

## AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT ENVIRONMENTAL HEALTH SERVICES DIVISION

P.O. Box 142529 Austin, TX 78714 Phone 978-0300 FAX

FAX 978-0322



## NOTICE OF COMPLIANCE SCHEDULE

Food Establishment:				, 30 pt.
Address:			Date:	
Person in Charge/Per	mit Holder:			<i>x</i> .
Date of Inspection:				Score:
critical violations of t Accordingly, this esta	he "Texas Food Establ blishment is now subje	ishment Rules" we ect to the complian	conducted at this food establishment ere found, resulting in an inspection ace review process summarized belonake such a request, call:	n score below 70.
ţ		, Supervisor, I	Environmental Health Services Div	rision at 978-0300
		RE-INSPEC	CTIONS	
required for each con will result in addition filed in the appropria Establishment Permi	npliance follow-up visical compliance actions in the Municipal or Justical tresulting in closure of	t. Failure to score including additions e of the Peace Couft this establishmen	ection of critical violations. A re-in 70 or above on this or subsequent al re-inspection fees, a criminal cort, and/or suspension or revocation t. You have the opportunity to appart. See the Compliance Schedule	re-inspections omplaint being of your Food peal any such
1 <sup>st</sup> score below 70			Any score below 50	
<ul> <li>Re-inspection fee and re-inspection after 10 days.</li> <li>2<sup>nd</sup> score below 70 within 36 months of first failing score</li> <li>Re-inspection fee and re-inspection after 10 days.</li> </ul>			<ul> <li>Re-inspection fee and re-inspect</li> <li>File criminal complaint in appro</li> <li>Permit suspended, immediate cle</li> </ul>	priate court.
• File criminal c	omplaint in appropriate	court.	Torrint Suspended, Immediate of	osare for 40 nours
	thin 36 months of first fee and re-inspect after	_		
• File criminal c	omplaint in appropriate	court.		
	ded, immediate closure factions in the control of t			
•	ded, immediate indefinit ion process is started.	e closure.		
	•	low 70 or has the p	ermit suspended will be required (	to verify that all
of their Food Handle			l with the City of Austin as require	
of the inspection.				
		Received By		
Sanitarian/Phone #	Print		Print	
Sanitarian	Signature	Received By	Signature	
Daillallall	Signature		Signature	