



ENVIRONMENTAL PUBLIC HEALTH DIVISION
FOOD ESTABLISHMENT INSPECTION FORM

Establishment # E0106799	Date: 6/28/22	Time in: 16:19	Time out: 16:42	Permit Expires:	Permit Approved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Re-Inspection Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Current Score	
Purpose of Inspection: Complaint: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Routine	Re-Inspection	Permitting	Pre-Opening <input checked="" type="checkbox"/>	Compliance	Other - Consultation	Other - Unpermitted	
Food Borne Illness Inv.: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							SV Re-Inspection	
Establishment Name: Ramadan Halal Meat Market					Owner Name: Ramadan Khairallah		Prior Score	
Physical Address: 4750 FM 1960 Rd W,					Phone: (979) 402-6207	Risk Category 2	# CFM Onsite: 1	
Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = Repeat Violation								
Priority Violations (3 Points) Violations Require Immediate Corrective Action								
Compliance Status				Compliance Status				
O U T	I N	N O	N A	C O S	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 and & protected, prevented during food preparation, storage, display, and tasting			
					10. Food contact surfaces and Returnables; Cleaned and Sanitized at n/o ppm/temperature			
					11. Proper disposition of returned, previously served or reconditioned			
Priority Foundation Violations (2 points) Violations Require Corrective Action within 10 days								
O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Personnel			R
					21. Person in charge present, demonstration of knowledge, and perform duties/Certified Food Manager			
					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); Package Food Labeled			
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/Buffer Plate)/Allergen Label			
Core Violations (1 Point)								
O U T	I N	N O	N A	C O S	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 stored			
					40. Single-service & single-use articles; properly stored and used			
O U T	I N	N O	N A	C O S	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			
Inspected by: <i>Jerry McCown</i>				Name: McCown, Terry - 144				Citations Issued: 0
Person in Charge: <i>Purcell</i>				Name: Ramadan khairallah				Lbs. Food Destroyed: 0
				Title: Owner				Red Tags Issued: 0

Establishment Name: Ramadan Halal Meat Market		Physical Address: 4750 FM 1960 Rd W,		Date: 6/28/2022		Establishment # E0106799	
TEMPERATURE OBSERVATIONS							
Item/Location		Temp	Item/Location		Temp	Item/Location	
null / null		null					
null / null		null					
OBSERVATIONS AND CORRECTIVE ACTIONS							
Violation Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. VIOLATIONS CITED IN THIS REPORT MUST BE CORRECTED WITHIN THE TIME FRAMES BELOW. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:						
	Be advised that a citation will result when the same item is marked out three or more times on consecutive inspections.						
	Notes/Comments:						
	Pre opening inspection, permit approved. Pay for permit prior to opening. If you have any questions please feel free to contact me at terry.mccown@phs.hctx.net.						
	Establishment had a food preparation table inside the walk in cooler, food preparation table was removed from walk in cooler and placed in the food service area so it had adequate hand sink access.						
	Establishment has a 15x15x14 3cs, 18x18x12 3cs, 4 hand sinks and 1 mop sink.						
	Establishment has a Navien NPE that produces 7.8 gallons per minute @ 50 F rise. Tankless water heater is compliant.						
	Correct all violations and maintain corrected before next inspection.						
	--- Red Tags Issued This Inspection---						
	None						
	--- Citations and Charges Issued ---						
	None						
	--- Previous 2 Year Violation History ---						
	None						
	--- Previous Citations Issued ---						
	None						
Inspected by:	Terry McCown		Name: McCown, Terry - 144			Date: 6/28/2022	
Person in Charge:	F. Khairallah		Name: Ramadan khairallah			Title: Owner	

Food Establishment rules may be found at: <https://www.dshs.state.tx.us/foodestablishments/laws-rules.aspx>

101 S. Richey, Suite G, Pasadena, TX 77506 Phone: 713-274-6300 Fax: 713-274-6375
www.hcphtx.org

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Food Allergens

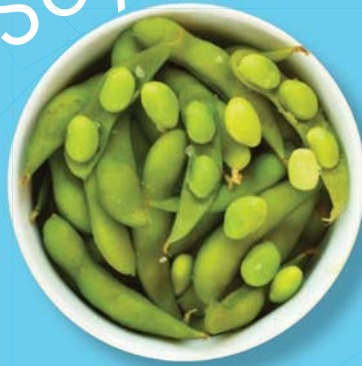


Harris County
Public Health
Building a Healthy Community



Eggs

Soy



Fish



Dairy



Tree Nuts

Look for allergen warnings on the nutrition label.

Found Here.

Ingredients: Enriched flour (wheat flour, malted barley, niacin, reduced iron, thiamin mononitrate, riboflavin, folic acid), sugar, partially hydrogenated cottonseed oil, high fructose corn syrup, whey, eggs, vanilla, natural and artificial flavoring, salt, leavening (sodium acid pyrophosphate, monocalcium phosphate), lecithin, mono- and diglycerides.

Contains: Wheat, Milk, Egg, and Soy

Ingredients: Enriched flour (wheat flour, malted barley, niacin, reduced iron, thiamin mononitrate, riboflavin, folic acid), sugar, partially hydrogenated cottonseed oil, high fructose corn syrup, whey (milk), eggs, vanilla, natural and artificial flavoring, salt, leavening (sodium acid pyrophosphate, monocalcium phosphate), mono- and diglycerides.



Shellfish



Gluten/Wheat



Peanuts



ATTENTION FOOD EMPLOYEES:

**REPORT to your supervisor
immediately**

**If you have any of the following symptoms caused by
illness or infection:**



Vomiting



Jaundice
(yellowing of eyes
and skin)



Diarrhea



Infected wounds or
lesions with pus
(on hands, wrists, or
exposed body parts)



Sore throat
with fever

**If you, or a household member, have been diagnosed
by a doctor with:**

- Norovirus
- Hepatitis A
- Salmonella typhii (*typhoid fever*)
- Non-Typhoidal Salmonella
- Shigellosis
- E. coli 0157:H7 (*or other shiga toxin-producing Escherichia coli*)

You could make your customers sick!

Reporting your illness is mandatory.

ATENCIÓN

EMPLEADOS DEL SECTOR ALIMENTARIO:

INFORME de inmediato a su supervisor

Si usted presenta alguno de los siguientes síntomas causados por alguna enfermedad o infección:



Vómito



Ictericia (*ojos o piel amarillos*)



Diarrea



Heridas o lesiones infectadas con pus (*en las manos, las muñecas, o las partes del cuerpo expuestas*)



Dolor de garganta con fiebre

Si usted o un miembro de su hogar ha sido diagnosticado por un doctor con:

- Norovirus
- Hepatitis A
- Salmonella typhi (*fiebre tifoidea*)
- Salmonella no tifoidea
- Shigellosis
- E. coli 0157:H7 (*u otro Escherichia coli productora de la toxina shiga*)

¡Usted podría enfermar a sus clientes!

Es obligatorio reportar su enfermedad.

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms. Either While at Work or Outside of Work. Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Texas Food Establishment Rules** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

Retail Practice	Days of the week							Comments/Corrective Action Taken
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Food allergen information is available and known by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand sinks have hand washing soap and paper towels or air dryers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff practice good hygiene: <ul style="list-style-type: none"> • hands are washed- often & for 20 seconds • no foods are touched by bare hands • no eating or drinking from open containers in the kitchen 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees report illness and injury to management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When received, foods are from an approved source with intact, labeled packages and at the correct temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foods are always protected from contamination in storage rooms, coolers, and during service. Raw foods are separate from or below ready to eat foods in coolers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All food contact items (equipment, dishes, pans, cups, etc.) are clean and washed, rinsed, and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHECKED BY: Staff Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Supervisor Signature/Initials: _____ **Date:** _____

CHECKING THERMOMETERS

Step 1

Fill cup with ice water mix

Step 2

Insert thermometer



Wait 2 min



32°F or 0°C



Check
once a week.



**A copy of our
establishment's most
recent inspection report
is available upon
request.**



Harris County
Public Health
ENVIRONMENTAL PUBLIC HEALTH
hcphtx.org/eph
713-274-6300