



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

Date: 9/30	Time in: 10:30 a.m.	Time out:	License/Permit # HLTH 8501903	Est. Type	Risk Category	Page 1 of 1
<b>Purpose of Inspection:</b> <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 <b>TOTAL/SCORE</b>						

Establishment Name: Walmart #4453 Baker	Contact/Owner Name:	* Number of Repeat Violations: _____	A
Physical Address: 4715 Wesley St	City/County: Greenville	Zip Code: 75401	
Phone: _____			

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	OUT	IN	NO	NA	COS	R
<b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>						<b>Employee Health</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proper Hot Holding temperature (135°F) 138-155°F						<b>Preventing Contamination by Hands</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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/N)					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Time as a Public Health Control; procedures & records						<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>						16. Pasteurized foods used; prohibited food not offered					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						Pasteurized eggs used when required					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Chemicals</b>					
8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Protection from Contamination</b>						18. Toxic substances properly identified, stored and used					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Water/ Plumbing</b>					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						19. Water from approved source; Plumbing installed; proper backflow device					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Food contact surfaces and Returnables: Cleaned and Sanitized at 200 ppm/temperature						20. Approved Sewage/Wastewater Disposal System, proper disposal					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>City of Greenville</b>					
11. Proper disposition of returned, previously served or reconditioned						<b>City of Greenville</b>					

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

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 35°F					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Permit Requirement, Prerequisite for Operation</b>					
23. Hot and Cold Water available; adequate pressure, safe						30. Food Establishment Permit (Current & Valid)					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Utensils, Equipment, and Vending</b>					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						31. Adequate handwashing facilities: Accessible and properly supplied, used					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Conformance with Approved Procedures</b>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>					
<b>Consumer Advisory</b>						<b>Prevention of Food Contamination</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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						34. No Evidence of Insect contamination, rodent/other animals					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>						<b>Food Identification</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Personal Cleanliness/eating, drinking or tobacco use						41. Original container labeling (Bulk Food)					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Physical Facilities</b>					
36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44. Garbage and Refuse properly disposed; facilities maintained					
38. Approved thawing method						45. Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		46. Toilet Facilities; properly constructed, supplied, and clean					
<b>Proper Use of Utensils</b>						47. Other Violations					
<input type="checkbox"/>	<input checked="" 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											
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
40. Single-service & single-use articles; properly stored and used											

Received by: (signature) <i>Shelley Burns</i>	Print: Shelley Burns	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Lanny Memahan RS</i>	Print: L Memahan RS	Business Email: ops mgr

Form EH-06 (Revised 09-2015)

\* Clean tracks in sliding door cases

