



Texas Department of State Health Services
Retail Food Establishment Inspection Report



Date: 10-21-22 Time in: 9:00 am Time out: 9:30 am License/Permit # _____ Est. Type _____ Risk Category _____ Page 1 of 1

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

Establishment Name: Carver Elementary Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 2110 College St City/County: Greenville Zip Code: 75401 Phone: _____ Follow-up: Yes No (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						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	O		U	T	O	A	O	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
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Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	O		U	T	O	A	O	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
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Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	O		U	T	O	A	O	
Prevention of Food Contamination						Food Identification					
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Received by: Temica Raze Print: Temica Raze Title: Person In Charge/ Owner
 Inspected by: Tammy Memahan R.S Print: Tammy Memahan Business Email: _____

Form EH-06 (Revised 09-2015)
 Fix leak under 3 compartment sink R.S
 Adjust sanitizer to 200 ppm