



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

Date: <u>9-30-22</u>	Time in: <u>10:00</u>	Time out: <u>10:30</u>	License/Permit #	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>		
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	TOTAL/SCORE
Establishment Name: <u>Wal-Mart Neighborhood Market</u>			Contact/Owner Name:		* Number of Repeat Violations: <u> </u>		A	
Physical Address: <u>4715 Wesley St</u>			City/County: <u>Greenville</u>	Zip Code: <u>75401</u>	Phone: <u> </u>			
					Follow-up: Yes <input type="checkbox"/> No <input 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			R	Compliance Status			R
OUT	IN	NO		NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)				Employee Health			
		✓					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
		✓					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
		✓					Preventing Contamination by Hands
		✓					14. Hands cleaned and properly washed/ Gloves used properly
		✓					15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <u>X</u> <u>N</u>)
		✓					Highly Susceptible Populations
		✓					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
		✓					Chemicals
		✓					17. Food additives; approved and properly stored; Washing Fruits & Vegetables
		✓					18. Toxic substances properly identified, stored and used
		✓					Water/ Plumbing
		✓					19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>
		✓					20. Approved Sewage/Wastewater Disposal System, proper disposal <u>City of Greenville</u>

Priority Foundational Items (2 Points) violations Require Corrective Action Within 10 Days							
Compliance Status			R	Compliance Status			R
OUT	IN	NO		NA	COS		
Demonstration of Knowledge/ Personnel				Food Temperature Control/ Identification			
		✓					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
		✓					28. Proper Date Marking and disposition
		✓					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
		✓					Permit Requirement, Prerequisites for Operation
		✓					30. Food Establishment Permit (Current & Valid)
		✓					Utensils, Equipment, and Vending
		✓					31. Adequate handwashing facilities; Accessible and properly supplied, used
		✓					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
		✓					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			R	Compliance Status			R
OUT	IN	NO		NA	COS		
Prevention of Food Contamination				Food Identification			
		✓					41. Original container labeling (Bulk Food)
		✓					Physical Facilities
		✓					42. Non-Food Contact surfaces clean
		✓					43. Adequate ventilation and lighting; designated areas used
		✓					44. Garbage and Refuse properly disposed; facilities maintained
		✓					45. Physical facilities installed, maintained, and clean
		✓					46. Toilet Facilities; properly constructed, supplied, and clean
		✓					47. Other Violations

Received by: <u>[Signature]</u>	Print: <u>Shelley Burns</u>	Title: <u>Person In Charge/ Owner</u>
Inspected by: <u>[Signature]</u>	Print: <u>Tammy McMahon</u>	Business Email: <u>[Signature]</u>

RS





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

Establishment Name: Wal Mart Neighborhood Market Physical Address: 4715 Wesley St City/State: Greenville, TX License/Permit # _____

TEMPERATURE OBSERVATIONS				
Item/Location	Temp	Item/Location	Temp	Item/Location
COOLERS 33°F - 39°F				
Salads wraps	36°F			
Salads	30.5°F			
Lettuce	38.5°F			
Produce Cooler	38°F			
Milk Cooler	36°F			
Eggs	36°F			
Freezers	36°F			

OBSERVATIONS AND CORRECTIVE ACTIONS

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

* Keep food debris cleaned out of coolers

* Have freezer checked for the cause of ice build up

* Register Certified Food Managers with the City.

Received by: [Signature] Print: Shelley Burns Title: Person In Charge/ Owner

Inspected by: [Signature] Print: Tammy McMahon RS Samples: Y N # collected