



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-24-22 Time in: 9:15 a.m Time out: 9:50 a.m 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: Greenville Middle School Contact/Owner Name: _____ * Number of Repeat Violations: _____
 Physical Address: 3611 Texas City/County: Greenville Zip Code: 75401 Phone: _____ ✓ Number of Violations COS: _____
 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 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.

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days					
Compliance Status	O	I	N	NA	COS
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
1. Proper cooling time and temperature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Proper Cold Holding temperature(41°F/ 45°F)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Proper Hot Holding temperature(135°F)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Proper cooking time and temperature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Proper reheating procedure for hot holding (165°F in 2 Hours)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Time as a Public Health Control; procedures & records Approved Source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Food Received at proper temperature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Protection from Contamination					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Food contact surfaces and Returnables, Cleaned and Sanitized at <u>500 ppm/temperature</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Proper disposition of returned, previously served or reconditioned	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employee Health					
12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventing Contamination by Hands					
14. Hands cleaned and properly washed/ Gloves used properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <u>N</u>)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Highly Susceptible Populations					
16. Pasteurized foods used, prohibited food not offered Pasteurized eggs used when required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chemicals					
17. Food additives; approved and properly stored; Washing Fruits & Vegetables	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18. Toxic substances properly identified, stored and used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Water/Plumbing					
19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20. Approved Sewage/Wastewater Disposal System, proper disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status	O	I	N	NA	COS
Demonstration of Knowledge/ Personnel					
21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager (CFM)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23. Hot and Cold Water available; adequate pressure, safe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conformance with Approved Procedures					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consumer Advisory					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food Temperature Control/ Identification					
27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
28. Proper Date Marking and disposition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>GAC</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Permit Requirement, Prerequisite for Operation					
30. Food Establishment Permit (Current & Valid)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Utensils, Equipment, and Vending					
31. Adequate handwashing facilities: Accessible and properly supplied, used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Core Items (1 Point) Violations Require Corrective Action No to Exceed 90 Days or Next Inspection, Whichever Comes First					
Compliance Status	O	I	N	NA	COS
Prevention of Food Contamination					
34. No Evidence of Insect contamination, rodent/other animals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35. Personal Cleanliness/eating, drinking or tobacco use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36. Wiping Cloths; properly used and stored	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37. Environmental contamination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
38. Approved thawing method	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proper Use of Utensils					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40. Single-service & single-use articles; properly stored and used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food Identification					
41. Original container labeling (Bulk Food)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Facilities					
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"/>
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"/>
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"/>
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"/>
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"/>
47. Other Violations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Received by: (signature) Natasha Riley Print: NATASHA Riley Title: Person In Charge/ Owner
 Inspected by: (signature) Tammy McLaughlin R.S Print: Tammy McLaughlin Business Email: _____
R.S