



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-24-22		Time in: 11:15am		Time out: 11:45am		License/Permit #		Est. Type		Risk Category		Page 1 of 2																																																																																																																																																																																																																								
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																																																																																																																																																																																																																																				
Establishment Name: Prime Stop #1						Contact/Owner Name:				* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0																																																																																																																																																																																																																										
Physical Address: 4414 Wesley St						City/County: Greenville		Zip Code: 75401		Phone:		Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 OUI box for each numbered item. Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS. Mark an asterisk * in appropriate box for R.																																																																																																																																																																																																																																				
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42. Non-Food Contact surfaces clean																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	44. Garbage and Refuse properly disposed; facilities maintained																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45. Physical facilities installed, maintained, and clean																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46. Toilet Facilities; properly constructed, supplied, and clean																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47. Other Violations Expired TAP																																																																																																																																																																																																																														
Received by: (signature) <i>[Signature]</i>				Print: HABEED HUSAIN				Title: Person In Charge/ Owner																																																																																																																																																																																																																												
Inspected by: (signature) <i>Jammy Nemahan R.S</i>				Print: Jammy Nemahan R.S				Business Email:																																																																																																																																																																																																																												