



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 10-7-22	Time in: 3:30	Time out: 4:15pm	License/Permit #	Est. Type	Risk Category	Page 1 of 2
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other		Establishment Name: TOKYO EXPRESS		Contact/Owner Name:		TOTAL/SCORE: A
Physical Address: 3106 I-30		City/County: Greenville	Zip Code: 75102	Phone:	* Number of Repeat Violations: ✓ Number of Violations COS: Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)	

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

Priority Foundation Items (2 Points) violations Require Corrective Action within 14 days					
Compliance Status			Compliance Status		
OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel			Food Temperature Control/ Identification		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Food Handler/ no unauthorized persons/ personnel			28. Proper Date Marking and disposition		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Water, Recordkeeping and Food Package Labeling			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Stem		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hot and Cold Water available; adequate pressure, safe			Permit Requirement, Prerequisite for Operation		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			30. Food Establishment Permit (Current & Valid)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			Utensils, Equipment, and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		
OUT	IN	NO	NA	COS	R
Prevention of Food Contamination			Food Identification		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. No Evidence of Insect contamination, rodent/other animals			41. Original container labeling (Bulk Food)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Personal Cleanliness/eating, drinking or tobacco use			Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Wiping Cloths; properly used and stored			42. Non-Food Contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Environmental contamination			43. Adequate ventilation and lighting; designated areas used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Approved thawing method			44. Garbage and Refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils			45. Physical facilities installed, maintained, and clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used			46. Toilet Facilities; properly constructed, supplied, and clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Single-service & single-use articles; properly stored and used			47. Other Violations		

Received by: <i>[Signature]</i>	Print: Jacqueline Stephens	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: T. Mcmahon RS	Business Email:



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Establishment Name: Tokyo Express	Physical Address: 3106 I-30	City/State: Greenville, TX	License/Permit #	Page 22 of 2
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Front Cooler	36.5°F				
Sushi	38°F				
bottom Sushi cooler	35°F				
Rice	37°F				
Walk in Cooler	37°F				
Fried Rice	170°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

44 Keep drains cleaned (and grates)
Keep all plates and bowls face down to prevent contamination

46 Have someone check the ladies room
the left hand sink for hot water issue.

All grease trap records are to be kept 3 years. Pumped every 90 days

Renew health permit.

Received by: (signature) <i>[Signature]</i>	Print: Khank Nguyen	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: T. McMahon	Samples: Y N # collected

RS