



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-25-22	Time in: 1:30 p.m.	Time out: 1:55 p.m.	License/Permit #: 30837	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: Family Dollar #30837		Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: A
Physical Address: 3900 Lee St			City/County: Greenville	Zip Code: 75401	Phone:	Follow-up: Yes No (circle one)

Compliance Status: O=not in compliance, I=in compliance, N=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 with a checkmark in appropriate box for I, N, 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)	Compliance Status						
O	I	N	NA	COS	O	I	N	NA	COS	
										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			Demonstration of Knowledge/ Personnel	Compliance Status						
O	I	N	NA	COS	O	I	N	NA	COS	
										Food Temperature Control/Identification
										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 cooling 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 Not to Exceed 90 Days or Next Inspection, Whichever Comes First										
Compliance Status			Prevention of Food Contamination	Compliance Status						
O	I	N	NA	COS	O	I	N	NA	COS	
										Food Identification
										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
										Physical Facilities
										39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
										40. Single-service & single-use articles; properly stored and used
										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>[Signature]</i>	Print: MICHAEL HARELD	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: TAMMY McMAHAN	Business Email:

Form EH-06 (Revised 09-2015)

* Employee wash hand signage for bathroom R.S. Clean area around dumpster

* hang drops when not in use

* line trash can, covered receptacle for sanitary napkins