

|                     |                      |                       |                  |                       |                     |             |
|---------------------|----------------------|-----------------------|------------------|-----------------------|---------------------|-------------|
| Date:<br>10/21/2024 | Time in:<br>11:45 AM | Time out:<br>12:00 PM | Permit #:<br>798 | Est. Type:<br>Academy | Risk Category:<br>4 | Page 1 of 2 |
|---------------------|----------------------|-----------------------|------------------|-----------------------|---------------------|-------------|

|  |  |                                      |                    |  |   |                    |
|--|--|--------------------------------------|--------------------|--|---|--------------------|
| <b>Purpose of Inspection:</b> <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Compliance <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other |  |                                      |                    |  |   | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>CHARTWELLS CAFETERIA (BEANS)  |  | Owner Name:<br>Compass Group USA Inc |                    | X Number of Repeat Violations: <u>3</u><br>✓ Number of Violations COS: _____ |   | 93                 |
| Physical Address:<br>1850 Campus Center  |  | City:<br>ABILENE                     | Zip Code:<br>79601 | Phone:<br>(747) 214-5024   | Follow-up: <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |

**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 'X' in appropriate box for **R**.

**Priority Items (3 Points) Violations Require Immediate Corrective Action Not To Exceed 3 Days**

| Compliance Status                    |    |    |    |     |   |
|--------------------------------------|----|----|----|-----|---|
| OUT                                  | IN | NO | NA | COS | R |
|                                      | X  |    |    |     |   |
|                                      | X  |    |    |     | X |
|                                      | X  |    |    |     | X |
|                                      | X  |    |    |     |   |
|                                      | X  |    |    |     |   |
|                                      | X  |    |    |     |   |
| <b>Approved Source</b>               |    |    |    |     |   |
|                                      | X  |    |    |     |   |
|                                      | X  |    |    |     |   |
| <b>Protection from Contamination</b> |    |    |    |     |   |
|                                      | X  |    |    |     |   |
|                                      | X  |    |    |     |   |
|                                      | X  |    |    |     |   |

| Compliance Status                        |    |    |    |     |   |
|--|----|----|----|-----|---|
| OUT                                      | IN | NO | NA | COS | R |
|  | X  |    |    |     |   |
|  | X  |    |    |     |   |
| <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|  | X  |    |    |     |   |
|  | X  |    |    |     |   |
| <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|  | X  |    |    |     |   |
| <b>Chemicals</b>                         |    |    |    |     |   |
|  | X  |    |    |     |   |
|  | X  |    |    |     |   |
| <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|  | X  |    |    |     |   |
|  | X  |    |    |     |   |

**Priority Foundation Items (2 Points) Violations Require Corrective Action Within 10 Days**

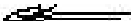

| OUT  | IN | NO | NA | COS | R |
|--|----|----|----|-----|---|
|  | X  |    |    |     |   |
|  | X  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   |
|  | X  |    |    |     |   |
|  |    |    | X  |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   |
|  |    |    | X  |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   |
|  | X  |    |    |     |   |

| OUT   | IN | NO | NA | COS | R |
|---|----|----|----|-----|---|
|   | X  |    |    |     |   |
|   | X  |    |    |     |   |
|   | X  |    |    |     |   |
| <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|   | X  |    |    |     |   |
| <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|   | X  |    |    |     |   |
|   | X  |    |    |     |   |
|   | X  |    |    |     |   |

**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 |
|-------------------------------|----|----|----|-----|---|
|                               | X  |    |    |     |   |
|                               | X  |    |    |     |   |
|                               | X  |    |    |     |   |
|                               | X  |    |    |     |   |
|                               | X  |    |    |     |   |
| <b>Proper Use of Utensils</b> |    |    |    |     |   |
|                               | X  |    |    |     | X |
|                               | X  |    |    |     |   |

| OUT                        | IN | NO | NA | COS | R |
|----------------------------|----|----|----|-----|---|
|                            | X  |    |    |     |   |
| <b>Physical Facilities</b> |    |    |    |     |   |
|                            | X  |    |    |     |   |
|                            | X  |    |    |     |   |
|                            | X  |    |    |     |   |
|                            | X  |    |    |     |   |
|                            | X  |    |    |     |   |
|                            | X  |    |    |     |   |
|                            | X  |    |    |     |   |

|  |  |
|--|--|
| <b>Inspected By:</b>  | <b>Print Name:</b> Claude Jacques                      |
| <b>Received By:</b>   | <b>Print Name:</b> Aaron Barton <b>Title:</b> Sr. Chef |

