



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-24-22 Time in: 10:10 a.m. Time out: 1:40 p.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 High School Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 3515 Lions Hair City/County: Greenville Zip Code: 75402 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 OUI box for each numbered item. Mark ✓ 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	Time and Temperature for Food Safety (F = degrees Fahrenheit)					R
O U T	I N	N O	N A	C O S		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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"/>		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>200 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

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days						
Compliance Status	Demonstration of Knowledge/ Personnel					R
O U T	I N	N O	N A	C O S		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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
<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"/>		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"/>		26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						
Compliance Status	Prevention of Food Contamination					R
O U T	I N	N O	N A	C O S		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		34. No Evidence of Insect contamination, rodent/other animals <u>FLIES</u>
<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"/>		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

Received by (signature): Dawn L. Hammond Print: Dawn L. Hammond Title: Person In Charge/ Owner

Inspected by (signature): Tammy McMahen R.S. Print: Tammy McMahen R.S. Business Email: _____