Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date:	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page 1 of 2
10-13-22	10:35 am	11:15 am				

Purpose of Inspection:	1-Compliance	2-Routine ☒	3-Field Investigation	4-Visit	5-Other	TOTAL/SCORE
						A

Establishment Name:	Contact/Owner Name:	✱ Number of Repeat Violations: ___ ✓ Number of Violations COS: ___
Chicken Express		

Physical Address:	City/County:	Zip Code:	Phone:	Follow-up: Yes (No) (circle one)
620 Wesley St	Greenville			

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 OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
		✓			1. Proper cooling time and temperature	
	✓				2. Proper Cold Holding temperature(41°F/ 45°F)	
	✓				3. Proper Hot Holding temperature(135°F)	
		✓			4. Proper cooking time and temperature	
		✓			5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
	✓				6. Time as a Public Health Control; procedures & records	
					Approved Source	
	✓				7. ~~Food and ice obtained from approved source~~; Food in good condition, safe, and unadulterated; parasite destruction	
		✓			8. Food Received at proper temperature	
					Protection from Contamination	
	✓				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
	✓				10. Food contact surfaces and Returnables : Cleaned and Sanitized at 200 ppm/temperature QAC	
		✓			11. Proper disposition of returned, previously served or reconditioned	

Compliance Status OUT	IN	NO	NA	COS	Employee Health	R
	✓				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 Y (N))	
					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 City of Greenville	
	✓				20. Approved Sewage/Wastewater Disposal System, proper disposal Rigid Environmental 9-23-22	

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

OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R
					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
					22. Food Handler/ no unauthorized persons/ personnel	
					Safe Water, Recordkeeping and Food Package Labeling	
	✓				23. Hot and Cold Water available; adequate pressure, safe	
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
					Conformance with Approved Procedures	
					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
					Consumer Advisory	
	✓				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label	

OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	✓				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 QAC	
					Permit Requirement, Prerequisite 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*

OUT	IN	NO	NA	COS	Prevention of Food Contamination	R
		✓			34. No Evidence of Insect contamination, rodent/other animals	
	✓				35. Personal Cleanliness/eating, drinking or tobacco use	
	✓				36. Wiping Cloths; properly used and stored	
		✓			37. Environmental contamination	
		✓			38. Approved thawing method	
					Proper Use of Utensils	
	✓				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
	✓				40. Single-service & single-use articles; properly stored and used	

OUT	IN	NO	NA	COS	Food Identification	R
	✓				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: (signature)	Brandi McDonald	Print: Brandi McDonald	Title: Person In Charge/ Owner district manager
Inspected by: (signature)	Tammy McMahan RS	Print: Tammy McMahan RS	Business Email:

Form EH-06 (Revised 09-2015)

Texas Department of State Health Services
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Establishment Name:	Physical Address:	City/State:	License/Permit #	Page 2 of 2
Chicken Express	6211 Wesley St	Greenville, TX		

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken	170°F				
Okra	148°F				
Green beans	158°F				
Raw chicken	41°F				
reach in	33°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:
42	Clean around openings of reach in. Clean floor in walk in.
44	Dumpster needs to be replaced. Several holes and rust observed. Drain plug missing. Clean area around dumpsters.
45	Several areas of flooring was observed missing grout or tyle. Mop sink has missing tiles and needs to be regrouted. All flooring is to be free from cracks.
	Area in mop sink needs to be smoothed and cleanable. Hole in wall needs to be filled and easily cleaned
*	bucket of grease observed by greasy bin. Please remove and dispose of properly.

Received by: (signature)		**Print:** Brandon McDaniel	**Title: Person In Charge/ Owner** district manager
Inspected by: (signature)	Tammy McMahan RS	**Print:** T. McMahan RS	Samples: Y N # collected

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