



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-27-22 Time in: 10:20am Time out: 10:50am License/Permit #: 9458270 Est. Type: _____ Risk Category: _____ Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other
 Establishment Name: Tiger Mart 57 Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____
 Physical Address: 1500 Wesley St 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 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 | | | | | | R | Compliance Status | | | | | | R |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| O | U | I | N | O | COS | | O | U | I | N | O | COS | |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | | Employee Health | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <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 | | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | | |
| 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | | |
| 3. Proper Hot Holding temperature(135°F) | | | | | | | Preventing Contamination by Hands | | | | | | |
| 4. Proper cooking time and temperature | | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | | |
| 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <u>Y</u> <u>N</u>) | | | | | | |
| 6. Time as a Public Health Control; procedures & records Approved Source | | | | | | | Highly Susceptible Populations | | | | | | |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | | | | | | |
| 8. Food Received at proper temperature | | | | | | | Chemicals | | | | | | |
| Protection from Contamination | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | | |
| 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | 18. Toxic substances properly identified, stored and used | | | | | | |
| 10. Food contact surfaces and Returnables, Cleaned and Sanitized at ppm/temperature | | | | | | | Water/Plumbing | | | | | | |
| 11. Proper disposition of returned, previously served or reconditioned | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u> | | | | | | |
| | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | | |

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

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

Received by: [Signature] Print: [Signature] Title: Person In Charge/ Owner
 Inspected by: [Signature] Print: Tammy McMalon RS Business Email: _____



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Tiger Mart 57 Physical Address: 7500 Wesley St City/State: Greenville License/Permit # _____

| TEMPERATURE OBSERVATIONS | | | | |
|--------------------------|--------|---------------|------|-------------------|
| Item/Location | Temp | Item/Location | Temp | Item/Location |
| hot tank | 141°F | | | |
| hot dog | 141°F | | | |
| milk | 36.5°F | | | |
| | | Back Cooler | 45°F | out of Compliance |

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

- 21 Certified food manager expired 1/22
Renew OCFM and Register with the City.
- 27 Back refrigeration unit observed at 45°F
41°F or below. Not able to reach
that temperature within 4 hours discard
food items.
- 31 Hand wash sink observed with handle
to hot water broken, hot water must
be available to clean hands 100°F or above
- 33 mop sink observed heavily soiled.
Clean coons on ceiling above hot
dog machines. Moderate dust observed
waste receptacle lid broken
microwave lightly soiled
Slow drain in ladies restroom
dead crickets observed under soda machine
tower cabinet

Received by: *(Signature)* Print: JUSTINA JONES Title: Person In Charge/ Owner
Inspected by: *(Signature)* RS Print: Tammy Memahan RS Samples: Y N # collected