



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-17-22	Time in: 9:25 am	Time out: 10:00 am	License/Permit #	Est. Type	Risk Category	Page 1 of 2
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Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other TOTAL/SCORE						
Establishment Name: <u>Smoothie King</u>			Contact/Owner Name:		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____	
Physical Address: <u>3118 F-30 Ste B</u>			City/County: <u>Greenville</u>		Zip Code: <u>75422</u>	
Phone:					Follow-up: Yes <input checked="" type="checkbox"/> No (circle one)	

A

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

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands					
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <u>N</u>)					
6. Time as a Public Health Control; procedures & records						Highly Susceptible Populations					
Approved Source						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
7. Food and ice obtained from approved source: Food in good condition, safe, and unadulterated; parasite destruction—						Chemicals					
8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
Protection from Contamination						18. Toxic substances properly identified, stored and used					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing					
10. Food contact surfaces and Returnables cleaned and Sanitized at <u>200</u> ppm/temperature <u>92C</u>						19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>					
11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal <u>City of Greenville</u>					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used ; Equipment Adequate to Maintain Product Temperature					
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>92C</u>					
23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						31. Adequate handwashing facilities: Accessible and properly supplied, used					
Consumer Advisory						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						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

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Prevention of Food Contamination						Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
34. No Evidence of Insect contamination, rodent/other animals <u>Small Flies 2-25-22</u>						41. Original container labeling (Bulk Food)					
35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities					
36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean					
37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used					
38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained					
Proper Use of Utensils						45. Physical facilities installed, maintained, and clean					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean					
40. Single-service & single-use articles; properly stored and used						47. Other Violations					

Received by: <u>B. Shenker</u> (signature)	Print: <u>Bryana Bank</u>	Title: Person In Charge/ Owner
Inspected by: <u>Tammy McMahon RS</u> (signature)	Print: <u>Tammy McMahon RS</u>	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Smoothie King Physical Address: 3118 I-30 Ste B City/State: Greenville, TX License/Permit #: _____ Page 2 of 2

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cooler	35°F				

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

- 30 Food Permit expired 2021. Renewal form left. Take care of this by 10-20-22. 2315 Johnson St
- 31 Back hand sink observed with broken pipe and hot water not available. 3 days to repair pipe.
- 34 Small flies observed at back hand sink around dust pan. Orkin Pest Control's last visit 2-25-22.
- 35 Hats or hairnets not observed. Employees handling or preparing smoothies must wear a hair net or hat.
- 45 Several tiles observed missing by the 3 compartment sink. Tiles must be replaced and grouted. 2 weeks
Several ceiling tiles observed missing in back. Replace tiles. 2 weeks.
- * All food managers must be registered with the City of Greenville, take care of this by 10-21, 2022
- tiles in front need to be replaced and sealed
- * Front door must close completely. 3 days

Received by: [Signature] Print: Brycen Bankston Title: Person In Charge/ Owner
 Inspected by: Tammy McMahon RS Print: Tammy McMahon RS Samples: Y N # collected