### Permit Number: 0505-0466

### Description: CIVIC CENTER KITCHEN

| Applied: <b>5/19/2005</b> | Approved: 5/19/2005       | Site Address: 321 E MCKINNEY                        |
|---------------------------|---------------------------|---|
| Issued: 5/19/2005         | Finaled: <b>5/19/2005</b> | 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: <b><none></none></b>                    |

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

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|          |  |                        | -                       |                   |                  |  |  |
|----------|--|------------------------|-------------------------|-------------------|------------------|--|--|
|          | 5/9/2006                                   | 5/9/2006               | CH - SCORED             | JACKIE WELDON     | APPROVED         | SEE NOTES                              |  |
| Notes:   |  |                        |                         |                   |                  |  |  |
|          |  |                        |                         |                   |                  |  |  |
| KITCHEP  | I LOOKED GOOD.                             |                        |                         |                   |                  | <b>F</b>                               |  |
|          | 12/12/2006                                 | 12/12/2006             | CH - HEALTH CARD<br>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<br>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<br>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<br>DEGREES. |   |                       |                      |             |   |  |  |  |
| OVERAL  | L THE KITCHEN LOOKED (   | GOOD.   |                       |                      |             |   |  |  |  |
|   | 6/18/2010  | 6/18/2010                                     | CH - SCORED           | LAURIE<br>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<br>TER AT THE BOTTOM WH |                       |                      | ED.         |   |  |  |  |
|   | 5/3/2011   | 5/3/2011                                      | CH - SCORED           | JACKIE WELDON        | APPROVED    | 97  |  |  |  |
| Notes:  |  |   | •                     |                      |             |   |  |  |  |
|   |  |   |                       |                      |             | OR UNIT REMOVE NEWSPAPER. CLEAN<br>COOP IN A DRY, CLEAN AREA. |  |  |  |
|   | 11/16/2011   | 11/16/2011                                    | CH - SCORED           | JACKIE WELDON        | APPROVED    | 100/NOTES   |  |  |  |
|   | CE KITCHEN. ALL UNITS I<br>ND PAPER TOWEL AT HAI   | JP AND RUNNING BELOW<br>NDSINK.               | / 38 DEGREES.         |                      |             |   |  |  |  |
|   | 5/5/2012   | 5/5/2012                                      | CH - SCORED           | LAURIE<br>PEARSON    | APPROVED    | 100/ notes  |  |  |  |
| Notes:  |  |   |                       |                      |             |   |  |  |  |
|   | as no PHF in the refrig. or<br>over all very neat and cle  | n the north side which is a<br>an             | good - the temp. of t | the unit is 50 degre | es          |   |  |  |  |
|   | 11/28/2012   | 11/28/2012                                    | CH - SCORED           | GARY<br>CHAMBERS     | APPROVED    | 96/NOTES  |  |  |  |
| Notes:  |  |   | •                     |                      |             |   |  |  |  |
| WATER-SUPPLY-APPROVED SOURCE/SUFFICIENT CAPACITY/HOT AND COLD UNDER PRESSURE/CROSS CONNECTION.: FAUCET WITH SPRAYER AT 3 BAY<br>SINK IS LEAKING.<br>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<br>- WIPE D | FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR:<br>- WASH AND SANITIZE THE HANDSINK AREA.<br>- WIPE DOWN TOP OF MICROWAVE<br>- 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<br>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<br>PEARSON | APPROVED       | 100             |  |  |  |
| Notes:             |   |                         | L                  |                   |                | L               |  |  |  |
|                    | 11/14/2014  | 11/14/2014              | CH - SCORED        | LAURIE<br>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):<br>- 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<br>- CLEAN INSIDE THE BROKEN UNIT.<br>- CLEAN HANDSINK AREA |                            |                    |                   |                 |                               |  |  |  |
|  | AND MOP FLOOR THRU   | OUT KITCHEN.               |                    |                   |                 |                               |  |  |  |
| ***MYF   | A WILL CALL WHEN UNI   | T HAS BEEN FIXED.          |                    |                   |                 |                               |  |  |  |
|  | 11/10/2015 1:00<br>PM  | 11/10/2015                 | CH - SCORED        | GARY<br>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<br>PM   | 11/3/2016                  | CH - SCORED        | GARY<br>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<br>AM  | 4/4/2017                   | CH - SCORED        | JACKIE WELDON     | APPROVED        | 97                            |  |  |  |
| Notes:   |  |                            |                    |                   |                 |                               |  |  |  |
| FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR:<br>- Clean microwaves of food debri. |  |                            |                    |                   |                 |                               |  |  |  |
| ****Faucet dripping at three compartment sink when water is turned off. Fix.   |  |                            |                    |                   |                 |                               |  |  |  |
|  | 11/9/2017 9:30<br>AM   | 11/9/2017                  | CH - SCORED        | GARY<br>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<br>-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:<br>- CLEAN HANDSINK OF FOOD DEBRI<br>- CLEAN COUNTER WHERE COFFEE MAKERS ARE ON<br>- CLEAN INSIDE UPRIGHT REFRIGATOR AND THROW OUT ALL OLD FOOD.   |            |                      |             |                   |          |     |  |  |
| 5/31/2019  | 3:00<br>PM | 5/31/2019 3:45<br>PM | CH - SCORED | KEVIN<br>CUMMINGS | APPROVED | 100 |  |  |
| Notes:<br>No violation noted   |            |                      |             |                   |          |     |  |  |
| 5/17/2021  | L          | 5/17/2021            | CH - SCORED | SARA LOSH         | APPROVED | 94  |  |  |
| Notes:<br>PROVIDE TOWELS AT HANDSINK<br>CLEAN INSIDE SODA COOLER, REMOVE ALL RUST  |            |                      |             |                   |          |     |  |  |
| 11/1/2021  | 9:30<br>AM | 11/1/2021            | CH - SCORED | JACKIE ACOSTA     | APPROVED | 94  |  |  |
| Notes:   |            |                      |             |                   |          |     |  |  |
| HANDWASH FACILITIES WITH SOAP AND PAPER TOWELS (HAND WASH SIGNS POSTED):<br>- Need paper towels at handsink and handsoap to wash hands.  |            |                      |             |                   |          |     |  |  |
| FOOD CONTACT SURFACE OF EQUIPMENT AND UTENSILS CLEANED / SANITIZED / GOOD REPAIR:<br>- Clean the three compartment sink area<br>- Clean inside the upright refrigeration unit<br>- Store ice scoop in a dry clean container and not on top of ice machine where it gets dusty. |            |                      |             |                   |          |     |  |  |

### Permit Number: 1001-0172

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

Details:

### DENTON SENIOR CENTER

|   | LIST OF INSPECTIONS |                |             |                   |          |            |  |  |
|---|---------------------|----------------|-------------|-------------------|----------|------------|--|--|
| SEQ<br>ID   | SCHEDULED DATE      | COMPLETED DATE | ТҮРЕ        | INSPECTOR         | RESULT   | REMARKS    |  |  |
|   | 1/22/2009           | 1/22/2009      | CH - SCORED | LAURIE<br>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<br>DEGREES.; UPRIGHT COMMERCIAL REFRIG. 38 DEGREES<br>FOOD IS NOT PREPARED HERE BUT BROUGHT HERE BY SPAN<br>EMPLOYEES SERVING FOOD ARE WEARING GLOVES<br>NICE KITCHEN   |                     |                |             |                   |          |            |  |  |
|   | 1/13/2010           | 1/13/2010      | CH - SCORED | LAURIE<br>PEARSON | APPROVED | SEE NOTES  |  |  |
| Notes:<br>THIS WAS SUPPOSED TO BE A COURTESY INSPECTION OF THE CITY "KITCHEN" AT THE SENIOR CENTER. THE FOOD IS NOT PREPARED HERE BUT<br>BROUGHT HERE BY SPAN AND THEN SEPARATED AND SENT OUT TO SECTIONS OF THE CITY BY VOLUNTEERS. THE ONLY THING NEEDED IN THE KITCHEN<br>ITSELF IS TO HAVE A SMALLER TRASH CAN BY THE HAND SINK THAT DOES NOT BLOCK EASY ACCESS TO THE SINK<br>THE KITCHEN HAS AN ELECTRIC WARMER CABINET AND FOOD IN THERE WAS QUITE HOT - OVER 150 DEGREESBUT INDIVIDUAL MEALS PACKAGED<br>AND HELD IN ICE CHESTS WERE AT APPROXIMATELY 110-113 DEGREES AND WILL NOT BE HOT WHEN THEY ARE FINALLY DELIVERED TO THE PEOPLE<br>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<br>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<br>PEARSON | APPROVED | 100/ NOTES |  |  |
| Notes:<br>THIS IS A COURTESY INSPECTION AS A SPAN DROP OFF POINT<br>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<br>AND AROUND FOODS<br>TOP TEMPERATURE OF PACKAGED FOODS WAS 43 DEGREES<br>THEY ARE HOLDING THE CARTONS OF MILK IN THEIR UPRIGHT COMMERCIAL UNIT AND IT WAS VERY COLD - 40 DEGREES<br>KITCHEN ITSELF LOOKS FINE   |                     |                |             |                   |          |            |  |  |

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



|                        | 11/17/2017   | 11/17/2017   | CH - SCORED           | GARY<br>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<br>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<br>AM                                   | 11/7/2019  | CH - SCORED           | JACKIE ACOSTA       | APPROVED           | 97                     |  |
| Notes:                 |  |  |                       |                     |                    |                        |  |
| - Clean i<br>- Clean i | nside upright refrigeratic<br>nside lid of ice machine |  | CLEANED / SANITIZE    | D / GOOD REPAIR:    |                    |                        |  |
|                        | room floor needs to be s<br>thermometer inside upr     | wept.<br>ight refrigeration unit. To                 | don't think the built | in thermometer is   | reading correctly  |                        |  |
|                        | 11/13/2020 10:15<br>AM                                 | 11/13/2020 10:45<br>AM                               | CH-FOLLOW-UP          | KEVIN<br>CUMMINGS   | CHECK NOTES        | Closed due to COVID 19 |  |
| Notes:                 |  |  |                       | •                   |                    |                        |  |
| Not ope                | n at this time   |  |                       |                     |                    |                        |  |
|                        | 5/17/2021 10:45<br>AM                                  | 5/17/2021  | CH - SCORED           | JACKIE ACOSTA       | APPROVED           | 97                     |  |
| Notes:                 |  |  |                       |                     |                    |                        |  |
|                        |  | UIPMENT AND UTENSILS<br>on unit and get rid of old f |                       |                     | this time due to C | OVID.                  |  |
|                        | 11/30/2021   | 11/30/2021   | CH - SCORED           | JESSICA<br>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: <b>10/26/1999</b> | City, State Zip Code: DENTON, TX 76201 |
| Status: ACTIVE     |                            | Applicant: CITY OF DENTON              |
| Parent Permit:     |                            | Owner: CITY OF DENTON                  |
| Parent Project:    |                            | Contractor: <b><none></none></b>       |

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<br>ID   | SCHEDULED DATE  | COMPLETED DATE         | ТҮРЕ              | INSPECTOR         | RESULT           | REMARKS                       |  |  |  |  |  |
|   | 2/15/2002   | 2/15/2002              | CH - ROUTINE      | LAURIE<br>PEARSON | APPROVED         | SEE NOTES                     |  |  |  |  |  |
| THE CEN<br>AS NEED  | ITER DOESN'T PROVIDE N<br>DED.<br>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<br>PEARSON APPROVED SEE NOTES |                        |                   |                   |                  |                               |  |  |  |  |  |
| Notes:<br>ORMICA COMING LOOSE FROM EDGES OF CABINET BELOW BATHROOM SINK; CLEAN REFRIGERATOR ( AND FREEZER) IN KITCHEN; BE SURE TO HAVE<br>LIQUID SOAP AND PAPER TOWELS FOR HANDWASHING; DISHWASHER DOESN'T WORK - HAS ONLY A 2 COMPARTMENT SINK IN THE COUNTER; - NO<br>SEPARATE HANDWASH SINK; CLEAN WALL AREA AROUND TRASH CAN - BY DOORWAY INTO BACK STORE ROOM;<br>IN ORDER TO BE IN COMPLIANCE WITH CURRENT CODE THIS KITCHEN NEEDS 1) A SEPARATE HANDWASH SINK 2) A 3 COMPARTMENT SINK OR A<br>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<br>PEARSON | CANCELLED        |                               |  |  |  |  |  |
| Notes:  |   |                        |                   |                   |                  |                               |  |  |  |  |  |
|   | 1/19/2007   | 1/19/2007              | CH - SCORED       | JACKIE WELDON     | APPROVED         | 100                           |  |  |  |  |  |
| Notes:<br>LEFT CU<br>CLEAN K  |   | THE KITCHEN IS ONLY US | ED FOR PRIVATE PA | RTIES.            |                  |                               |  |  |  |  |  |



|           | 7/27/2007   | 7/27/2007               | CH - SCORED          | LAURIE<br>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<br>NET BELOW SINK WILL BE<br>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<br>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<br>LAURIE | food supplies   |                                    |
|           | 1/22/2009   | 1/22/2009               | CH - SCORED          | PEARSON                     | APPROVED        | 100                                |
| Notes:    |   |                         |                      |                             |                 |                                    |
|           | 1/22/2009   | 1/22/2009               | CH - SCORED          | LAURIE<br>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<br>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<br>PEARSON | APPROVED       | 96                             |
|----------|---|-------------------------|--------------------|-------------------|----------------|--------------------------------|
| Notes:   |   |                         |                    |                   |                |                                |
| center n | CONDITION; found large<br>nanager moved it into a<br>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<br>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<br>(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<br>AM  | 7/15/2014 8:30<br>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<br>AM   | 1/6/2015                | CH - SCORED        | GARY<br>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<br>PM       | 7/14/2015              | CH - SCORED | GARY<br>CHAMBERS  | APPROVED | 100       |  |  |  |  |  |
|----------------------------------|---|------------------|------------------------|-------------|-------------------|----------|-----------|--|--|--|--|--|
| Notes:                           |   |                  |                        |             |                   |          |           |  |  |  |  |  |
|                                  |   |                  | HANDSINK. KITCHEN WA   |             |                   |          |           |  |  |  |  |  |
| INEED SU                         | 1/25/2016   |                  | 1/25/2016              | CH - SCORED | JACKIE WELDON     | APPROVED | 94        |  |  |  |  |  |
| Notes:                           |   |                  |                        |             |                   |          |           |  |  |  |  |  |
| - Clean o<br>THERMO<br>- Refrige | door gasket up uprij<br>DMETERS PROVIDEI<br>gration unit needs a                      | ght un<br>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<br>TOXIC IT              | DE SOAP AND TOWE  | ELS AT<br>BELED  |                        |             |                   |          |           |  |  |  |  |  |
|                                  | 1/14/2017   | 9:30<br>AM       | 1/19/2017              | CH - SCORED | GARY<br>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<br>AM       | 7/13/2018              | CH - SCORED | GARY<br>CHAMBERS  | APPROVED | 100       |  |  |  |  |  |
| Notes:                           |   |                  |                        |             |                   |          |           |  |  |  |  |  |
|                                  | ATIONS OBSERVED   | )                |                        |             |                   |          |           |  |  |  |  |  |
|                                  |   |                  |                        |             |                   |          |           |  |  |  |  |  |

|                    | 1/9/2019                                     | 1/9/2019                      | JESSICA<br>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<br>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<br>PN                          | 7/30/2019                     | CH - SCORED           | KEVIN<br>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<br>AM                         | //19//0/1                     | CH - SCORED           | JACKIE ACOSTA       | APPROVED           | 97                                       |
| Notes:             |  |                               |                       |                     |                    |  |
|                    | ASH FACILITIES WITH<br>paper towels at hands | SOAP AND PAPER TOWELS (<br>nk | HAND WASH SIGNS       | POSTED)             |                    |  |
|                    | 1/31/2022                                    | 1/31/2022                     | CH - SCORED           | JESSICA<br>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<br>Violations C                           | tions:<br>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<br>points in the OUT box for each numbered item Mar    | ce No<br>k'∕'a | $\mathbf{D} = \mathbf{n}$<br>check | ot ob:<br>kmarl | served<br>k in ap | N<br>proj | IA ≡ π<br>priate |  | site R = repeat vio<br>rk an asterisk ' * ' in |                      |
| -           |        |            |        |             | Priority Items (3 Points) violation   |                |                                    | Im              | nedia             | te (      | Correc           |  | vs   |                      |
| 0           | I      | N          |        | C<br>O      | Time and Temperature for Food Safety  | R              | ŀ                                  | 0               | IN                | N         | Status<br>N C    |  |  |                      |
| U<br>T      | N      | 0          | A      | 0<br>S      | (F = degrees Fahrenheit)  |                |                                    | U<br>T          | NC                |           | A O<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>U<br>T | I<br>N | N<br>O     | N<br>A | C<br>O<br>S | Demonstration of Knowledge/ Personnel   | R              |                                    |                 | I N<br>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)<br>22. Food Handler/ no unauthorized persons/ personnel          | -              | -                                  | -               |                   | +         |                  | Maintain Product Temperature<br>28. Proper Date Marking and o      |  |                      |
|             |        |            |        |             | Safe Water, Recordkeeping and Food Package  |                |                                    |                 |                   |           |                  | 29. Thermometers provided, a                                       | ccurate, and calibrate                         | ed; Chemical/        |
|             |        |            |        |             | Labeling<br>23. Hot and Cold Water available; adequate pressure, safe   | -              |                                    |                 |                   | -         | _                | Thermal test strips<br>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<br>25. Compliance with Variance, Specialized Process, and                    |                |                                    |                 | -                 | -         | -                |  | pment, and Vending                             |                      |
|             |        |            |        |             | HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions                       |                |                                    |                 |                   |           |                  | 31. Adequate handwashing fac<br>supplied, used                     | ilities: Accessible ar                         | nd prop <b>er</b> ly |
|             |        |            |        |             | Consumer Advisory   |                |                                    |                 |                   | T         |                  | 32. Food and Non-food Contac                                       |  | , properly           |
|             |        |            |        |             | 26. Posting of Consumer Advisories; raw or under cooked   |                | -                                  | -               |                   |           |                  | designed, constructed, and use<br>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<br>I N       |           |                  | ys or Next Inspection , Which                                      | ever Comes First                               |                      |
| U<br>T      | N      | 0          | A      | 0<br>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<br>37. Environmental contamination                                    |                | -                                  |                 | -                 |           |                  | 42. Non-Food Contact surfaces<br>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          |
|             |        |            |        |             | <b>39.</b> 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<br>40. Single-service & single-use articles; properly stored     |                | Pri                                | nt:             | X                 | 1.1       | (1               | 47. Other Violations   | Title: Person In (                             |                      |
| (sig        | natu   | re)<br>ted | -      |             | dried, & handled/ In use utensils; properly used<br>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.