



**Texas Department of State Health Services  
Retail Food Establishment Inspection Report**



|                  |          |           |                  |            |             |             |
|------------------|----------|-----------|------------------|------------|-------------|-------------|
| Date: 2025-08-14 | Time in: | Time out: | License/Permit # | TMS Number | 2025-019737 | Page 1 of 3 |
|------------------|----------|-----------|------------------|------------|-------------|-------------|

|                               |         |  |                    |
|-------------------------------|---------|--|--------------------|
| <b>Purpose of Inspection:</b> | Routine |  | <b>TOTAL/SCORE</b> |
|-------------------------------|---------|--|--------------------|

|   |                          |   |                            |
|---|--------------------------|---|----------------------------|
| Establishment Name:<br>Game on Sports Bar             | Contact/Owner Name:      | Number of Repeat Violations: 2<br>Number of Violations COS: 0 | 91                         |
| Physical Address:<br>1380 Hwy 67, Alvarado, TX, 76009 | City/County:<br>Alvarado | Zip Code:<br>76009  | Phone:<br>Follow-up:<br>No |

**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation

**Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days**

| Compliance Status |   |    |    |     | Time and Temperature for Food Safety<br>(F = degrees Fahrenheit)   | R | Compliance Status |   |    |    |     | Employee Health  | R |
|-------------------|---|----|----|-----|--|---|-------------------|---|----|----|-----|--|---|
| O                 | I | N  | NA | COS |  |   | O                 | I | N  | NA | COS |  |   |
|                   |   | NO |    |     | 1. Proper cooling time and temperature   |   |                   |   | IN |    |     | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting             |   |
|                   |   | IN |    |     | 2. Proper Cold Holding temperature(41°F/ 45°F)   |   |                   |   | IN |    |     | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth                             |   |
|                   |   | NO |    |     | 3. Proper Hot Holding temperature(135°F)   |   |                   |   |    |    |     | <b>Preventing Contamination by Hands</b>   |   |
|                   |   | NO |    |     | 4. Proper cooking time and temperature   |   |                   |   | IN |    |     | 14. Hands cleaned and properly washed/ Gloves used properly  |   |
|                   |   | NO |    |     | 5. Proper reheating procedure for hot holding (165°F in 2 Hours)   |   |                   |   | IN |    |     | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N: ) |   |
|                   |   | IN |    |     | 6. Time as a Public Health Control; procedures & records   |   |                   |   |    |    |     | <b>Highly Susceptible Populations</b>  |   |
|                   |   |    |    |     | <b>Approved Source</b>   |   |                   |   | IN |    |     | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required                   |   |
|                   |   | IN |    |     | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction |   |                   |   |    |    |     | <b>Chemicals</b>   |   |
|                   |   | IN |    |     | 8. Food Received at proper temperature   |   |                   |   | IN |    |     | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables                                    |   |
|                   |   |    |    |     | <b>Protection from Contamination</b>   |   |                   |   | IN |    |     | 18. Toxic substances properly identified, stored and used  |   |
|                   |   | IN |    |     | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting                      |   |                   |   |    |    |     | <b>Water/ Plumbing</b>   |   |
|                   |   | IN |    |     | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 3 comp ppm/temperature                          |   |                   |   | IN |    |     | 19. Water from approved source; Plumbing installed; proper backflow device                                       |   |
|                   |   | IN |    |     | 11. Proper disposition of returned, previously served or reconditioned   |   |                   |   | IN |    |     | 20. Approved Sewage/Wastewater Disposal System, proper disposal  |   |

|                                  |                              |                                |
|----------------------------------|------------------------------|--------------------------------|
| Received by:<br>(signature)<br>  | Print:<br>Ashley Ruiz        | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature)<br> | Print:<br>Tina NEMMERS-MOORE | Business Email:                |



**Texas Department of State Health Services  
Retail Food Establishment Inspection Report**



**Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days**

| O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Demonstration of Knowledge/<br>Personnel   | R | O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Food Temperature Control/ Identification  | R  |
|-------------|--------|--------|--------|-------------|--|---|-------------|--------|--------|--------|-------------|---|----|
|             | IN     |        |        |             | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)   |   |             | IN     |        |        |             | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature                        |    |
|             | IN     |        |        |             | 22. Food Handler/ no unauthorized persons/ personnel   |   |             | 2-OUT  |        |        |             | 28. Proper Date Marking and disposition   | No |
|             |        |        |        |             | <b>Safe Water, Recordkeeping and Food Package Labeling</b>   |   |             | IN     |        |        |             | 29. Thermometers provided, accurate, and calibrated; Chemical/Thermal test strips                         |    |
|             | IN     |        |        |             | 23. Hot and Cold Water available; adequate pressure, safe  |   |             |        |        |        |             | <b>Permit Requirement, Prerequisite for Operation</b>   |    |
|             | IN     |        |        |             | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled  |   |             | 2-OUT  |        |        |             | 30. Food Establishment Permit (Current & Valid)   |    |
|             |        |        |        |             | <b>Conformance with Approved Procedures</b>  |   |             |        |        |        |             | <b>Utensils, Equipment, and Vending</b>   |    |
|             | IN     |        |        |             | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions |   |             | 2-OUT  |        |        |             | 31. Adequate handwashing facilities: Accessible and properly supplied, used                               |    |
|             |        |        |        |             | <b>Consumer Advisory</b>   |   |             | IN     |        |        |             | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used                |    |
|             | IN     |        |        |             | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label                                   |   |             |        |        |        |             | 33. Ware washing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided |    |

**Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First**

| O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Prevention of Food Contamination   | R | O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Food Identification  | R |
|-------------|--------|--------|--------|-------------|--|---|-------------|--------|--------|--------|-------------|--|---|
|             | IN     |        |        |             | 34. No Evidence of Insect contamination, rodent/other animals  |   |             | IN     |        |        |             | 41. Original container labeling (Bulk Food)                      |   |
|             | IN     |        |        |             | 35. Personal Cleanliness/eating, drinking or tobacco use   |   |             |        |        |        |             | <b>Physical Facilities</b>                                       |   |
|             | IN     |        |        |             | 36. Wiping Cloths; properly used and stored  |   |             | IN     |        |        |             | 42. Non-Food Contact surfaces clean                              |   |
|             | IN     |        |        |             | 37. Environmental contamination  |   |             | IN     |        |        |             | 43. Adequate ventilation and lighting; designated areas used     |   |
|             | IN     |        |        |             | 38. Approved thawing method  |   |             | IN     |        |        |             | 44. Garbage and Refuse properly disposed; facilities maintained  |   |
|             |        |        |        |             | <b>Proper Use of Utensils</b>  |   |             | 1-OUT  |        |        |             | 45. Physical facilities installed, maintained, and clean         |   |
|             | IN     |        |        |             | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |   |             | IN     |        |        |             | 46. Toilet Facilities; properly constructed, supplied, and clean |   |
|             | IN     |        |        |             | 40. Single-service & single-use articles; properly stored and used   |   |             | IN     |        |        |             | 47. Other Violations   |   |

|                                  |                              |                                |
|----------------------------------|------------------------------|--------------------------------|
| Received by:<br>(signature)<br>  | Print:<br>Ashley Ruiz        | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature)<br> | Print:<br>Tina NEMMERS-MOORE | Business Email:                |



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| TEMPERATURE OBSERVATIONS |      |
|--------------------------|------|
| Item/Location            | Temp |

| OBSERVATIONS AND CORRECTIVE ACTIONS |   |
|-------------------------------------|---|
| Item Number                         | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:   |
| #2                                  | Prep cooler WIC   |
| #30                                 | Post health permit in public view.  |
| #31                                 | Add a hand sink in bar area. Observed only 3 comp at bar and 3 comp being used as 3 comp with utensils and glass in wash well.  |
| #20                                 | Note: Have grease trap serviced every 90 days.  |
| #34                                 | Note: keep pest control onsite, working on getting pest control company   |
| #42                                 | Seal all holes in kitchen area  |
| #47                                 | Note: Post health inspection report or sign stating "health inspection report available upon request" in public view.   |
| #28                                 | TCS foods shall be date labeled with 7 day expiration date. Date prepared counts as day one, 6 days. Shall date mark opened, and prepared TCS food items with shelf life of no more than 7 days. Observed pork not date marked. |
| #33                                 | Provide 3 stoppers at 3 comp sink   |
| #22                                 | Note: All employees shall have food handler certification within 90 days of being hired.  |
| #21                                 | Note: Shall provide one CFM onsite at all hours of operation.   |

|                             |                       |                                |
|-----------------------------|-----------------------|--------------------------------|
|                             | Samples:              | # Collected:                   |
| Received by:<br>(signature) | Print:<br>Ashley Ruiz | Title: Person In Charge/ Owner |

|                              |                           |
|------------------------------|---------------------------|
| Inspected by:<br>(signature) | Print: Tina NEMMERS-MOORE |
|------------------------------|---------------------------|

# Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

|  |          |           |  |           |   |                           |
|--|----------|-----------|--|-----------|---|---------------------------|
| Date: <b>5-10-25</b>   | Time in: | Time out: | License/Permit #                         | Est. Type | Risk Category   | Page <b>1</b> of <b>2</b> |
| <b>Purpose of Inspection:</b> <input type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input checked="" type="checkbox"/> 5-Other |          |           |  |           |   |                           |
| Establishment Name: <b>Game On Sports Bar</b>  |          |           | Contact/Owner Name: <b>Paulo Barbosa</b> |           | * Number of Repeat Violations: <b>—</b><br>Number of Violations COS: <b>—</b> |                           |
| Physical Address: <b>1580 E. Hwy 67</b>  |          |           | City/County: <b>Alvarado</b>             |           | Zip Code: _____ Phone: _____  |                           |

PASS

**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation  
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '\*' in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

| Compliance Status  |    |    |    |     |  | Compliance Status |    |    |    |     |  | R   |  |
|--|----|----|----|-----|--|-------------------|----|----|----|-----|--|---|--|
| OUT  | IN | NO | NA | COS |  | OUT               | IN | NO | NA | COS |  |   |  |
| <b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b> |    |    |    |     |  |                   |    |    |    |     |  |   |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting            |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth                            |  |
|  |    | ✓  |    |     |  |                   | ✓  |    |    |     |  | <b>Preventing Contamination by Hands</b>  |  |
|  |    | ✓  |    |     |  |                   | ✓  |    |    |     |  | 14. Hands cleaned and properly washed/ Gloves used properly   |  |
|  |    | ✓  |    |     |  |                   | ✓  |    |    |     |  | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N ) |  |
|  |    | ✓  |    |     |  |                   | ✓  |    |    |     |  | <b>Highly Susceptible Populations</b>   |  |
|  |    | ✓  |    |     |  |                   | ✓  |    |    |     |  | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required                  |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | <b>Chemicals</b>  |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables                                   |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | 18. Toxic substances properly identified, stored and used   |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | <b>Water/ Plumbing</b>  |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 19. Water from approved source; Plumbing installed; proper backflow device                                      |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 20. Approved Sewage/Wastewater Disposal System, proper disposal   |  |

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

| Compliance Status                            |    |    |    |     |  | Compliance Status |    |    |    |     |  | R   |  |
|--|----|----|----|-----|--|-------------------|----|----|----|-----|--|---|--|
| OUT  | IN | NO | NA | COS |  | OUT               | IN | NO | NA | COS |  |   |  |
| <b>Demonstration of Knowledge/ Personnel</b> |    |    |    |     |  |                   |    |    |    |     |  |   |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature                          |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 28. Proper Date Marking and disposition   |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips                          |  |
|  | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | <b>Permit Requirement, Prerequisite for Operation</b>   |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | 30. Food Establishment Permit (Current & Valid)   |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | <b>Utensils, Equipment, and Vending</b>   |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | 31. Adequate handwashing facilities: Accessible and properly supplied, used                                 |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used                  |  |
|  |    |    |    |     |  |                   | ✓  |    |    |     |  | 33. Warewashing Facilities; installed, maintained, used/<br>Service sink or curb cleaning facility provided |  |

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

| Compliance Status                       |    |    |    |     |  | Compliance Status |    |    |    |     |  | R  |  |
|---|----|----|----|-----|--|-------------------|----|----|----|-----|--|--|--|
| OUT                                     | IN | NO | NA | COS |  | OUT               | IN | NO | NA | COS |  |  |  |
| <b>Prevention of Food Contamination</b> |    |    |    |     |  |                   |    |    |    |     |  |  |  |
|   | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 41. Original container labeling (Bulk Food)                      |  |
|   | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | <b>Physical Facilities</b>                                       |  |
|   | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 42. Non-Food Contact surfaces clean                              |  |
|   | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 43. Adequate ventilation and lighting; designated areas used     |  |
|   | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 44. Garbage and Refuse properly disposed; facilities maintained  |  |
|   |    |    |    |     |  |                   | ✓  |    |    |     |  | 45. Physical facilities installed, maintained, and clean         |  |
|   |    |    |    |     |  |                   | ✓  |    |    |     |  | 46. Toilet Facilities; properly constructed, supplied, and clean |  |
|   | ✓  |    |    |     |  |                   | ✓  |    |    |     |  | 47. Other Violations   |  |
|   |    |    |    |     |  |                   | ✓  |    |    |     |  |  |  |

|   |                             |                                |
|---|-----------------------------|--------------------------------|
| Received by: (signature) <b>Paulo Barbosa</b> | Print: <b>Paulo Barbosa</b> | Title: Person In Charge/ Owner |
| Inspected by: (signature) <b>Jeff K</b>       | Print: <b>Jeff K</b>        | Business Email:                |

