



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-26-22	Time in: 10:20 AM	Time out: 10:50 AM	License/Permit # 0206920	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: Family Dollar # 2161			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: 420 Wesley St		City/County: Greenville		Zip Code: 75402	Phone: _____ Follow-up: Yes (circle one) <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
O	U	I	N	N	C
T	T	T	O	A	O
S	S	S	S	S	S
Demonstration of Knowledge/ Personnel					
<input checked="" type="checkbox"/>					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
<input checked="" type="checkbox"/>					22. Food Handler/ no unauthorized persons/ personnel
Safe Water, Record keeping and Food Package Labeling					
<input checked="" type="checkbox"/>					23. Hot and Cold Water available; adequate pressure, safe
<input checked="" type="checkbox"/>					24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled
Conformance with Approved Procedures					
<input checked="" type="checkbox"/>					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory
<input checked="" type="checkbox"/>					26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)
Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
<input checked="" type="checkbox"/>					28. Proper Date Marking and disposition
<input checked="" type="checkbox"/>					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>					30. Food Establishment Permit (Current & Valid)
Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>					31. Adequate handwashing facilities: Accessible and properly supplied; used
<input checked="" type="checkbox"/>					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
<input checked="" type="checkbox"/>					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					
O	U	I	N	N	C
T	T	T	O	A	O
S	S	S	S	S	S
Prevention of Food Contamination					
<input checked="" type="checkbox"/>					34. No Evidence of Insect contamination, rodent/other animals
<input checked="" type="checkbox"/>					35. Personal Cleanliness/eating, drinking or tobacco use
<input checked="" type="checkbox"/>					36. Wiping Cloths; properly used and stored
<input checked="" type="checkbox"/>					37. Environmental contamination
<input checked="" type="checkbox"/>					38. Approved thawing method
Proper Use of Utensils					
<input checked="" type="checkbox"/>					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
<input checked="" type="checkbox"/>					40. Single-service & single-use articles; properly stored and used
Food Identification					
<input checked="" type="checkbox"/>					41. Original container labeling (Bulk Food)
Physical Facilities					
<input checked="" type="checkbox"/>					42. Non-Food Contact surfaces clean
<input checked="" type="checkbox"/>					43. Adequate ventilation and lighting; designated areas used
<input checked="" type="checkbox"/>					44. Garbage and Refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>					45. Physical facilities installed, maintained, and clean
<input checked="" type="checkbox"/>					46. Toilet Facilities; properly constructed, supplied, and clean
<input checked="" type="checkbox"/>					47. Other Violations

Received by: (signature) <i>[Signature]</i>	Print: Desmond C. [Signature]	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: Tammy McManhan	Business Email:

RS



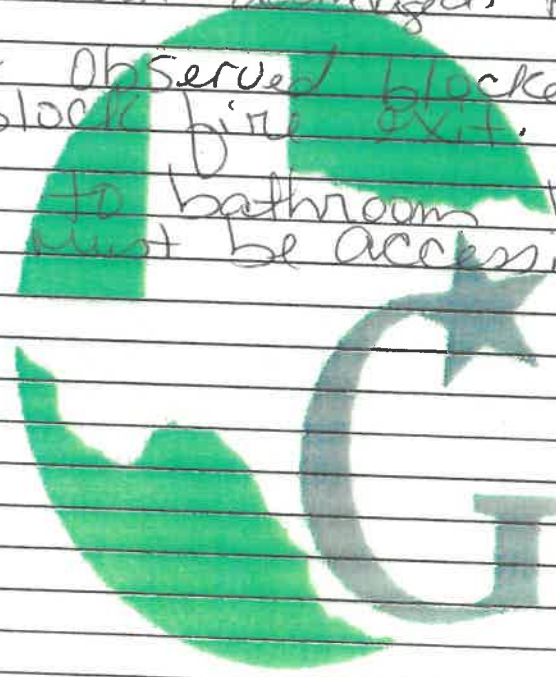
Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Family Dollar 2161 Physical Address: 4201 Western City/State: Greenville, TX License/Permit # Page 2 of 2

TEMPERATURE OBSERVATIONS				
Item/Location	Temp	Item/Location	Temp	Item/Location
Milk cooler	36.5°F			
Eggs	38°F			

OBSERVATIONS AND CORRECTIVE ACTIONS
AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

- 42 Glass observed on the floor of aisle.
- 45 Area above door damaged, Repair
- * Fire exit observed blocked, Do not block fire exit.
- * Entrance to bathroom blocked, Restroom must be accessible



Received by: *[Signature]* Print: Desmond Croise Title: Person in Charge/ Owner
 Inspected by: *[Signature]* Print: Tammy McMahon R.S. Samples: Y N # collected
 Form EH-06 (Revised 09-2015)

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