City of Pearland Retail Food Establishment Inspection Report

2703 Veterans Dr. Pearland, Tx 77581

Phone: 281.652.1766 Fax: 281.997.4660

**This inspection shall be posted in public view*

Date: 01-18-2024	Time in:	Time out:	License/Permit # TLIC23-00183	Est. Type	Risk Category	Page __ of ___

Purpose of Inspection: [ ] 1-Compliance [ ] 2-Routine [ ] 3-Field Investigation [ ] 4-Visit [ ] 5-Other

Establishment Name: DONUTNV	Contact/Owner Name: ANDY LOPEZ	✱ Number of Repeat Violations: ____ ✓ Number of Violations COS: _____	TOTAL/SCORE
Physical Address: 2703 VETERANS	City/County: PEARLAND	Zip Code: 77584	Phone: 832-919-0099	Follow-up: [Yes] [No] (circle one)	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*

OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
		✓			**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	
					Approved Source	
	✓				**7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction**	
		✓			8. Food Received at proper temperature	
					Protection from Contamination	
	✓				**9. Food Separated & protected, prevented during food preparation, storage, display, and tasting**	
	✓				**10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature**	
	✓				**11. Proper disposition of returned, previously served or reconditioned & unsafe food**	

OUT	IN	NO	NA	COS	Employee Health	R
	✓				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	
					Preventing Contamination by Hands	
	✓				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[✗])	
					Highly Susceptible Populations	
			✓		**16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required**	
					Chemicals	
	✓				**17. Food additives; approved and properly stored; Washing Fruits & Vegetables**	
	✓				**18. Toxic substances properly identified, stored and used**	
					Water/ Plumbing	
	✓				**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*

OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R
	✓				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
	✓				22. Food Handler/ no unauthorized persons/ personnel	
					Safe Water, Recordkeeping and Food Package Labeling	
	✓				**23. Hot and Cold Water available**; adequate pressure, safe	
	✓				**24. Required records available (shellstock tags; parasite destruction); Packaged Food**	
					Conformance with Approved Procedures	
	✓				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
					Consumer Advisory	
	✓				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label	

OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	✓				**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**	
					Permit Requirement, Prerequisite for Operation	
	✓				30. Food Establishment Permit (Current & Valid)	
					Utensils, Equipment, and Vending	
	✓				**31. Adequate hand washing 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*

OUT	IN	NO	NA	COS	Prevention of Food Contamination	R
	✓				**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**	
					Proper Use of Utensils	
	✓				**39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used**	
	✓				**40. Single-service & single-use articles; properly stored and used**	

OUT	IN	NO	NA	COS	Food Identification	R
		✓			**41.Original container labeling (Bulk Food)**	
					Physical Facilities	
	✓				**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)	**Print:** ANDY LOPEZ	**Title: Person In Charge/ Owner** MANAGER
Inspected by: (signature)	**Print:** Nick Bueche	**Business Email:** WEBSTERTX@DONUTNV.COM

Retail Food Establishment Inspection Report

Corrective Actions to Ensure Safe Food

Item No.

1 Cooling

- TCS* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:
  Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours

2 Cold Hold

- TCS food held above 41° F (45° F) more than 4 hours:
  Action: Voluntary destruction

- TCS food held above 41° F (45° F) less than 4 hours:
  Action: Rapid cool (e.g. ice bath)

3 Hot Hold

- TCS food held below 135° F more than 4 hours:
  Action: Voluntary destruction

- TCS food held below 135° F less than 4 hours:
  Action: Rapid reheats to 165° F or more

4 Cooking

- TCS food undercooked:
  Action: Re-cook to proper temperature

5 Rapid Reheating

- TCS food improperly reheated:
  Action: Reheat rapidly to 165° F

7 Approved Source/Sound Condition

- Foods from unapproved sources/unsound condition:
  Action: Voluntary destruction

9 Cross-Contamination of Raw/Cooked Foods

- Ready-To-Eat food contaminated by raw TCS food:
  Action: Voluntary destruction of ready-to-eat foods

14 Handwashing

- Food employees observed not washing hands:
  Action: Instruct employees to wash hands as specified in the Rules.

15 Proper Handling of Ready-to-Eat Foods

- Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:
  Action: Voluntary destruction

19, 23 Water Supply

- Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils:
  Action: Voluntary suspension of food preparation

* Time/Temperature Control for Safety (TCS)

Retail Food Establishment Inspection Report

Establishment Name:	Physical Address:	City/State:	License/Permit #	Page __ of __

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

Received by: (signature)	**Print:**	**Title: Person In Charge/ Owner**
Inspected by: (signature)	**Print:** Nick Bueche	Samples: Y N # collected ____