	s maintained
					Proper Use of Utensils					-		45. Physical facilities installed	maintained, and cle	an
					39 Utensils equipment & linens; properly used stand					1		46. Toilet Facilities; properly c	onstructed, supplied	, and clean
					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used									,
							-		+			47. Other Violations		
	ceiv	ed t	by:		dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properly stored		Pri	nt:	X	1.1	(1	47. Other Violations	Title: Person In (
(sig	natu	re) ted	-		dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properly stored		Pri		X	1	(-1	47. Other Violations		





HEALTH PERMIT

This is to certify that the building located at: ______ 501 N. BELL AVENUE

under the name of: CITY OF DENTON SENIOR CENTER KITCHEN

has been inspected and is found to comply with the rules and regulations of the

Consumer Health Division and is hereby granted to be used for:

RESTAURANT LESS THAN 2000 SQ FT GFA

This permit shall remain in effect until: 5/31/2023

Owner of Business: CITY OF DENTON

City of Denton Consumer Health Division (940) 349-8321 THIS HEALTH PERMIT SHALL BE POSTED IN A CONSPICE

Scott McDonald, Building Official

THIS HEALTH PERMIT SHALL BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISE AND SHALL NOT BE REMOVED EXCEPT BY AN INSPECTOR OR THE BUILDING OFFICIAL.