



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 10-28-22	Time in: 9:00 am	Time out: 9:20 am	License/Permit #	Est. Type	Risk Category	Page 1 of 1
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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	TOTAL SCORE
Establishment Name: Sky Mart	Contact/Owner Name:
Physical Address: 715 Joe Ramsey	City/County: Greenville
Zip Code: 75402	Phone:
Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)	
* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	

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 OUT 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	G	I	N	O	A	C	O	S	Description	R
									Time and Temperature for Food Safety (F = degrees Fahrenheit)	
									1. Proper cooling time and temperature	
									2. Proper Cold Holding temperature (41°F/ 45°F) Milk 39.5°F Pringles 39°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	
									Prevention 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/Waste/water Disposal System, proper disposal	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days										
Compliance Status	G	I	N	O	A	C	O	S	Description	R
									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 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 at Next Inspection, Whichever Comes First										
Compliance Status	G	I	N	O	A	C	O	S	Description	R
									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)	Print: Doi Re J.	Title: Person In Charge/ Owner
Inspected by: (signature)	Print: Tammy McMahon R.S.	Business Email:

Form EH-06 (Revised 09-2015)

* Clean light covers and dust vents
 * Discard date on all pre packaged food
 * Keep hot water heater plugged.