



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-24-22	Time in: 2:10 AM	Time out: 2:30 AM	License/Permit #	Est. Type	Risk Category	Page 1 of 1
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other						
Establishment Name: Murphy Express			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: A	
Physical Address: 5001 Wesley St			City/County: Greenville	Zip Code: 75401	Phone:	Follow-up: Yes No (circle one)

Compliance Status: Out = out in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
 Mark the appropriate points in the OUTF 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	OUT	IN	NO	NA	COS
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
1. Proper cooling time and temperature					
2. Proper Cold Holding temperature(41°F/ 45°F)					
3. Proper Hot Holding temperature(135°F)					
4. Proper cooking time and temperature					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)					
6. Time as a Public Health Control; procedures & records					
Approved Source					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction					
8. Food Received at proper temperature					
Protection from Contamination					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					
10. Food contact surfaces and Returnables : Cleaned and Sanitized at ppm/temperature					
11. Proper disposition of returned, previously served or reconditioned					
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 N)					
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 City of Greenville					
20. Approved Sewage/Wastewater Disposal System, proper disposal					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status	OUT	IN	NO	NA	COS
Demonstration of Knowledge/ Personnel					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)					
22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling					
23. Hot and Cold Water available; adequate pressure, safe					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled					
Conformance with Approved Procedures					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions					
Consumer Advisory					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label					
Food Temperature Control/Identification					
27. Proper cooking method used; Equipment Adequate to Maintain Product Temperature					
28. Proper Date Marking and disposition					
29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
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 No to Exceed 90 Days or Next Inspection, Whichever Comes First					
Compliance Status	OUT	IN	NO	NA	COS
Prevention of Food Contamination					
34. No Evidence of Insect contamination, rodent/other animals					
35. Personal Cleanliness/eating, drinking or tobacco use					
36. Wiping Cloths; properly used and stored					
37. Environmental contamination					
38. Approved thawing method					
Proper Use of Utensils					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used					
40. Single-service & single-use articles; properly stored and used					
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) <i>Openrip Deva</i>	Print: <i>JENIFER SILVA</i>	Title: Person In Charge/ Owner <i>Store Manager</i>
Inspected by: (signature) <i>Tammy McManhan R.S</i>	Print: <i>Tammy McManhan</i>	Business Email:

Form EH-06 (Revised 09-2015)

** Replace missing ceiling tiles. Replace damaged tiles*