



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



Date: 10-18-22	Time in: 9:45 a.m.	Time out: 10:45 a.m.	License/Permit #	Est. Type	Risk Category	Page 1 of 2
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						
Establishment Name: Panera			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: 3208 F-30			City/County: Greenville	Zip Code: 75401	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)

A

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		Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status		Employee Health	R
OUT	IN			NO	NA		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Proper cooling time and temperature		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Proper Cold Holding temperature(41°F/ 45°F)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Proper Hot Holding temperature(135°F)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Hands cleaned and properly washed/ Gloves used properly	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Proper cooking time and temperature		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <input checked="" type="checkbox"/> N <input type="checkbox"/>)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Proper reheating procedure for hot holding (165°F in 2 Hours)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Pasteurized foods used; prohibited food not offered	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Time as a Public Health Control; procedures & records Approved Source		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Food Received at proper temperature		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Water from approved source; Plumbing installed; proper backflow device City of Greenville	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Approved Sewage/Wastewater Disposal System, proper disposal	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Food contact surfaces and Returnables: Cleaned and Sanitized at 200 ppm/temperature		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Proper disposition of returned, previously served or reconditioned		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days							
Compliance Status		Demonstration of Knowledge/ Personnel	R	Compliance Status		Food Temperature Control/ Identification	R
OUT	IN			NO	NA		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28. Proper Date Marking and disposition	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. Hot and Cold Water available; adequate pressure, safe		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips (CAC digital stem)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30. Food Establishment Permit (Current & Valid)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31. Adequate handwashing facilities: Accessible and properly supplied, used (Dedicate All hand sinks)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided (Hang mop)	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First							
Compliance Status		Prevention of Food Contamination	R	Compliance Status		Food Identification	R
OUT	IN			NO	NA		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. No Evidence of Insect contamination, rodent/other animals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	41. Original container labeling (Bulk Food)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35. Personal Cleanliness/eating, drinking or tobacco use		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42. Non-Food Contact surfaces clean	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	36. Wiping Cloths; properly used and stored		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37. Environmental contamination		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	44. Garbage and Refuse properly disposed; facilities maintained	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	38. Approved thawing method		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45. Physical facilities installed, maintained, and clean	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46. Toilet Facilities; properly constructed, supplied, and clean (No exhaust fans)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40. Single-service & single-use articles; properly stored and used		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47. Other Violations	

Received by: (signature) <i>[Signature]</i>	Print: <i>Antonie Rosenbaum</i>	Title: Person in Charge/ Owner
Inspected by: (signature) <i>Tammy McMahon RS</i>	Print: <i>Tammy McMahon RS</i>	Business Email: