



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 1100	TIME OUT 1130
PAGE 1 of 2	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <i>The Estlin Place</i>	OWNER: <i>Jerry Foster</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>1450 CW Hwy</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Houston 77068</i>	PHONE: <i>417/927/0277</i>	FAX: <i>417/927/0277</i>
P.H. PRIORITY: ☐ H ☒ M ☐ L		
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☒ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS		
PURPOSE ☐ Pre-opening ☐ Routine ☐ Follow-up ☒ Complaint ☐ Other		
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____	SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE	WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

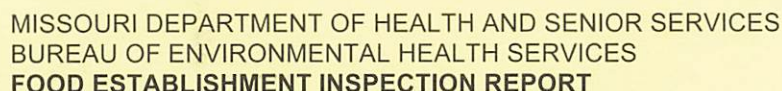
Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized	COS					
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
		Pasteurized eggs used where required					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored	COS				Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Shauna Foster</i>	Date: <i>6/25/26</i>		
Inspector: <i>21 P/H</i>	Telephone No. <i>417/927/1113</i>	EPHS No. <i>1113</i>	Follow-up: ☐ Yes ☒ No
			Follow-up Date: <i>7/2/26</i>



TIME IN 1100	TIME OUT 1130
PAGE 2 of 2	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Shawna Foster</i>		Date: <i>6/25/26</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>479/961/4131</i>	EPHS No. <i>173</i>
		Follow-up: ☐ Yes ☐ No Follow-up Date: <i>7/20/26</i>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (573) 751-6095
SANITATION OBSERVATION

- ☒ Food
☐ Lodging
☐ Onsite Wastewater
☐ Child care
☐ Other

ESTABLISHMENT NAME <i>The Est. Place</i>		FACILITY REPRESENTATIVE OR CONTACT AND TITLE <i>Sherry Foster Owner</i>	
TELEPHONE NUMBER <i>417/967/0277</i>		FAX NUMBER	
ADDRESS/LOCATION <i>1450 S.W. Hardy</i>		CITY <i>Houston</i>	ZIP CODE <i>65483</i>
PURPOSE: <i>Received complaint through BHEHS tip line that there was no hot water.</i>			
OBSERVATIONS/COMMENTS: <i>Investigation on 3/10/26 found the following:</i> <i>1) Hot water in kitchen > 170°F</i> <i>2) Water in Restrooms was 67°F</i> <i>3) Owner found tripped breaker & w/in 2 hours</i> <i>temper Restroom @ 122°F</i> <i>Problem has been rectified.</i>			
NAME <i>Kevin P Darden / Craig Fox</i>		TITLE <i>BEHS</i>	
AGENCY NAME <i>Texas County Health</i>		EPHS NUMBER <i>1773/1573</i>	
AGENCY ADDRESS <i>950 N Hwy 63</i>		TELEPHONE NUMBER <i>417/567/4131</i>	FAX NUMBER
RECEIVED BY <i>Sherry Foster</i>		CITY <i>Houston</i>	ZIP CODE <i>65483</i>
DATE <i>3/10/26</i>		PAGE <i>1 OF 1</i>	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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TIME IN 10:45	TIME OUT
PAGE 1 of 2	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <i>The Echo Plsco</i>	OWNER: <i>Jerry Foster</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>1450 CW Harry</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Houston 65483</i>	PHONE: <i>977/967/0277</i>	FAX:
P.H. PRIORITY: ☐ H ☒ M ☐ L		
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS		
PURPOSE ☐ Pre-opening ☐ Routine ☐ Follow-up ☐ Complaint ☐ Other		
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____	SEWAGE DISPOSAL ☐ PUBLIC ☐ PRIVATE	WATER SUPPLY ☐ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

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IN OUT	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT N/O	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT	Approved Source			IN OUT N/A	Chemical		
IN OUT N/O N/A	Food obtained from approved source			IN OUT	Food additives: approved and properly used		
IN OUT	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/A	Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
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		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Lynne Doe</i>	Date: <i>8/29/25</i>		
Inspector: <i>2 PM</i>	Telephone No. <i>417/967/4131</i>	EPHS No. <i>1773</i>	Follow-up: ☐ Yes ☒ No
			Follow-up Date: <i>09/12/25</i>



TIME IN 1045	TIME OUT
PAGE 2 of 2	

ESTABLISHMENT NAME		ADDRESS		CITY	ZIP	
The Eating Place		1450 CW Harry		Houston	65483	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
Meat loaf	Hot/H-N	155	Bg/Hv	2 bag	39	
Gravy	-	140	HLM		40	
Mint	-	145				
Soup	-	150				
Donut	Display	39				
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.					
3-501 117	Potentially Hazardous Food stored in 2 bag in Sealed Bag Containers not labeled or dated → Label says what it's on when to discard. You may hold food 7 days after 1st opening Open on Tuesday throw out Tuesday next					
4-501 114	Insufficient sanitizer tested below 10ppm 2 different times SB between 50-100ppm → Have machine adjusted					
Code Reference	CORE ITEMS				Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.					

EDUCATION PROVIDED OR COMMENTS			
Person in Charge /Title: <i>Sgt. D. ...</i>			Date: <i>8/29/25</i>
Inspector: <i>S. P. ...</i>	Telephone No: <i>414/967-1131</i>	EPHS No. <i>1773</i>	Follow-up: ☐ Yes ☐ No Follow-up Date: <i>9/12/25</i>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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TIME IN	TIME OUT
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ESTABLISHMENT NAME: <u>The Ecton Place</u>		OWNER: <u>Jerry Foster</u>	PERSON IN CHARGE: <u>Same</u>	
ADDRESS: <u>1450 CW Hwy Dr</u>			COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Houston 65483</u>		PHONE: <u>901/907/0277</u>	FAX:	P.H. PRIORITY: ☐ H ☐ M ☐ L
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS				
PURPOSE ☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other				
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____		SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE		WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

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IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT N/O	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/O N/A	Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT	Approved Source			IN OUT N/A	Chemical		
IN OUT N/O N/A	Food obtained from approved source			IN OUT	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/A	Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
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IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

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IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
		Pasteurized eggs used where required					In-use utensils: properly stored		
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		Adequate equipment for temperature control					Gloves used properly		
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		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Sharon Foster</u>			Date: <u>1/23/25</u>		
Inspector: <u>2 PPH</u>	Telephone No. <u>417/967/4131</u>	EPHS No. <u>1773</u>	Follow-up: ☐ Yes ☒ No	Follow-up Date: _____	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 9:15	TIME OUT 10:15
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ESTABLISHMENT NAME The Estin' Place		ADDRESS 1450 CW Harry Dr		CITY Houston	ZIP 65483	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
milk		38	tomato		36	
Meat		155	Ham		38	
Crown		148	Bacon		40	
milk		37	Milk Cheese		35.5	
Steak		37	Ham		35.5	
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.				Correct by (date)	Initial
	no priority					
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.				Correct by (date)	Initial
6-501	12(A) Dirty Floor in Storage Room Onion skins, mushroom, whole Onion on the floor, Onion skins under the steps point to ongoing neglect. → Clean Floor Please					
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: Shauna Foster						
Inspector: [Signature]		Telephone No. 417/967/471		EPHS No. 1773		Date: 1/23/25
				Follow-up: ☐ Yes ☒ No		Follow-up Date:



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ESTABLISHMENT NAME: <i>The Estinto Place</i>	OWNER: <i>41 Jerry Foster</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>1450 CW Harris Dr</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Houston 65483</i>	PHONE: <i>417/967/0271</i>	FAX:
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS		P.H. PRIORITY: ☐ H ☐ M ☐ L
PURPOSE ☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other		
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____	SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE	WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

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Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
		Pasteurized eggs used where required			✓		In-use utensils: properly stored		
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓		Approved thawing methods used					Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Sewage and wastewater properly disposed		
✓		Wiping cloths: properly used and stored			✓		Toilet facilities: properly constructed, supplied, cleaned		
✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>[Signature]</i>	Date: <i>3/28/24</i>		
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/4131</i>	EPHS No. <i>1773</i>	Follow-up: ☐ Yes ☒ No
Follow-up Date:			

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT
PAGE of	

ESTABLISHMENT NAME		ADDRESS		CITY	ZIP
The Estlin Place		1450 CW Harry Dr		Houston	65487
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Butter	Tins 2 lbs	41	Meat	10sf	145
Egg		45	Gravy	9	135
Formula	Prepackable	38			
Syrup		38			
Walnuts	Butter	33			

[illegible][illegible]

EDUCATION PROVIDED OR COMMENTS			
Person in Charge /Title: <i>XCH</i>			Date: <i>3/28/24</i>
Inspector: <i>MM</i>	Telephone No. <i>413/937/4131</i>	EPHS No. <i>1213</i>	Follow-up: ☐ Yes ☒ No Follow-up Date: <i>3/28/24</i>