



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 10-7-22		Time in: 1:30 pm	Time out: 2:45	License/Permit #	Est Type	Risk Category	Page 1 of 2
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		Establishment Name: El Fenix		Contact/Owner Name:		* Number of Repeat Violations: _____	A
Physical Address: 3102 I-30		City/County: Greenville		Zip Code: 75401	Phone:	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

Compliance Status						Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days											
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R						
						Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
						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 N)					
						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 300 ppm/temperature BAC						19. Water from approved source; Plumbing installed; proper backflow device City of Greenville					
						11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal City of Greenville					

Compliance Status						Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days											
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R						
						Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
						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 Digital BAC					
						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					

Compliance Status						Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First											
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R						
						Prevention of Food Contamination						Food Identification					
						34. No Evidence of Insect contamination, rodent/other animals						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: (signature)	Print: Maria C Montemurro	Title: Person In Charge/ Owner
Inspected by: (signature)	Print: Tammy Membran RS	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: **El Fenix #24** Physical Address: **3102 F-30** City/State: **Greenville, TX** License/Permit # _____ Page **2** of **2**

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken	148°F				
Beans	153°F				
Hot hold	158°F				
Hot hold	176°F				
Walk-in	38°F				

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

- 39 Utensils - (pans - dishes observed wet stacked. All pots pans, dishes, and utensils are to be air dried.
- 40 Single serve items in back storage observed on the ground. Store 6" off the ground
- 45 Clean drains by ice machine and other areas.
- * Have someone check the hot water (left sink) in the women's restroom
- * Hang all mops + brooms that are not in use
- * Call waste connections for a drain plug for the dumpster
- * Reach in cooler behind the line needs to be serviced. Ice formation observed on the fan. Top temperature out of compliance
- * Drain cap needed in the walk-in get the foam removed and cut hole for pipe and silicone

Received by: Print: **Maria C Montemayor** Title: **Person In Charge/ Owner**
 Inspected by: Print: **Tammy McManis** Samples: Y N # collected

RS

KS