



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 9-27-22	Time in: 10:35 AM	Time out: 11:05 AM	License/Permit #	Est. Type	Risk Category	Page 1 of 2
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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: Applebee's		Contact/Owner Name:			* Number of Repeat Violations: ___ ✓ Number of Violations COS: ___		
Physical Address: 7004 Wesley St		City/County: Greenville		Zip Code: 75102	Phone:		A
Follow-up: Yes <input checked="" type="checkbox"/> (No 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

O	I	N	A	C	R	Compliance Status	
U	T	O	O	O		O	
						Time and Temperature for Food Safety (F = degrees Fahrenheit)	
	✓					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 undiluted; 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	
						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 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 City of Greenville	

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

O	I	N	A	C	R	Compliance Status	
U	T	O	O	O		U	
						Demonstration of Knowledge/ Personnel	
	✓					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/Buffer Plate)/ Allergen Label	
						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 QAC	
	✓					Permit Requirement, Prerequisite for Operation	
	✓					30. Food Establishment Permit (Current & Valid) 12-21	
	✓					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

O	I	N	A	C	R	Compliance Status	
U	T	O	O	O		U	
						Prevention of Food Contamination	
	✓					34. No Evidence of insect contamination, rodent/other animals Massey's 9-23-22	
	✓					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	
						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: (signature) [Signature]	Print: Andrea Stamper	Title: Person In Charge/ Owner
Inspected by: (signature) [Signature]	Print: Tanny McMichael RS	Business Email:



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

Establishment Name: Applebee's	Physical Address: 704 Wesley St	City/State: Greenville TX	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Preil line	38-40°F	Walk-in	36°F		
Preil bottom	38°F				
Mid Make	38.5°F				
Mid bottom	35°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:

39 All plates and single serve items are to be placed face down (open side)

39 Dishes can not be wet stacked. Air dry completely

42 Floors under equipment is moderately soiled.

45 All drains observed heavily soiled.

* Brooming and mops not in use are to be stored off the ground.

* All food managers have to be registered with the City of Greenville.
I will email you 4 forms to complete

Received by: (signature) <i>Andrea Staysn</i>	Print: Andrea Staysn	Title: Person In Charge/ Owner
Inspected by: (signature) <i>J. Mc Nabhan RS</i>	Print: J. Mc Nabhan RS	Samples: Y N # collected