



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 9-30-22	Time in: 1:40	Time out: 1:50	License/Permit #: HLTH 4065947	Est. Type:	Risk Category:	Page ___ of ___
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 TOTAL/SCORE						

Establishment Name: Family Dollar #32350	Contact/Owner Name:	* Number of Repeat Violations: ___	A
Physical Address: 1615 Stonewall		✓ Number of Violations COS: ___	
City/County: Greenville	Zip Code: 75041	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**

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			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F + degrees Fahrenheit)													
							Employee Health						
							Preventing Contamination by Hands						
							Highly Susceptible Populations						
							Chemicals						
							Water/ Plumbing						
							Food Temperature Control/ Identification						
							Permit Requirement, Prerequisite for Operation						
							Utensils, Equipment, and Vending						
							Consumer Advisory						
							Food Identification						
							Physical Facilities						

Priority/Foundational Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel													
Safe Water, Recordkeeping and Food Package Labeling													
Conformance with Approved Procedures													
Consumer Advisory													
Food Temperature Control/ Identification													
Permit Requirement, Prerequisite for Operation													
Utensils, Equipment, and Vending													
Consumer Advisory													
Food Identification													
Physical Facilities													

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			OUT	IN	NO	NA	COS		
Prevention of Food Contamination													
Proper Use of Utensils													
Food Identification													
Physical Facilities													

Received by: <i>[Signature]</i>	Print: Shena Fletcher	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: Tammy McMahan RS	Business Email:

