



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



Date: 10-20-22 Time in: 9:30 am Time out: 10:00 am License/Permit #: _____ Est. Type: _____ Risk Category: _____ Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other **TOTAL/SCORE**

Establishment Name: Donut Palace Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 50026 Del Rio Dr Greenville 75102 City/County: _____ Zip Code: _____ Phone: _____ Follow-up: Yes 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 O.U.T. 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
O	I	N	N	C	O		O	I	N	N	C	O	
U	N	O	A	S		U	N	O	A	S			
Time and Temperature for Food Safety (F = degrees Fahrenheit)							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 <u>N</u>)	
												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 <u>City of Greenville</u>	
												20. Approved Sewage/Waste water Disposal System, proper disposal	

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

Compliance Status						R	Compliance Status						R
O	I	N	N	C	O		O	I	N	N	C	O	
U	N	O	A	S		U	N	O	A	S			
Demonstration of Knowledge/ Personnel							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 <u>OK</u>	
												Permit Requirement, Prerequisite for Operation	
												30. Food Establishment Permit (Current & Valid)	
												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

Compliance Status						R	Compliance Status						R
O	I	N	N	C	O		O	I	N	N	C	O	
U	N	O	A	S		U	N	O	A	S			
Prevention of Food Contamination							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) RATNA HANA Print: _____ Title: Person In Charge/ Owner
 Inspected by: (signature) Tammy McMahar R.S Print: Tammy McMahar R.S Business Email: _____



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Establishment Name: Donut Palace Physical Address: 50026 Del Ra Ln Greenville TX City/State: _____ License/Permit # _____ Page 2 of 2

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach in Milk	35°F				
Reach in Eggs	34°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:
6	No date marking in use (4 hours) Repeat violation.
10	Food prep surface sanitizer not observed. Sanitizer must be available and ready to use.
30	Food permit expired 2021. Renew by 10-26-22.
36	Wiping cloths not observed.
42	Walls and equipment observed with moderate to heavy soiling.
45	Vents observed with dust build up
	Remove all cardboard from under equipment and tables.
	Clean baffles and walls under vent hood
	Clean inside of microwaves.
	Remove all broken equipment
	Do not store food in cooler with personal paper work.

Received by: RATNA HANNA Print: [Signature] Title: Person In Charge/ Owner
 Inspected by: Tammy McMahon Print: Tammy McMahon Samples: Y N # collected
 Form EH-06 (Revised 09-2015) RS RS