



**City of Greenville Public Health**  
**2315 Johnson St. Greenville TX 75401 (903) 457-3161**  
**Retail Food Establishment Inspection Report**

3

Establishment: Cici's Pizza 0200 Owner: \_\_\_\_\_ Permit # 0334841

Physical Address: 6506 Wesley St Zip: 75402 Phone: \_\_\_\_\_ Risk Category: \_\_\_\_\_

Time In/Out: 1:15 p.m 10 4 22 Yes No RFSM Req. Registered Food Service Manager RFSM No. Expiration Date

2:15 p.m Purpose of Inspection: 1-Routine 2-Follow-up 3-Complaint 4-Consultation 5-Other

OUT	IN	NA	NO	COS	Temperature/Time Requirements	Remarks
5 pts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Violations Require Immediate Corrective Action	
					1. Proper Cooling for Cooked/Prepared Food	
					2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit)	
					3. Hot Hold (135 degrees Fahrenheit) <u>Buffalo pizza 108°F</u>	<u>line 140-157°F</u>
					4. Proper Cooking Temperatures <u>350-450°F</u>	
					5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)	

Item/Location/Temperature Sauce 114°F bring to 135°F Chicken 41°F  
Salad bar 47-55°F Connected, Temp to 41°F before my departure  
walk in 34°F RTC 39°F

OUT	IN	NA	NO	COS	Personnel/Handling/Source Requirements	Remarks
4 pts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Violations Require Immediate Corrective Action	
					6. Personnel with Infections Restricted/Excluded	
					7. Proper/Adequate Handwashing	<u>Dedicate All hand Sinks</u>
					8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)	
					9. Approved Source/Labeling	<u>All food labeled not in original package</u>
					10. Sound Condition	
					11. Proper Handling of Ready-To-Eat Foods	
					12. Cross-contamination of Raw/Cooked Foods/Other	
					13. Approved Systems (HACCP Plans/Time as Public Health Control)	
					14. Water Supply – Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure	<u>City of Greenville</u>

OUT	IN	NA	NO	COS	Facility and Equipment Requirements	Remarks
3 pts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Violations Require Immediate Corrective Action not to exceed 10 Days	
					15. Equipment Adequate to Maintain Product Temperature	
					16. Handwash Facilities Adequate and Accessible	<u>Employee wash hand signage in</u>
					17. Handwash Facilities with Soap and Towels	<u>bathrooms</u>
					18. No Evidence of Insect Contamination	<u>Small Flies by ice machine</u>
					19. No Evidence of Rodents/Other Animals	
					20. Toxic Items Properly Labeled/Stored/Used	<u>Chemicals can't be stored with food</u>
					21. Manual/Mechanical Warewashing and Sanitizing at (200ppm/temperature)	<u>Improper set up</u>
					22. Manager Demonstration of Knowledge/Certified Food Manager	
					23. Approved Sewage/Wastewater Disposal System, Proper Disposal	<u>every 90 days grease trap</u>
					24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit)	<u>needs pump</u>
					25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair	
					26. Posting of Consumer Advisories (Disclosure/Reminder/Buffer Plate)	
					27. Food Establishment Permit(Display)	<u>Not in view</u>

Subtotal **Other Violations – Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First**

5 pts Grease trap must be pumped every 90 days  
 4 pts 4 Replace dumpster, Hang mops and brooms not in use.  
 3 pts #29 Wash Rinse Sanitize, Food not in original package must have  
date and label, vent hood needs cleaned, dedicate hand sinks

Total Score \_\_\_\_\_ Inspected by: J. McMahon RS Phone: (903) 457-3146 Fax: (903) 457-0503  
 Follow-Up Yes No Received by: \_\_\_\_\_ Print: Emma Jimin Title: 1

Call when grease trap has been pumped, 1 week