



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



**BUREAU  
VERITAS**

|                  |          |           |                  |            |             |             |
|------------------|----------|-----------|------------------|------------|-------------|-------------|
| Date: 2025-08-05 | Time in: | Time out: | License/Permit # | TMS Number | 2025-019043 | Page 1 of 3 |
|------------------|----------|-----------|------------------|------------|-------------|-------------|

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

|  |                          |                                |        |                  |
|--|--------------------------|--------------------------------|--------|------------------|
| Establishment Name:<br>Pam's Donut Shop              | Contact/Owner Name:      | Number of Repeat Violations: 0 | 95     |                  |
|  |                          | Number of Violations COS: 0    |        |                  |
| Physical Address:<br>303 Hwy 67, 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>   |   |   |   |   |   |
| NO  |   |   |   |   |   | 1. Proper cooling time and temperature   |   |   |   |   |   |
| 3-OUT   |   |   |   |   |   | 2. Proper Cold Holding temperature(41°F/45°F)  |   |   |   |   |   |
| NO  |   |   |   |   |   | 3. Proper Hot Holding temperature(135°F)   |   |   |   |   |   |
| NO  |   |   |   |   |   | 4. Proper cooking time and temperature   |   |   |   |   |   |
| NO  |   |   |   |   |   | 5. Proper reheating procedure for hot holding (165°F in 2 Hours)   |   |   |   |   |   |
| IN  |   |   |   |   |   | 6. Time as a Public Health Control; procedures & records   |   |   |   |   |   |
| <b>Approved Source</b>  |   |   |   |   |   | <b>Preventing Contamination by Hands</b>   |   |   |   |   |   |
| IN  |   |   |   |   |   | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction |   |   |   |   |   |
| IN  |   |   |   |   |   | 8. Food Received at proper temperature   |   |   |   |   |   |
| <b>Protection from Contamination</b>                                    |   |   |   |   |   | <b>Highly Susceptible Populations</b>  |   |   |   |   |   |
| IN  |   |   |   |   |   | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting                      |   |   |   |   |   |
| IN  |   |   |   |   |   | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 3 comp 50 ppm chlorine ppm/temperature          |   |   |   |   |   |
| IN  |   |   |   |   |   | 11. Proper disposition of returned, previously served or reconditioned   |   |   |   |   |   |
|   |   |   |   |   |   | 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                                 |   |   |   |   |   |
|   |   |   |   |   |   | 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: )     |   |   |   |   |   |
|   |   |   |   |   |   | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required                       |   |   |   |   |   |
|   |   |   |   |   |   | <b>Chemicals</b>   |   |   |   |   |   |
| IN  |   |   |   |   |   | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables  |   |   |   |   |   |
| IN  |   |   |   |   |   | 18. Toxic substances properly identified, stored and used  |   |   |   |   |   |
|   |   |   |   |   |   | <b>Water/ Plumbing</b>   |   |   |   |   |   |
| IN  |   |   |   |   |   | 19. Water from approved source; Plumbing installed; proper backflow device   |   |   |   |   |   |
| IN  |   |   |   |   |   | 20. Approved Sewage/Wastewater Disposal System, proper disposal  |   |   |   |   |   |

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



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





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

| O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Demonstration of Knowledge/<br>Personnel   | R | O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Food Temperature Control/ Identification  | R |
|-------------|--------|--------|--------|-------------|--|---|-------------|--------|--------|--------|-------------|---|---|
|             | IN     |        |        |             | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)   |   |             | IN     |        |        |             | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature                        |   |
|             | IN     |        |        |             | 22. Food Handler/ no unauthorized persons/ personnel   |   |             | IN     |        |        |             | 28. Proper Date Marking and disposition   |   |
|             |        |        |        |             | <b>Safe Water, Recordkeeping and Food Package Labeling</b>   |   |             | 2-OUT  |        |        |             | 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**

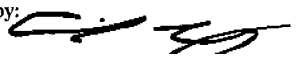

| O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Prevention of Food Contamination   | R | O<br>U<br>T | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Food Identification  | R |
|-------------|--------|--------|--------|-------------|--|---|-------------|--------|--------|--------|-------------|--|---|
|             | 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                              |   |
|             | IN     |        |        |             | 37. Environmental contamination  |   |             | IN     |        |        |             | 43. Adequate ventilation and lighting; designated areas used     |   |
|             | IN     |        |        |             | 38. Approved thawing method  |   |             | IN     |        |        |             | 44. Garbage and Refuse properly disposed; facilities maintained  |   |
|             |        |        |        |             | <b>Proper Use of Utensils</b>  |   |             | IN     |        |        |             | 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>Kiho Chang         | <b>Title: Person In Charge/ Owner</b> |
| <b>Inspected by:</b><br>(signature)<br> | <b>Print:</b><br>Tina NEMMERS-MOORE | <b>Business Email:</b>                |



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



| 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:  |                                |
| #2   | All TCS foods shall maintain 41 F degrees or below. Discard any TCS foods out of temp 4 hours or greater. Small black RIC ham 45, sausage 50 RIC white residential 35, premium Levella RZiC 38                                     |                                |
| #29  | Provide thermometers in all refrigerators, missing in drink cooler and premium Level RIC   |                                |
| #30  | Health permit posted 8.1.206   |                                |
| #28  | TCS foods shall be date labeled with 7 day expiration date. Date prepared counts as day one, 6 days. Shall date mark opened, and prepared TCS food items with shelf life of no more than 7 days. Observed sausage not date marked. |                                |
| #6   | Time stamp In compliance   |                                |
|  |  |                                |
|  | Samples:   | # Collected:                   |
| Received by:<br>(signature)   | Print:<br>Kiho Chang   | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature)  | Print: Tina NEMMERS-MOORE  |                                |



# Retail Food Establishment Inspection Report

|   |                      |  |                                    |  |   |                                  |                    |
|---|----------------------|--|------------------------------------|--|---|----------------------------------|--------------------|
| Date:<br>10/04/2024                     | Time in:<br>09:50 AM | Time out:<br>10:29 AM                            | License/Permit #<br>-              | TMS Project #<br>2024-027709                   | 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>Pam's Donut Shop |                      |  | Contact/Owner Name:<br>Kiho Chang  |  | * Number of Repeat Violations: <u>1</u><br>✓ Number of Violations COS: <u>2</u> |                                  | <b>92/100</b>      |
| Physical Address:<br>303 Hwy 67         |                      | 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>               |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | 2  |    |    | ✓   |   |
| <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>Physical Facilities</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| 1                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Other Violations</b>    |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |

|                              |                                   |  |
|------------------------------|-----------------------------------|--|
| Received by:<br>(signature)  | Print:<br>Kiho Chang              | Phone # / email:<br>Kiho7chang@gmail.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 | Establishment Name:<br>Pam's Donut Shop | Physical Address:<br>303 Hwy 67 | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|---|---------------------------------|-----------------------------|-----------------------|-------------|

| TEMPERATURE OBSERVATIONS       |      |               |      |               |      |
|--------------------------------|------|---------------|------|---------------|------|
| Item/Location                  | Temp | Item/Location | Temp | Item/Location | Temp |
| 2 - Milk beverage cooler 1     | 38   |               |      |               |      |
| 2 - Milk beverage cooler 2     | 37   |               |      |               |      |
| 2 - Milk beverage cooler 3     | 38   |               |      |               |      |
| 2 - Sausage sandwich-cooler 2A | 35   |               |      |               |      |
| 2 - Cheese-cooler 2A           | 39   |               |      |               |      |
| 2 - Egg-cooler 1               | 40   |               |      |               |      |
| 2 - Sausage-cooler 1           | 40   |               |      |               |      |
|                                |      |               |      |               |      |

**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:

6 - Using daily time tags, in compliance.  
 10 - Sanitizer tested 50PPMCL, in compliance.  
 18 - Shall label spray bottles. Corrected on site.  
 19 - Note: missing air gap at 3-compartment sink plumbing.  
 30 - 8/1/2025  
 31 - Shall not store anything in handsinks. corrected on site.  
 34 - Back door shall self close and self latch.  
 37 - Opened bags of food shall be stored in closed containers when not in use.  
 45 - Shall clean floors under and behind equipment/storage racks. Repeat  
 AdditionalComments: Print this report and keep on site.

|  |                                   |  |
|--|-----------------------------------|--|
| Registered Food Service manager Kiho Chang | Certificate #:                    | Exp. Date: 03/08/2028                    |
| Pest Control Company Abby                  |                                   | Service Date: 08/22/2024                 |
| Grease Trap Service Company Trimble        |                                   | Service Date: 08/13/2024                 |
| Received by:<br>(signature)                | Print:<br>Kiho Chang              | Phone # / email:<br>Kiho7chang@gmail.com |
| Inspected by:<br>(signature)               | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834      |

# Retail Food Establishment Inspection Report

|                     |                      |                       |                       |                              |             |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|
| Date:<br>05/17/2024 | Time in:<br>08:20 AM | Time out:<br>08:57 AM | License/Permit #<br>- | TMS Project #<br>2023-022749 | Page 1 of 2 |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|

|                        |  |                                    |  |                                  |                                  |             |
|------------------------|--|------------------------------------|--|----------------------------------|----------------------------------|-------------|
| Purpose of Inspection: | 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"/> | TOTAL/SCORE |
|------------------------|--|------------------------------------|--|----------------------------------|----------------------------------|-------------|

|   |                                   |                                  |               |
|---|-----------------------------------|----------------------------------|---------------|
| Establishment Name:<br>Pam's Donut Shop | Contact/Owner Name:<br>Kiho Chang | * Number of Repeat Violations: 0 | <b>93/100</b> |
|   |                                   | ✓ Number of Violations COS: 0    |               |

|                                 |   |                    |                        |                                   |
|---------------------------------|---|--------------------|------------------------|-----------------------------------|
| Physical Address:<br>303 Hwy 67 | 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 (F = degrees Fahrenheit)</b> |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|  |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|  |    | ✓  |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
| 3  |    |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
| <b>Approved Source</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>       |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
|  | ✓  |    |    |     |   | 2   |    |    |    |     |   |
| <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>                                   |    |    |    |     |   | ✓   |    |    |    |     |   |
|  |    | ✓  |    |     |   | ✓   |    |    |    |     |   |

**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                          |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | 1                          |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |

|                              |                                   |  |
|------------------------------|-----------------------------------|--|
| Received by:<br>(signature)  | Print:<br>Kiho Chang              | Phone # / email:<br>kiho7chang@gmail.com |
| Inspected by:<br>(signature) | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834      |

## Retail Food Establishment Inspection Report

|                     |   |                                 |                             |                       |             |
|---------------------|---|---------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>05/17/2024 | Establishment Name:<br>Pam's Donut Shop | Physical Address:<br>303 Hwy 67 | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|---|---------------------------------|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location             | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------------|------|---------------|------|---------------|------|
| 2 - Mixed cheese-cooler 2 | 37   |               |      |               |      |
| 2 - Sausage link-cooler 3 | 38   |               |      |               |      |
| 2 - Milk/drink cooler     | 39   |               |      |               |      |
|                           |      |               |      |               |      |
|                           |      |               |      |               |      |
|                           |      |               |      |               |      |
|                           |      |               |      |               |      |
|                           |      |               |      |               |      |
|                           |      |               |      |               |      |

### 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>6 - Daily time tags not observed for the sausage rolls on the counter top and display area. Temped sausage roll at 78degrees. Shall use daily time tags when sausage rolls are out in the danger zone: 41-135degrees.</p> <p>10 - 3 compartment sink tested 100PPM CL, in compliance.</p> <p>28 - Shall date mark opened and or prepared food items held for more than 24hours with a shelf life of no more than 7days.</p> <p>30 - Permit valid until 08/01/2024.</p> <p>38 - Thawing under refrigeration, in compliance.</p> <p>42 - Clean inside bottom of reach-in Coolers and freezers.</p> <p>45 - Clean storage shelving and floors underneath equipment throughout kitchen.</p> <p>AdditionalComments:Print this report and keep on site.</p> |   |

|  |                                   |  |
|--|-----------------------------------|--|
| Registered Food Service manager Kiho Chang | Certificate #:                    | Exp. Date: 03/08/2028                    |
| Pest Control Company Abby                  |                                   | Service Date: 03/14/2024                 |
| Grease Trap Service Company Trimble        |                                   | Service Date: 04/12/2024                 |
| Received by:<br>(signature)                | Print:<br>Kiho Chang              | Phone # / email:<br>kiho7chang@gmail.com |
| Inspected by:<br>(signature)               | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834      |

# Retail Food Establishment Inspection Report

|  |                      |                                       |   |  |   |                                  |                    |
|--|----------------------|---------------------------------------|---|--|---|----------------------------------|--------------------|
| Date:<br>09/28/2023                      | Time in:<br>10:58 AM | Time out:<br>11:55 AM                 | License/Permit #<br>-                         | TMS Project #<br>2023-022749                   | 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:<br>Pam's Donut Shop  |                      |                                       | Contact/Owner Name:<br>Kho Chang              |  | * Number of Repeat Violations: <u>1</u><br>✓ Number of Violations COS: <u>0</u> |                                  | <b>94/100</b>      |
| Physical Address:<br>303 Hwy 67 (7-2014) |                      |                                       | 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>                   |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
| 3   |    |    |    |     | ✓ | ✓  |    |    |    |     |   |
|   |    |    | ✓  |     |   | <b>Preventing Contamination by Hands</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>       |    |    |    |     |   |
| ✓  |    |    |    |     |   | 2   |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
|  |    |    |    |     |   | ✓   |    |    |    |     |   |
| ✓  |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
|  |    |    |    |     |   | <b>Utensils, Equipment, and Vending</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> |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
|   |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| 1                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |

|                              |                              |  |
|------------------------------|------------------------------|--|
| Received by:<br>(signature)  | Print:<br>Kho Chang          | Phone # / email:<br>kiko7chang@gmail.com |
| Inspected by:<br>(signature) | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                      |

## Retail Food Establishment Inspection Report

|                     |   |  |                             |                       |             |
|---------------------|---|--|-----------------------------|-----------------------|-------------|
| Date:<br>09/28/2023 | Establishment Name:<br>Pam's Donut Shop | Physical Address:<br>303 Hwy 67 (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 - Crumbled sausage-double glass door RIC | 47   |               |      |               |      |
| 2 - Bacon-double glass door RIC            | 46   |               |      |               |      |
| 2 - Sausage links-double glass door RIC    | 48   |               |      |               |      |
| 2 - Ham-double glass door RIC              | 38   |               |      |               |      |
| 2 - Milk-home style refrigerator           | 40   |               |      |               |      |
| 2 - Single glass door cooler               | 39   |               |      |               |      |
| 2 - Chocolate milk-Dr Pepper cooler        | 50   |               |      |               |      |
| 2 - Coca Cola cooler                       | 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: |
|-------------|---|

2 - Old food and drink shall be maintained at internal temperature of 41 degrees or below. Milk in Dr. Pepper cooler temped 50 degrees. Food in double-door glass cooler temped 38-48 degrees. Repeat violation. Move food to a working cooler.

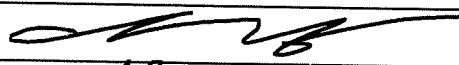
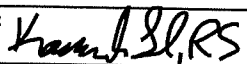
6 - Using time tags

27 - Repair or replace double glass door cooler and Dr. Pepper cooler so that all food in coolers is held at proper temperature at all times.

30 - Permit valid until 8/1/24

40 - Store donut boxes at least 6 inches off the floor.

AdditionalComments:Print this report and keep it on site

|  |                              |  |                          |
|--|------------------------------|--|--------------------------|
| Registered Food Service manager Kho Chang  |                              | Certificate #:                           | Exp. Date: 03/08/2028    |
| Pest Control Company Abby's Pest Control   |                              |  | Service Date: 08/23/2023 |
| Grease Trap Service Company Trimble  |                              |  | Service Date: 09/25/2023 |
| Received by:<br>(signature)   | Print:<br>Kho Chang          | Phone # / email:<br>kiho7chang@gmail.com |                          |
| Inspected by:<br>(signature)  | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                      |                          |

## Retail Food Establishment Inspection Report

|                     |                      |                       |                       |                              |             |
|---------------------|----------------------|-----------------------|-----------------------|------------------------------|-------------|
| Date:<br>03/02/2023 | Time in:<br>09:54 AM | Time out:<br>10:45 AM | License/Permit #<br>- | TMS Project #<br>2022-021563 | 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>Pam's Donut Shop | Contact/Owner Name:<br>Kiho Chang | * Number of Repeat Violations: <u>1</u> | <b>96/100</b> |
|   |                                   | ✓ Number of Violations COS: <u>0</u>    |               |

|   |   |                    |                        |                                   |
|---|---|--------------------|------------------------|-----------------------------------|
| Physical Address:<br>303 Hwy 67 (7-2014) Suite: Pams Donut Shop | 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 |    |    |    |     |  | R | Compliance Status |    |    |    |   |                 | R |
|-------------------|----|----|----|-----|--|---|-------------------|----|----|----|---|-----------------|---|
| OUT               | IN | NO | NA | COS | Time and Temperature for Food Safety<br>(F = degrees Fahrenheit)   |   | OUT               | IN | NO | NA | COS   | Employee Health |   |
|                   |    | ✓  |    |     | 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)   |   |                   |    |    |    | <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 50C  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 |    |    |    |     |  | R | Compliance Status |    |    |    |  |  | R |
|-------------------|----|----|----|-----|--|---|-------------------|----|----|----|--|--|---|
| OUT               | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel  |   | OUT               | IN | NO | NA | COS  | Food Temperature Control/ Identification   |   |
|                   | ✓  |    |    |     | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)   |   |                   | ✓  |    |    | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature                       |  |   |
|                   | ✓  |    |    |     | 22. Food Handler/ no unauthorized persons/ personnel   |   |                   | ✓  |    |    | 28. Proper Date Marking and disposition  |  |   |
|                   |    |    |    |     | <b>Safe Water, Recordkeeping and Food Package Labeling</b>   |   |                   |    |    |    | ✓  | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips         |   |
|                   | ✓  |    |    |     | 23. Hot and Cold Water available; adequate pressure, safe  |   |                   |    |    |    | <b>Permit Requirement, Prerequisite for Operation</b>  |  |   |
|                   | ✓  |    |    |     | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled  |   |                   | ✓  |    |    | 30. Food Establishment Permit (Current & Valid)  |  |   |
|                   |    |    |    |     | <b>Conformance with Approved Procedures</b>  |   |                   |    |    |    | <b>Utensils, Equipment, and Vending</b>  |  |   |
|                   |    |    |    | ✓   | 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                              |  |   |
|                   |    |    |    |     | <b>Consumer Advisory</b>   |   |                   |    |    |    | ✓  | 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 |    |    |    |     |  | R | Compliance Status |    |    |    |  |                     | R |
|-------------------|----|----|----|-----|--|---|-------------------|----|----|----|--|---------------------|---|
| OUT               | IN | NO | NA | COS | Prevention of Food Contamination   |   | OUT               | IN | NO | NA | COS  | Food Identification |   |
|                   | ✓  |    |    |     | 34. No Evidence of Insect contamination, rodent/other animals  |   |                   | ✓  |    |    | 41. Original container labeling (Bulk Food)                      |                     |   |
|                   | ✓  |    |    |     | 35. Personal Cleanliness/eating, drinking or tobacco use   |   |                   |    |    |    | <b>Physical Facilities</b>                                       |                     |   |
|                   |    | ✓  |    |     | 36. Wiping Cloths; properly used and stored  |   |                   | ✓  |    |    | 42. Non-Food Contact surfaces clean                              |                     |   |
|                   |    | ✓  |    |     | 37. Environmental contamination  |   |                   | ✓  |    |    | 43. Adequate ventilation and lighting; designated areas used     |                     |   |
|                   |    | ✓  |    |     | 38. Approved thawing method  |   |                   | ✓  |    |    | 44. Garbage and Refuse properly disposed; facilities maintained  |                     |   |
|                   |    |    |    |     | <b>Proper Use of Utensils</b>  |   |                   |    |    |    | 45. Physical facilities installed, maintained, and clean         |                     |   |
|                   | ✓  |    |    |     | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |   |                   | ✓  |    |    | 46. Toilet Facilities; properly constructed, supplied, and clean |                     |   |
| 1                 |    |    |    |     | 40. Single-service & single-use articles; properly stored and used   | ✓ |                   | ✓  |    |    | 47. Other Violations   |                     |   |

|                              |                              |  |
|------------------------------|------------------------------|--|
| Received by:<br>(signature)  | Print:<br>Kiho Chang         | Phone # / email:<br>kiho7chang@gmail.com |
| Inspected by:<br>(signature) | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                      |





# Retail Food Establishment Inspection Report

## Bureau Veritas North America, Inc.

|                |          |           |                              |            |                |             |
|----------------|----------|-----------|------------------------------|------------|----------------|-------------|
| Date: 02-22-21 | Time in: | Time out: | License/Permit #: 2020-04112 | 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> |  |  |                              |  |   |    |
| <b>Establishment Name:</b> Pam's Donut Shop   |  |  | <b>Contact/Owner Name:</b>   |  | * Number of Repeat Violations:<br>✓ Number of Violations COS: |    |
| <b>Physical Address:</b> 303 Hwy 107  |  |  | <b>City/County:</b> Alvarado |  | <b>Zip Code:</b> <b>Phone:</b>                                |    |
|   |  |  |                              |  |   | 75 |

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

| Compliance Status  |    |    |    |     |   | Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days |    |    |    |     |   |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| 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>  |    |    |    |     |   |
| 3  |    |    |    |     |   | 12.   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | 13.   | ✓  |    |    |     |   |
|  |    | ✓  |    |     |   | <b>Preventing Contamination by Hands</b>  |    |    |    |     |   |
|  |    | ✓  |    |     |   | 14.   |    |    |    |     |   |
| 3  |    |    |    |     |   | 15.   |    |    |    |     |   |
|  |    | ✓  |    |     |   | <b>Highly Susceptible Populations</b>   |    |    |    |     |   |
|  |    | ✓  |    |     |   | 16.   |    |    |    |     |   |
|  |    | ✓  |    |     |   | <b>Chemicals</b>  |    |    |    |     |   |
|  |    | ✓  |    |     |   | 17.   |    |    |    |     |   |
|  |    | ✓  |    |     |   | 18.   |    |    |    |     |   |
|  |    | ✓  |    |     |   | <b>Water/ Plumbing</b>  |    |    |    |     |   |
|  |    | ✓  |    |     |   | 19.   | 3  |    |    |     |   |
|  |    | ✓  |    |     |   | 20.   |    |    |    |     |   |

| Compliance Status                            |    |    |    |     |   | Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days |    |    |    |     |   |
|--|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT  | IN | NO | NA | COS | R | OUT  | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b> |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>  |    |    |    |     |   |
| 2  | ✓  |    |    |     |   | 27.  | 2  |    |    |     |   |
|  | ✓  |    |    |     |   | 28.  | 2  |    |    |     |   |
|  | ✓  |    |    |     |   | 29.  |    |    |    |     |   |
|  | ✓  |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b>                                    |    |    |    |     |   |
|  | ✓  |    |    |     |   | 30.  |    |    |    |     |   |
|  | ✓  |    |    |     |   | <b>Utensils, Equipment, and Vending</b>  |    |    |    |     |   |
|  | ✓  |    |    |     |   | 31.  | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | 32.  | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | 33.  | ✓  |    |    |     |   |

| Compliance Status                       |    |    |    |     |   | Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First |    |    |    |     |   |
|---|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT   | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b>  |    |    |    |     |   |
|   |    |    |    |     |   | 34.   |    |    |    |     |   |
|   |    |    |    |     |   | 35.   |    |    |    |     |   |
|   |    |    |    |     |   | 36.   |    |    |    |     |   |
|   |    |    |    |     |   | 37.   |    |    |    |     |   |
|   |    |    |    |     |   | 38.   |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Physical Facilities</b>  |    |    |    |     |   |
|   |    |    |    |     |   | 39.   |    |    |    |     |   |
|   |    |    |    |     |   | 40.   |    |    |    |     |   |
|   |    |    |    |     |   | 41.   | ✓  |    |    |     |   |
|   |    |    |    |     |   | 42.   |    |    |    |     |   |
|   |    |    |    |     |   | 43.   |    |    |    |     |   |
|   |    |    |    |     |   | 44.   |    |    |    |     |   |
|   |    |    |    |     |   | 45.   |    |    |    |     |   |
|   |    |    |    |     |   | 46.   |    |    |    |     |   |
|   |    |    |    |     |   | 47.   |    |    |    |     |   |

|   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <b>Received by:</b> <i>[Signature]</i>  | <b>Print:</b> Chaz, Kirk       | <b>Title:</b> Person In Charge/ Owner |
| <b>Inspected by:</b> <i>[Signature]</i> | <b>Print:</b> Angela V. Arfush | <b>Business Email:</b>                |











