



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



**BUREAU  
VERITAS**

|                                                      |          |                          |                    |                                                               |                  |                    |
|------------------------------------------------------|----------|--------------------------|--------------------|---------------------------------------------------------------|------------------|--------------------|
| Date: 2025-09-03                                     | Time in: | Time out:                | License/Permit #   | TMS Number                                                    | 2025-021808      | Page 1 of 3        |
| <b>Purpose of Inspection:</b>                        | Routine  |                          |                    |                                                               |                  | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>Davids 103                    |          | Contact/Owner Name:      |                    | Number of Repeat Violations: 0<br>Number of Violations COS: 0 |                  | 98                 |
| Physical Address:<br>100 Spears, Alvarado, TX, 76009 |          | City/County:<br>Alvarado | Zip Code:<br>76009 | Phone:                                                        | 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                                                                                                    |   |   |   |   |   | Compliance Status                                                                                                |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| O                                                                                                                    | I | N | N | C | R | O                                                                                                                | I | N | N | C | R |
| U                                                                                                                    | N | O | A | O |   | U                                                                                                                | N | O | A | O |   |
| T                                                                                                                    |   |   |   | S |   | T                                                                                                                |   |   |   | S |   |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit)                                              |   |   |   |   |   | <b>Employee Health</b>                                                                                           |   |   |   |   |   |
| 1. Proper cooling time and temperature                                                                               |   |   |   |   |   | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting             |   |   |   |   |   |
| 2. Proper Cold Holding temperature(41°F/ 45°F)                                                                       |   |   |   |   |   | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth                             |   |   |   |   |   |
| 3. Proper Hot Holding temperature(135°F)                                                                             |   |   |   |   |   | <b>Preventing Contamination by Hands</b>                                                                         |   |   |   |   |   |
| 4. Proper cooking time and temperature                                                                               |   |   |   |   |   | 14. Hands cleaned and properly washed/ Gloves used properly                                                      |   |   |   |   |   |
| 5. Proper reheating procedure for hot holding (165°F in 2 Hours)                                                     |   |   |   |   |   | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N: ) |   |   |   |   |   |
| 6. Time as a Public Health Control; procedures & records                                                             |   |   |   |   |   | <b>Highly Susceptible Populations</b>                                                                            |   |   |   |   |   |
| <b>Approved Source</b>                                                                                               |   |   |   |   |   | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required                   |   |   |   |   |   |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction |   |   |   |   |   | <b>Chemicals</b>                                                                                                 |   |   |   |   |   |
| 8. Food Received at proper temperature                                                                               |   |   |   |   |   | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables                                    |   |   |   |   |   |
| <b>Protection from Contamination</b>                                                                                 |   |   |   |   |   | 18. Toxic substances properly identified, stored and used                                                        |   |   |   |   |   |
| 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting                      |   |   |   |   |   | <b>Water/ Plumbing</b>                                                                                           |   |   |   |   |   |
| 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature                                 |   |   |   |   |   | 19. Water from approved source; Plumbing installed; proper backflow device                                       |   |   |   |   |   |
| 11. Proper disposition of returned, previously served or reconditioned                                               |   |   |   |   |   | 20. Approved Sewage/Wastewater Disposal System, proper disposal                                                  |   |   |   |   |   |

|                                         |                                      |                                                        |
|-----------------------------------------|--------------------------------------|--------------------------------------------------------|
| <b>Received by:</b><br>(signature)<br>  | <b>Print:</b><br>James Johnson       | <b>Title: Person In Charge/ Owner</b><br>Store manager |
| <b>Inspected by:</b><br>(signature)<br> | <b>Print:</b><br>Kristen WEATHERFORD | <b>Business Email:</b>                                 |





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



| Priority Foundation Items (2 Points) <i>violations Require Corrective Action within 10 days</i> |        |        |        |             |                                                                                                                                                    |   |             |        |        |        |             |                                                                                                           |   |
|-------------------------------------------------------------------------------------------------|--------|--------|--------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|--------|--------|--------|-------------|-----------------------------------------------------------------------------------------------------------|---|
| 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                                                                                               |   |             | IN     |        |        |             | 28. Proper Date Marking and disposition                                                                   |   |
|                                                                                                 |        |        |        |             | <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                                                      |   |             | IN     |        |        |             | 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 |   |             | IN     |        |        |             | 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                              |   |
|             | 1-OUT  |        |        |             | 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                                             |   |

|                                                                                                                            |                                      |                                                        |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|
| <b>Received by:</b><br>(signature)<br>  | <b>Print:</b><br>James Johnson       | <b>Title: Person In Charge/ Owner</b><br>Store manager |
| <b>Inspected by:</b><br>(signature)<br> | <b>Print:</b><br>Kristen WEATHERFORD | <b>Business Email:</b>                                 |



Texas Department of State Health Services  
Retail Food Establishment Inspection Report



BUREAU  
VERITAS

| TEMPERATURE OBSERVATIONS                   |                                                                                                                           |                                                 |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Item/Location                              | Temp                                                                                                                      |                                                 |
| <b>OBSERVATIONS AND CORRECTIVE ACTIONS</b> |                                                                                                                           |                                                 |
| Item Number                                | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |                                                 |
| 37                                         | Shall clean ice crystal build up in walk in freezer. shall repair leak in walk in freezer. Repeat                         |                                                 |
| 45                                         | Shall place ceiling tiles where missing. Shall clean debris build up behind refrigerator's.                               |                                                 |
|                                            | Cold units below 41degrees                                                                                                |                                                 |
|                                            | Permit valid, in compliance                                                                                               |                                                 |
|                                            | Manufacturing license valid, in compliance.                                                                               |                                                 |
|                                            |                                                                                                                           |                                                 |
|                                            | Samples: No                                                                                                               | # Collected:                                    |
| Received by:<br>(signature)                | Print:<br>James Johnson                                                                                                   | Title: Person In Charge/ Owner<br>Store manager |
| Inspected by:<br>(signature)               | Print: Kristen WEATHERFORD                                                                                                |                                                 |

## Retail Food Establishment Inspection Report

|                     |                      |                       |                       |                              |             |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|
| Date:<br>02/21/2025 | Time in:<br>12:58 PM | Time out:<br>01:42 PM | License/Permit #<br>- | TMS Project #<br>2024-027704 | Page 1 of 2 |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|

|                                    |                                                  |                                    |                                                |                                                                                 |                                  |                    |
|------------------------------------|--------------------------------------------------|------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------|--------------------|
| <b>Purpose of Inspection:</b>      | 1-Compliance <input checked="" type="checkbox"/> | 2-Routine <input type="checkbox"/> | 3-Field Investigation <input type="checkbox"/> | 4-Visit <input type="checkbox"/>                                                | 5-Other <input type="checkbox"/> | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>David's 103 | Contact/Owner Name:<br>Nyssa Bailey              |                                    |                                                | * Number of Repeat Violations: <u>1</u><br>✓ Number of Violations COS: <u>0</u> |                                  | <b>98/100</b>      |
| Physical Address:<br>100 Spears    | City/County:<br>Alvarado/Johnson County          | Zip Code:<br>76009                 | Phone:<br>000-000-0000                         | Follow-up: Yes<br>No (circle one)                                               |                                  |                    |

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                        |    |    |    |     |   |
|-------------------------------------------------------------------------|----|----|----|-----|---|------------------------------------------|----|----|----|-----|---|
| OUT                                                                     | IN | NO | NA | COS | R | OUT                                      | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
| <b>Approved Source</b>                                                  |    |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
|                                                                         |    |    | ✓  |     |   |                                          |    |    |    |     |   |
| <b>Protection from Contamination</b>                                    |    |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   |                                          |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   |                                          |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   |                                          |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   |                                          |    |    |    |     |   |
| <b>Chemicals</b>                                                        |    |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |
|                                                                         |    | ✓  |    |     |   | ✓                                        |    |    |    |     |   |

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

| Compliance Status                                          |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|------------------------------------------------------------|----|----|----|-----|---|-------------------------------------------------------|----|----|----|-----|---|
| OUT                                                        | IN | NO | NA | COS | R | OUT                                                   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   | ✓                                                     |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   | ✓                                                     |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   | ✓                                                     |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   |                                                       |    |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   | ✓                                                     |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | <b>Food Identification</b>                            |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   | ✓                                                     |    |    |    |     |   |
|                                                            |    | ✓  |    |     |   | ✓                                                     |    |    |    |     |   |

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

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|-----------------------------------------|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
|                                         |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
|                                         |    | ✓  |    |     |   |                            |    |    |    |     |   |
|                                         |    | ✓  |    |     |   |                            |    |    |    |     |   |
| 1                                       |    |    |    |     | ✓ | ✓                          |    |    |    |     |   |
|                                         |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|                                         |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
|                                         |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
|                                         |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
|                                         |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |

|                              |                                   |                                                               |
|------------------------------|-----------------------------------|---------------------------------------------------------------|
| Received by:<br>(signature)  | Print:<br>Nyssa Bailey            | Phone # / email:<br>(817)783-8141 Dstr0103@brookshirebros.com |
| Inspected by:<br>(signature) | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834                           |

# Retail Food Establishment Inspection Report

|                                                                                                                                                                                                                                    |                      |                       |                                         |                              |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-----------------------------------------|------------------------------|---------------------------------------------------------------------------------|
| Date:<br>10/04/2024                                                                                                                                                                                                                | Time in:<br>10:32 AM | Time out:<br>11:07 AM | License/Permit #<br>-                   | TMS Project #<br>2024-027704 | Page 1 of 2                                                                     |
| <b>Purpose of Inspection:</b> <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other |                      |                       |                                         |                              |                                                                                 |
| Establishment Name:<br>David's 103                                                                                                                                                                                                 |                      |                       | Contact/Owner Name:<br>Jeff Leobold     |                              | * Number of Repeat Violations: <u>0</u><br>✓ Number of Violations COS: <u>0</u> |
| Physical Address:<br>100 Spears                                                                                                                                                                                                    |                      |                       | City/County:<br>Alvarado/Johnson County | Zip Code:<br>76009           | Phone:<br>000-000-0000                                                          |
| <b>93/100</b>                                                                                                                                                                                                                      |                      |                       |                                         |                              |                                                                                 |

**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                     |    |    |    |     |   |
|----------------------------------------------------------------------|----|----|----|-----|---|---------------------------------------|----|----|----|-----|---|
| OUT                                                                  | IN | NO | NA | COS | R | OUT                                   | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b> |    |    |    |     |   | <b>Employee Health</b>                |    |    |    |     |   |
|                                                                      |    |    |    | ✓   |   | ✓                                     |    |    |    |     |   |
|                                                                      | ✓  |    |    |     |   | ✓                                     |    |    |    |     |   |
|                                                                      |    |    | ✓  |     |   |                                       |    |    |    |     |   |
|                                                                      |    |    | ✓  |     |   | ✓                                     |    |    |    |     |   |
|                                                                      |    |    | ✓  |     |   | ✓                                     |    |    |    |     |   |
|                                                                      |    |    | ✓  |     |   |                                       |    |    |    |     |   |
| <b>Approved Source</b>                                               |    |    |    |     |   | <b>Highly Susceptible Populations</b> |    |    |    |     |   |
|                                                                      |    |    |    |     |   | ✓                                     |    |    |    |     |   |
| ✓                                                                    |    |    |    |     |   | <b>Chemicals</b>                      |    |    |    |     |   |
| ✓                                                                    |    |    |    |     |   | ✓                                     |    |    |    |     |   |
| <b>Protection from Contamination</b>                                 |    |    |    |     |   | <b>Water/ Plumbing</b>                |    |    |    |     |   |
| ✓                                                                    |    |    |    |     |   |                                       |    |    |    |     |   |
| ✓                                                                    |    |    |    |     |   | ✓                                     |    |    |    |     |   |
| ✓                                                                    |    |    |    |     |   | ✓                                     |    |    |    |     |   |

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

| Compliance Status                                          |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|------------------------------------------------------------|----|----|----|-----|---|-------------------------------------------------------|----|----|----|-----|---|
| OUT                                                        | IN | NO | NA | COS | R | OUT                                                   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|                                                            | ✓  |    |    |     |   |                                                       | ✓  |    |    |     |   |
|                                                            | ✓  |    |    |     |   |                                                       | ✓  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|                                                            | ✓  |    |    |     |   |                                                       |    |    |    |     |   |
|                                                            | ✓  |    |    |     |   | ✓                                                     |    |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|                                                            | ✓  |    |    |     |   | 2                                                     |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | 2                                                     |    |    |    |     |   |
|                                                            | ✓  |    |    |     |   | ✓                                                     |    |    |    |     |   |

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

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|-----------------------------------------|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
|                                         | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|                                         | ✓  |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|                                         | ✓  |    |    |     |   | 1                          |    |    |    |     |   |
| 1                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
|                                         | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | 1                          |    |    |    |     |   |
|                                         | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
|                                         | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |

|                                                 |                                   |                                                               |
|-------------------------------------------------|-----------------------------------|---------------------------------------------------------------|
| Received by:<br>(signature) <i>[Signature]</i>  | Print:<br>Jeff Leobold            | Phone # / email:<br>(817)783-8141 Dstr0103@brookshirebros.com |
| Inspected by:<br>(signature) <i>[Signature]</i> | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834                           |

## Retail Food Establishment Inspection Report

|                     |                                    |                                 |                             |                       |             |
|---------------------|------------------------------------|---------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>10/04/2024 | Establishment Name:<br>David's 103 | Physical Address:<br>100 Spears | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|------------------------------------|---------------------------------|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location                             | Temp | Item/Location | Temp | Item/Location | Temp |
|-------------------------------------------|------|---------------|------|---------------|------|
| 2 - Open face fruit cooler                | 34   |               |      |               |      |
| 2 - Cut watermelon-open face fruit cooler | 39   |               |      |               |      |
| 2 - Produce cooler                        | 34   |               |      |               |      |
| 2 - Dairy walk in                         | 38   |               |      |               |      |
| 2 - Produce walk-in                       | 38   |               |      |               |      |
| 2 - Deli meat/cheese open face cooler     | 38   |               |      |               |      |
| 2 - Egg/milk-open face cooler             | 30   |               |      |               |      |
| 2 - Meat open face cooler                 | 32   |               |      |               |      |

### 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: |
| <p>10 - 300PPMQA, in compliance.</p> <p>17 - Produce max 30PPM, in compliance</p> <p>19 - Note: missing air gap at 3-compartment sink plumbing.</p> <p>25 - 11/17/2025</p> <p>30 - 8/1/2025</p> <p>31 - Observed blade/slicer stored inside handsink next to 3-compartment sink. Handwashing sinks are for handwashing only.</p> <p>32 - Dairy, meat , produce and frozen food walk in freezer and coolers doors shall self-latch/self- close.</p> <p>37 - Shall clean Ice crystal build up on walk in freezer floors.</p> <p>42 - Shall replace damaged walk in produce cooler gasket.</p> <p>43 - Note: light fixtures appear to have no shields in the back storage areas. Light fixtures shall be shielded.</p> <p>45 - Shall clean floors, walls and plumbing fixtures.</p> <p>AdditionalComments:Print this report and keep on site.</p> |                                                                                                                           |

|                                                 |                                   |                                                               |
|-------------------------------------------------|-----------------------------------|---------------------------------------------------------------|
| Registered Food Service manager Jefferey Lebold | Certificate #:                    | Exp. Date: 01/31/2029                                         |
| Pest Control Company Alpha                      |                                   | Service Date: 09/23/2024                                      |
| Grease Trap Service Company Not Available       |                                   | Service Date:                                                 |
| Received by: <i>[Signature]</i>                 | Print:<br>Jeff Leobold            | Phone # / email:<br>(817)783-8141 Dstr0103@brookshirebros.com |
| Inspected by: <i>[Signature]</i>                | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834                           |



## Retail Food Establishment Inspection Report

|                     |                                    |                                   |                             |                       |             |
|---------------------|------------------------------------|-----------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>05/07/2024 | Establishment Name:<br>David's 103 | Physical Address:<br>100 S Spears | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|------------------------------------|-----------------------------------|-----------------------------|-----------------------|-------------|

| TEMPERATURE OBSERVATIONS                        |      |               |      |               |      |
|-------------------------------------------------|------|---------------|------|---------------|------|
| Item/Location                                   | Temp | Item/Location | Temp | Item/Location | Temp |
| 2 - Right Reach in open face cooler             | 51   |               |      |               |      |
| 2 - Lettuce-reach in Open face cooler           | 49   |               |      |               |      |
| 2 - Pico-reach in open face cooler              | 46   |               |      |               |      |
| 2 - Sliced watermelon-reach in open face cooler | 48   |               |      |               |      |
| 2 - Left open face reach in cooler              | 50   |               |      |               |      |
|                                                 |      |               |      |               |      |
|                                                 |      |               |      |               |      |
|                                                 |      |               |      |               |      |

**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                                                      | Cold foods shall maintain 41degrees or below. Observed chopped lettuce in bag, prepared pico in container and packaged sliced watermelon in the open face reach in coolers between 46-49 degrees. Observed temperature logs without today's temperature checks. Manager adjusted coolers. After managers adjustments, I Observed coolers at 32degrees, 39degrees and 38degrees. |
| 10                                                     | Sanitizer tested 300PPM QA at the 3 compartment produce/fruit sink, in compliance                                                                                                                                                                                                                                                                                               |
| 17                                                     | Fruit and vegetable wash tested 30PPM, in compliance.                                                                                                                                                                                                                                                                                                                           |
| 45                                                     | Clean piping under 3 compartment sink and floors behind and under equipment throughout store.                                                                                                                                                                                                                                                                                   |
| 47                                                     | Print inspection report and keep on site.                                                                                                                                                                                                                                                                                                                                       |
| AdditionalComments:Print this report and keep on site. |                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                         |                                   |                                                               |                       |
|---------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|-----------------------|
| Registered Food Service manager Jeffrey leobold         |                                   | Certificate #:                                                | Exp. Date: 01/03/2029 |
| Pest Control Company Alpha                              |                                   | Service Date: 04/22/2024                                      |                       |
| Grease Trap Service Company Not Available               |                                   | Service Date:                                                 |                       |
| Received by:<br>(signature) <i>JL</i>                   | Print:<br>Jeffrey Leobold         | Phone # / email:<br>(817)783-8141 Dstr0103a@brokshirebros.com |                       |
| Inspected by:<br>(signature) <i>Kristen Weatherford</i> | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834                           |                       |



## Retail Food Establishment Inspection Report



|                     |                                    |                                            |                             |                       |             |
|---------------------|------------------------------------|--------------------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>09/13/2023 | Establishment Name:<br>David's 103 | Physical Address:<br>100 S Spears (7-2014) | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|------------------------------------|--------------------------------------------|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location                          | Temp | Item/Location | Temp | Item/Location | Temp |
|----------------------------------------|------|---------------|------|---------------|------|
| 2 - Salad mix-produce open face cooler | 47   |               |      |               |      |
| 2 - Open face cooler (cheese)          | 39   |               |      |               |      |
| 2 - Orange juice-juice cooler          | 45   |               |      |               |      |
| 2 - Open-face cooler (sausage)         | 40   |               |      |               |      |
| 2 - Open-face cooler (lunch meat)      | 37   |               |      |               |      |
| 2 - Open-face cooler (ground beef)     | 37   |               |      |               |      |
| 2 - Dairy WIC                          | 37   |               |      |               |      |
| 2 - Pork-meat WIC                      | 38   |               |      |               |      |

### 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 - Cold food shall shall be maintained at 41 degrees or below. Salad mix temped 47 degrees and orange juice temped 45 degrees. Repeat violation.<br>17 - Produce Maxx tested 30 ppm chlorine (in compliance)<br>27 - Repair coolers ASAP so that all food is held at proper temperature.<br>28 - Observed pork with no date. Observed Lunchables expired 9/11. Observed chicken with a sell by date 9/22. Shall be dated for no more than 7 days.<br>29 - Note: suggest an infrared thermometer to check temp different parts of cooler.<br>30 - Permit valid until 8/1/24<br>37 - Observed ice buildup in walk-in freezer<br>42 - Clean up spilled kibble, chips, flour, and sugar on store aisle shelves.<br>AdditionalComments:Print this report and keep it on site |                                                                                                                           |

|                                                                                                                  |                              |                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|
| Registered Food Service manager Crystal Tibbs                                                                    | Certificate #:               | Exp. Date: 01/08/2026                         |
| Pest Control Company Alpha & Omega                                                                               |                              | Service Date: 08/15/2023                      |
| Grease Trap Service Company Not Available                                                                        |                              | Service Date:                                 |
| Received by:<br>(signature)   | Print:<br>Danny Sandefur     | Phone # / email:<br>dstr01103@brookshires.com |
| Inspected by:<br>(signature)  | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                           |

**FOOD ESTABLISHMENT INSPECTION REPORT**

**Bureau Veritas North America, Inc.**

|                                                                                                                                                                                                                                                       |          |           |                              |           |                                                                       |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|------------------------------|-----------|-----------------------------------------------------------------------|-----------------|
| Date: <u>7-15-23</u>                                                                                                                                                                                                                                  | Time in: | Time out: | License/Permit #             | Est. Type | Risk Category                                                         | Page ___ of ___ |
| <b>Purpose of Inspection:</b> <input type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input checked="" type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other <b>TOTAL/SCORE</b> |          |           |                              |           |                                                                       |                 |
| Establishment Name: <u>David's</u>                                                                                                                                                                                                                    |          |           | Contact/Owner Name:          |           | * Number of Repeat Violations: ___<br>✓ Number of Violations COS: ___ |                 |
| Physical Address: <u>1005 Spears</u>                                                                                                                                                                                                                  |          |           | City/County: <u>Alvarado</u> |           | Zip Code: Phone: Follow-up: Yes No (circle one)                       |                 |

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                                                       |    |    |    |     |  | R | Compliance Status      |    |    |    |     |  | R                                                                                                               |
|-------------------------------------------------------------------------|----|----|----|-----|--|---|------------------------|----|----|----|-----|--|-----------------------------------------------------------------------------------------------------------------|
| OUT                                                                     | IN | NO | NA | COS |  |   | OUT                    | IN | NO | NA | COS |  |                                                                                                                 |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |  |   | <b>Employee Health</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                            |    |    |    |     |  | R | Compliance Status                               |    |    |    |     |  | R                                                                                                        |
|----------------------------------------------|----|----|----|-----|--|---|-------------------------------------------------|----|----|----|-----|--|----------------------------------------------------------------------------------------------------------|
| OUT                                          | IN | NO | NA | COS |  |   | OUT                                             | IN | NO | NA | COS |  |                                                                                                          |
| <b>Demonstration of Knowledge/ Personnel</b> |    |    |    |     |  |   | <b>Food Temperature Control/ Identification</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/ 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                       |    |    |    |     |  | R | Compliance Status          |    |    |    |     |  | R                                                                |
|-----------------------------------------|----|----|----|-----|--|---|----------------------------|----|----|----|-----|--|------------------------------------------------------------------|
| OUT                                     | IN | NO | NA | COS |  |   | OUT                        | IN | NO | NA | COS |  |                                                                  |
| <b>Prevention of Food Contamination</b> |    |    |    |     |  |   | <b>Food Identification</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) <u>[Signature]</u>      | Print: <u>James Johnson</u>   | Title: Person In Charge/ Owner |
| Inspected by: (signature) <u>Lisa Komroy, RS</u> | Print: <u>Lisa Komroy, RS</u> | Business Email:                |



## Retail Food Establishment Inspection Report

|                     |                      |                       |                       |                              |             |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|
| Date:<br>03/02/2023 | Time in:<br>12:44 PM | Time out:<br>02:03 PM | License/Permit #<br>- | TMS Project #<br>2022-023834 | Page 1 of 2 |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|

|                                                          |                                         |                                               |                                                |                                   |                                  |                    |
|----------------------------------------------------------|-----------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------|----------------------------------|--------------------|
| Purpose of Inspection:                                   | <input type="checkbox"/> 1-Compliance   | <input checked="" type="checkbox"/> 2-Routine | <input type="checkbox"/> 3-Field Investigation | <input type="checkbox"/> 4-Visit  | <input type="checkbox"/> 5-Other | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>David's 103                       | Contact/Owner Name:<br>Danny Sandefur   |                                               | * Number of Repeat Violations: 0               |                                   | ✓ Number of Violations COS: 0    |                    |
| Physical Address:<br>100 S Spears (7-2014) Suite: Davids | City/County:<br>Alvarado/Johnson County | Zip Code:<br>76009                            | Phone:<br>000-000-0000                         | Follow-up: Yes<br>No (circle one) |                                  |                    |

87/100

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                                                                                                    |   |     |    |    |    |     |                                                                                                                 |   |
| OUT                                                                                           | IN | NO | NA | COS | Time and Temperature for Food Safety<br>(F = degrees Fahrenheit)                                                     | R | OUT | IN | NO | NA | COS | Employee Health                                                                                                 | R |
|                                                                                               |    |    |    | ✓   | 1. Proper cooling time and temperature                                                                               |   | ✓   |    |    |    |     | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting            |   |
| 3                                                                                             |    |    |    |     | 2. Proper Cold Holding temperature(41°F/ 45°F)                                                                       |   | ✓   |    |    |    |     | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth                            |   |
|                                                                                               |    |    |    | ✓   | 3. Proper Hot Holding temperature(135°F)                                                                             |   |     |    |    |    |     | Preventing Contamination by Hands                                                                               |   |
|                                                                                               |    |    |    | ✓   | 4. Proper cooking time and temperature                                                                               |   | ✓   |    |    |    |     | 14. Hands cleaned and properly washed/ Gloves used properly                                                     |   |
|                                                                                               |    |    |    | ✓   | 5. Proper reheating procedure for hot holding (165°F in 2 Hours)                                                     |   |     |    | ✓  |    |     | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N ) |   |
|                                                                                               |    |    |    | ✓   | 6. Time as a Public Health Control; procedures & records                                                             |   |     |    |    |    |     | Highly Susceptible Populations                                                                                  |   |
|                                                                                               |    |    |    |     | Approved Source                                                                                                      |   |     |    |    | ✓  |     | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required                  |   |
| 3                                                                                             |    |    |    |     | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction |   |     |    |    |    |     | Chemicals                                                                                                       |   |
|                                                                                               |    |    |    | ✓   | 8. Food Received at proper temperature                                                                               |   |     |    |    | ✓  |     | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables                                   |   |
|                                                                                               |    |    |    |     | Protection from Contamination                                                                                        |   |     |    |    |    |     | 18. Toxic substances properly identified, stored and used                                                       |   |
|                                                                                               | ✓  |    |    |     | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting                      |   |     |    |    |    |     | Water/ Plumbing                                                                                                 |   |
|                                                                                               | ✓  |    |    |     | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 300QA ppm/temperature                           |   |     |    |    | ✓  |     | 19. Water from approved source; Plumbing installed; proper backflow device                                      |   |
|                                                                                               |    |    |    | ✓   | 11. Proper disposition of returned, previously served or reconditioned                                               |   |     |    |    | ✓  |     | 20. Approved Sewage/Wastewater Disposal System, proper disposal                                                 |   |

| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days |    |    |    |     |                                                                                                                                                    |   |     |    |    |    |     |                                                                                                          |   |
|------------------------------------------------------------------------------------------|----|----|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|----|----|----|-----|----------------------------------------------------------------------------------------------------------|---|
| Compliance Status                                                                        |    |    |    |     | Compliance Status                                                                                                                                  |   |     |    |    |    |     |                                                                                                          |   |
| OUT                                                                                      | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel                                                                                                              | R | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification                                                                 | R |
|                                                                                          |    |    |    | ✓   | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)                                         |   | 2   |    |    |    |     | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature                       |   |
|                                                                                          |    |    |    | ✓   | 22. Food Handler/ no unauthorized persons/ personnel                                                                                               |   | 2   |    |    |    |     | 28. Proper Date Marking and disposition                                                                  |   |
|                                                                                          |    |    |    |     | Safe Water, Recordkeeping and Food Package Labeling                                                                                                |   |     |    |    |    |     | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips                       |   |
|                                                                                          |    |    |    | ✓   | 23. Hot and Cold Water available; adequate pressure, safe                                                                                          |   |     |    |    |    |     | Permit Requirement, Prerequisite for Operation                                                           |   |
|                                                                                          |    |    |    | ✓   | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled                                                      |   |     |    |    | ✓  |     | 30. Food Establishment Permit (Current & Valid)                                                          |   |
|                                                                                          |    |    |    |     | Conformance with Approved Procedures                                                                                                               |   |     |    |    |    |     | Utensils, Equipment, and Vending                                                                         |   |
|                                                                                          |    |    |    | ✓   | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions |   |     |    |    | ✓  |     | 31. Adequate handwashing facilities: Accessible and properly supplied, used                              |   |
|                                                                                          |    |    |    |     | Consumer Advisory                                                                                                                                  |   |     |    |    |    |     | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used               |   |
|                                                                                          |    |    |    | ✓   | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label                                   |   |     |    |    | ✓  |     | 33. Warewashing 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 |    |    |    |     |                                                                                                            |   |     |    |    |    |     |                                                                  |   |
|----------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|------------------------------------------------------------------------------------------------------------|---|-----|----|----|----|-----|------------------------------------------------------------------|---|
| Compliance Status                                                                                                          |    |    |    |     | Compliance Status                                                                                          |   |     |    |    |    |     |                                                                  |   |
| OUT                                                                                                                        | IN | NO | NA | COS | Prevention of Food Contamination                                                                           | R | OUT | IN | NO | NA | COS | Food Identification                                              | R |
|                                                                                                                            |    |    |    | ✓   | 34. No Evidence of Insect contamination, rodent/other animals                                              |   |     |    |    |    |     | 41. Original container labeling (Bulk Food)                      |   |
|                                                                                                                            |    |    |    | ✓   | 35. Personal Cleanliness/eating, drinking or tobacco use                                                   |   |     |    |    |    |     | Physical Facilities                                              |   |
|                                                                                                                            |    |    |    | ✓   | 36. Wiping Cloths; properly used and stored                                                                |   | 1   |    |    |    |     | 42. Non-Food Contact surfaces clean                              |   |
| 1                                                                                                                          |    |    |    |     | 37. Environmental contamination                                                                            |   |     |    |    |    |     | 43. Adequate ventilation and lighting; designated areas used     |   |
|                                                                                                                            |    |    |    | ✓   | 38. Approved thawing method                                                                                |   |     |    |    |    |     | 44. Garbage and Refuse properly disposed; facilities maintained  |   |
|                                                                                                                            |    |    |    |     | Proper Use of Utensils                                                                                     |   |     |    |    |    |     | 45. Physical facilities installed, maintained, and clean         |   |
|                                                                                                                            |    |    |    | ✓   | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |   | 1   |    |    |    |     | 46. Toilet Facilities; properly constructed, supplied, and clean |   |
|                                                                                                                            |    |    |    | ✓   | 40. Single-service & single-use articles; properly stored and used                                         |   |     |    |    |    |     | 47. Other Violations                                             |   |

|                              |                              |                                                |
|------------------------------|------------------------------|------------------------------------------------|
| Received by:<br>(signature)  | Print:<br>Danny Sandefur     | Phone # / email:<br>dsr0103@brookshirebros.com |
| Inspected by:<br>(signature) | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                            |

## Retail Food Establishment Inspection Report

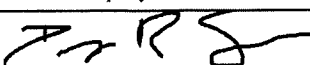
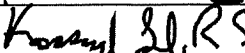
|                     |                                    |                                                          |                             |                       |             |
|---------------------|------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>03/02/2023 | Establishment Name:<br>David's 103 | Physical Address:<br>100 S Spears (7-2014) Suite: Davids | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location                             | Temp | Item/Location | Temp | Item/Location | Temp |
|-------------------------------------------|------|---------------|------|---------------|------|
| 2 - Tomato-produce open face top layer    | 56   |               |      |               |      |
| 2 - Tomato-produce open face bottom layer | 48   |               |      |               |      |
| 2 - Cut watermelon-produce open face      | 53   |               |      |               |      |
| 2 - Open- face (dairy and eggs)           | 39   |               |      |               |      |
| 2 - Open-face (lunch meat and sausage)    | 36   |               |      |               |      |
| 2 - Open-face (meat)                      | 39   |               |      |               |      |
| 2 - Meat WIC                              | 39   |               |      |               |      |
| 2 - Dairy WIC                             | 37   |               |      |               |      |

### 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: |
| <p>2 - Cold foods shall be maintained at internal temperature of 41 degrees or below. Foods in both produce open-face coolers temped 48-56 degrees. Discard salads and cut melon.</p> <p>7 - Observed several damaged and moldy 4-pack tomatoes. Do not stock moldy or damaged foods.</p> <p>27 - Repair both produce coolers to maintain food at proper temperature.</p> <p>28 - Observed markdown stickers with expiration dates different than original expiration dates. When re-labeling product for markdown, use the same expiration date.</p> <p>30 - Permit valid until 8/1/23</p> <p>37 - Observed ice buildup in walk-in freezer. Repair condenser so that it does not drip onto food. Repair walk-in coolers to stop water dripping.</p> <p>42 - Clean up spilled chips and sugar on store shelves.</p> <p>45 - Repair damaged wall under produce 3-compartment sink. Clean up debris from floor in back storage area.</p> <p>Additional Comments: Print this report and keep it on site</p> |                                                                                                                           |

|                                                                                                                  |                              |                                                 |
|------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|
| Registered Food Service manager Crystal Tibbs                                                                    | Certificate #:               | Exp. Date: 01/08/2026                           |
| Pest Control Company Alpha & Omega                                                                               |                              | Service Date: 02/22/2023                        |
| Grease Trap Service Company Not Available                                                                        |                              | Service Date:                                   |
| Received by:<br>(signature)   | Print:<br>Danny Sandefur     | Phone # / email:<br>dstr0103@brookshirebros.com |
| Inspected by:<br>(signature)  | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                             |



## Retail Food Establishment Inspection Report

|                     |                                    |                                                          |                             |                       |             |
|---------------------|------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>08/29/2022 | Establishment Name:<br>David's 103 | Physical Address:<br>100 S Spears (7-2014) Suite: Davids | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location                | Temp | Item/Location | Temp | Item/Location | Temp |
|------------------------------|------|---------------|------|---------------|------|
| 2 - Produce walk-in cooler   | 41   |               |      |               |      |
| 2 - Dairy WIC                | 39   |               |      |               |      |
| 2 - Meat WIC                 | 37   |               |      |               |      |
| 2 - Meat open case cooler    | 35   |               |      |               |      |
| 2 - Produce open case cooler | 34   |               |      |               |      |
|                              |      |               |      |               |      |
|                              |      |               |      |               |      |
|                              |      |               |      |               |      |

### 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: |
| <p>39 - Repair the walk-in cooler door gasket observed water pooling near walk-in cooler. Keep floors dry<br/>                 AdditionalComments: Shall print this inspection report and keep on site</p> |                                                                                                                           |

|                                               |                               |                                                 |
|-----------------------------------------------|-------------------------------|-------------------------------------------------|
| Registered Food Service manager Crystal Tibbs | Certificate #:                | Exp. Date: 01/18/2027                           |
| Pest Control Company Alpha and omega          |                               | Service Date: 07/27/2022                        |
| Grease Trap Service Company Not Available     |                               | Service Date:                                   |
| Received by:<br>(signature)                   | Print:<br>James Johnson       | Phone # / email:<br>Dstr0103@brookshirebros.com |
| Inspected by:<br>(signature)                  | Print:<br>Angela Varghese, RS | Inspector's Phone #                             |

# Retail Food Establishment Inspection Report

|                     |                      |                       |                       |                              |             |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|
| Date:<br>08/17/2021 | Time in:<br>03:07 PM | Time out:<br>03:40 PM | License/Permit #<br>- | TMS Project #<br>2021-017038 | Page 1 of 2 |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|

|                                                          |                                                  |                                               |                                                |                                                                   |                                  |                    |
|----------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|----------------------------------|--------------------|
| <b>Purpose of Inspection:</b>                            | <input checked="" type="checkbox"/> 1-Compliance | <input checked="" type="checkbox"/> 2-Routine | <input type="checkbox"/> 3-Field Investigation | <input type="checkbox"/> 4-Visit                                  | <input type="checkbox"/> 5-Other | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>David's 103                       | Contact/Owner Name:<br>James johnson             |                                               |                                                | * Number of Repeat Violations: 0<br>✓ Number of Violations COS: 0 |                                  | <b>97/100</b>      |
| Physical Address:<br>100 S Spears (7-2014) Suite: Davids | City/County:<br>Alvarado/Johnson County          | Zip Code:<br>76009                            | Phone:<br>000-000-0000                         | Follow-up: Yes<br>No (circle one)                                 |                                  |                    |

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 |     |                                                                                                                      |
| OUT                                                                                           | IN | NO | NA                | COS | R                                                                                                                    |
| <b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>                          |    |    |                   |     |                                                                                                                      |
|                                                                                               |    |    |                   |     | 1. Proper cooling time and temperature                                                                               |
|                                                                                               | ✓  |    |                   |     | 2. Proper Cold Holding temperature(41°F/ 45°F)                                                                       |
|                                                                                               |    |    |                   | ✓   | 3. Proper Hot Holding temperature(135°F)                                                                             |
|                                                                                               |    |    |                   | ✓   | 4. Proper cooking time and temperature                                                                               |
|                                                                                               |    |    |                   | ✓   | 5. Proper reheating procedure for hot holding (165°F in 2 Hours)                                                     |
|                                                                                               |    |    |                   | ✓   | 6. Time as a Public Health Control; procedures & records                                                             |
| <b>Approved Source</b>                                                                        |    |    |                   |     |                                                                                                                      |
| 3                                                                                             |    |    |                   |     | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction |
|                                                                                               |    |    |                   | ✓   | 8. Food Received at proper temperature                                                                               |
| <b>Protection from Contamination</b>                                                          |    |    |                   |     |                                                                                                                      |
|                                                                                               | ✓  |    |                   |     | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting                      |
|                                                                                               | ✓  |    |                   |     | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200QA ppm/temperature                           |
|                                                                                               |    |    |                   | ✓   | 11. Proper disposition of returned, previously served or reconditioned                                               |
| <b>Employee Health</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 |     |                                                                                                                                                    |
| OUT                                                                                      | IN | NO | NA                | COS | R                                                                                                                                                  |
| <b>Demonstration of Knowledge/ Personnel</b>                                             |    |    |                   |     |                                                                                                                                                    |
|                                                                                          | ✓  |    |                   |     | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)                                         |
|                                                                                          | ✓  |    |                   |     | 22. Food Handler/ no unauthorized persons/ personnel                                                                                               |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>                               |    |    |                   |     |                                                                                                                                                    |
|                                                                                          | ✓  |    |                   |     | 23. Hot and Cold Water available; adequate pressure, safe                                                                                          |
|                                                                                          | ✓  |    |                   |     | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled                                                      |
| <b>Conformance with Approved Procedures</b>                                              |    |    |                   |     |                                                                                                                                                    |
|                                                                                          |    |    |                   | ✓   | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions |
| <b>Consumer Advisory</b>                                                                 |    |    |                   |     |                                                                                                                                                    |
|                                                                                          |    |    |                   | ✓   | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label                                   |
| <b>Food Temperature Control/ Identification</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/ 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 |     |                                                                                                            |
| OUT                                                                                                                        | IN | NO | NA                | COS | R                                                                                                          |
| <b>Prevention of Food Contamination</b>                                                                                    |    |    |                   |     |                                                                                                            |
|                                                                                                                            | ✓  |    |                   |     | 34. No Evidence of Insect contamination, rodent/other animals                                              |
|                                                                                                                            | ✓  |    |                   |     | 35. Personal Cleanliness/eating, drinking or tobacco use                                                   |
|                                                                                                                            | ✓  |    |                   |     | 36. Wiping Cloths; properly used and stored                                                                |
|                                                                                                                            | ✓  |    |                   |     | 37. Environmental contamination                                                                            |
|                                                                                                                            |    |    |                   | ✓   | 38. Approved thawing method                                                                                |
| <b>Proper Use of Utensils</b>                                                                                              |    |    |                   |     |                                                                                                            |
|                                                                                                                            | ✓  |    |                   |     | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |
|                                                                                                                            | ✓  |    |                   |     | 40. Single-service & single-use articles; properly stored and used                                         |
| <b>Food Identification</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:<br>(signature)  | Print:<br>James Johnson       | Phone # / email:<br>Sdtr0103@brookshirebros.com |
| Inspected by:<br>(signature) | Print:<br>Angela Varghese, RS | Inspector's Phone #                             |

## Retail Food Establishment Inspection Report

|                     |                                    |                                                          |                             |                       |             |
|---------------------|------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>08/17/2021 | Establishment Name:<br>David's 103 | Physical Address:<br>100 S Spears (7-2014) Suite: Davids | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------|-------------|



### TEMPERATURE OBSERVATIONS

| Item/Location   | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------|------|---------------|------|---------------|------|
| 2 - Produce     | 35   |               |      |               |      |
| 2 - Dairy wic   | 38   |               |      |               |      |
| 2 - Meat cooler | 37   |               |      |               |      |
| 2 - Freezer     | 0    |               |      |               |      |
| 2 - Meat WIC    | 36   |               |      |               |      |
|                 |      |               |      |               |      |
|                 |      |               |      |               |      |
|                 |      |               |      |               |      |

### 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: |
|-------------|---------------------------------------------------------------------------------------------------------------------------|

7 - Shall toss all expired food. Observed several food items stored past use by dates.  
 AdditionalComments: Shall print this inspection report and keep on site.

|                                                                                                                  |                               |                                                 |                       |
|------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|-----------------------|
| Registered Food Service manager James Johnson                                                                    |                               | Certificate #:                                  | Exp. Date: 01/05/2026 |
| Pest Control Company Alpha                                                                                       |                               | Service Date: 07/27/2021                        |                       |
| Grease Trap Service Company Not Available                                                                        |                               | Service Date:                                   |                       |
| Received by:<br>(signature)   | Print:<br>James johnson       | Phone # / email:<br>Sdtr0103@brookshirebros.com |                       |
| Inspected by:<br>(signature)  | Print:<br>Angela Varghese, RS | Inspector's Phone #                             |                       |

# Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

|                                                                                                                                                                                                                                                       |          |           |                               |            |                                                                     |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-------------------------------|------------|---------------------------------------------------------------------|-------------|
| Date: 03-05-21                                                                                                                                                                                                                                        | Time in: | Time out: | License/Permit #: 0180-014003 | Est. Type: | Risk Category:                                                      | Page 1 of 2 |
| <b>Purpose of Inspection:</b> <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other <b>TOTAL/SCORE</b> |          |           |                               |            |                                                                     |             |
| Establishment Name: Davids 103                                                                                                                                                                                                                        |          |           | Contact/Owner Name:           |            | * Number of Repeat Violations:<br>✓ Number of Violations COS:<br>95 |             |
| Physical Address: WDS-Spears                                                                                                                                                                                                                          |          |           | City/County: Hayward          |            | Zip Code: Phone: Follow-up: Yes No (circle one)                     |             |

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                                                    |    |    |    |     |  | R | Compliance Status |    |    |    |     |  | R                                                                                                               |  |
|----------------------------------------------------------------------|----|----|----|-----|--|---|-------------------|----|----|----|-----|--|-----------------------------------------------------------------------------------------------------------------|--|
| OUT                                                                  | IN | NO | NA | COS |  |   | OUT               | IN | NO | NA | COS |  |                                                                                                                 |  |
| <b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b> |    |    |    |     |  |   |                   |    |    |    |     |  |                                                                                                                 |  |
|                                                                      |    |    |    |     |  |   |                   |    |    |    |     |  | <b>Employee Health</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                            |    |    |    |     |  | R | Compliance Status |    |    |    |     |  | R                                                                                                        |  |
|----------------------------------------------|----|----|----|-----|--|---|-------------------|----|----|----|-----|--|----------------------------------------------------------------------------------------------------------|--|
| OUT                                          | IN | NO | NA | COS |  |   | OUT               | IN | NO | NA | COS |  |                                                                                                          |  |
| <b>Demonstration of Knowledge/ Personnel</b> |    |    |    |     |  |   |                   |    |    |    |     |  |                                                                                                          |  |
|                                              |    |    |    |     |  |   |                   | ✓  |    |    |     |  | <b>Food Temperature Control/ Identification</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/ 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                       |    |    |    |     |  | R | Compliance Status |    |    |    |     |  | R                                                                |  |
|-----------------------------------------|----|----|----|-----|--|---|-------------------|----|----|----|-----|--|------------------------------------------------------------------|--|
| OUT                                     | IN | NO | NA | COS |  |   | OUT               | IN | NO | NA | COS |  |                                                                  |  |
| <b>Prevention of Food Contamination</b> |    |    |    |     |  |   |                   |    |    |    |     |  |                                                                  |  |
|                                         |    | ✓  |    |     |  |   |                   | ✓  |    |    |     |  | <b>Food Identification</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) *[Signature]* Print: James Johnson Title: Person In Charge/Owner  
 Inspected by: (signature) *[Signature]* Print: Angela Jangrese Business Email: *[Email]*

|                                    |                                    |                         |                  |             |
|------------------------------------|------------------------------------|-------------------------|------------------|-------------|
| Establishment Name:<br>David's 103 | Physical Address:<br>100 S. Spears | City/State:<br>Hivarado | License/Permit # | Page 2 of 2 |
|------------------------------------|------------------------------------|-------------------------|------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location   | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------|------|---------------|------|---------------|------|
| meat open case  | 35.1 |               |      |               |      |
| dairy open case | 41   |               |      |               |      |
| dairy WC        | 30°F |               |      |               |      |
| meat WC         | 39°F |               |      |               |      |

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: |
| #7          | <del>Small toss packaged pork products dated use by [unclear] IN</del>                                                    |
| #9          | shall store all food products clean off the ground.                                                                       |
|             | CFM James Johnson 2/26/20 present.                                                                                        |
| #33         | shall clean the 3 comp. sink basins thoroughly.<br>30ppm QA ✓ 3 comp. sink.                                               |

|                                                 |                           |                                                  |
|-------------------------------------------------|---------------------------|--------------------------------------------------|
| Received by:<br>(signature) <i>[Signature]</i>  | Print: James Johnson      | Title: Person In Charge/ Owner<br>Store Director |
| Inspected by:<br>(signature) <i>[Signature]</i> | Print: <i>[Signature]</i> | Samples: Y N # collected                         |







Food Establishment Inspection Report

Bureau Veritas North America, Inc.

2019-014335

2-28-20

Page 2 of 2

|                                    |                                    |                         |                  |             |
|------------------------------------|------------------------------------|-------------------------|------------------|-------------|
| Establishment Name:<br>David's 103 | Physical Address:<br>100 S. Spears | City/State:<br>Alvarado | License/Permit # | Page 2 of 2 |
|------------------------------------|------------------------------------|-------------------------|------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location                                       | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------------------------------------------|------|---------------|------|---------------|------|
| all refrigeration operating @ required temperatures |      |               |      |               |      |
| chicken                                             | 36   |               |      |               |      |
| beef                                                | 35   |               |      |               |      |

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:                                                                                                        |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | CFM Crystal Tibbs exp 2024<br>Permit displayed in public view.                                                                                                                                                                   |
| 20          | Multiple packaged meat products observed with more than one expiration date mark placed on top of each other. TCS products must be removed from public sale after expiration date. may not extend shelf life.<br><u>Original</u> |
| 47          | Most recent health inspection or advisory stating "Health inspection available upon request" must be displayed in public view.                                                                                                   |

|                                                |                                 |                                |
|------------------------------------------------|---------------------------------|--------------------------------|
| Received by: (signature) <u>Schulle Carney</u> | Print: <u>Michelle Carney</u>   | Title: Person In Charge/ Owner |
| Inspected by: (signature) <u>E Ramirez</u>     | Print: <u>Elizabeth Ramirez</u> | Samples: Y N # collected       |



Food Establishment Inspection Report

Bureau Veritas North America, Inc.

8/28/19

|                                   |                                    |                         |                  |             |
|-----------------------------------|------------------------------------|-------------------------|------------------|-------------|
| Establishment Name:<br>DAVIDS 103 | Physical Address:<br>100 S. SPEARS | City/State:<br>Alvarado | License/Permit # | Page 2 of 2 |
|-----------------------------------|------------------------------------|-------------------------|------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location        | Temp    | Item/Location       | Temp | Item/Location | Temp |
|----------------------|---------|---------------------|------|---------------|------|
| Cut watermelon       | 51-52°F | (produce open case) |      | RIF           | -1°F |
| RAMBACON - open case | 47°F    |                     |      |               |      |
| chorizo sausages     | 46°F    |                     |      |               |      |
|                      | 45°F    | produce w/c         | 38°F |               |      |
| YOGURT               | 39°F    | meat w/c            | 30°F |               |      |
|                      |         | w/c                 | 0°F  |               |      |

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:

CFM

- #27. Observed the fresh foods and produce open case coolers with the food items temping 45-52°F.
- Shall service both coolers immediately. Remove the cut fruits @ produce coolers (toss).
- DO NOT overstock coolers w/ food products.
- #42 clean cooler air vents.
- #27 service coolers within 24 hours. suggested to store food in walk in cooler.

|                                                     |                               |                                |
|-----------------------------------------------------|-------------------------------|--------------------------------|
| Received by: <i>Tana ortez</i><br>(signature)       | Print: <i>Tana ortez</i>      | Title: Person In Charge/ Owner |
| Inspected by: <i>Angela Arguieso</i><br>(signature) | Print: <i>Angela Arguieso</i> | Samples: Y N # collected       |



2018-014762



|                                    |                   |             |                  |                 |
|------------------------------------|-------------------|-------------|------------------|-----------------|
| Establishment Name:<br>David's 103 | Physical Address: | City/State: | License/Permit # | Page ___ of ___ |
|------------------------------------|-------------------|-------------|------------------|-----------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp   | Item/Location | Temp | Item/Location | Temp |
|---------------|--------|---------------|------|---------------|------|
| coolers       | ≤ 39°F |               |      |               |      |
| freezer       | ≤ 8°F  |               |      |               |      |
|               |        |               |      |               |      |
|               |        |               |      |               |      |

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:

- 21. provide bodily fluid cleanup procedure kit
- 42. clean fan covers in walk-ins
- 46. Replace ~~non~~ ~~at~~ outdoor place ceiling tiles
- 47. • post most recent inspection report in conspicuous location
- Replace nonworking lights in storage room.

|                              |                      |                                |
|------------------------------|----------------------|--------------------------------|
| Received by:<br>(signature)  | Print: James Johnson | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature) | Print: Xiaoping Wang | Samples: N # collected         |







