



# Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 11-4-22 Time in: 8:45 a.m. Time out: 4:30 a.m. License/Permit # \_\_\_\_\_ Est. Type \_\_\_\_\_ Risk Category \_\_\_\_\_ Page 1 of 2

Purpose of Inspection:  1-Compliance  2-Routine  3-Field Investigation  4-Visit  5-Other \_\_\_\_\_ TOTAL SCORE \_\_\_\_\_

Establishment Name: The Center Travis Elementary Contact/Owner Name: \_\_\_\_\_ \* Number of Repeat Violations: \_\_\_\_\_  
 \* Number of Violations COS: \_\_\_\_\_

Physical Address: 3201 Stanford City/County: Greenville Zip Code: 75421 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					
O	I	N	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
<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					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Proper Cold Holding temperature(41°F/ 45°F)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Proper Hot Holding temperature(135°F)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Proper cooking time and temperature					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Proper reheating procedure for hot holding (165°F in 2 Hours)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Time as a Public Health Control; procedures & records Approved Source					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Food Received at proper temperature					
Protection from Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Food contact surfaces and Returnables Cleaned and Sanitized at <u>200 ppm/temperature <u>60°C</u></u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Proper disposition of returned, previously served or reconditioned					
Employee Health					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Hands cleaned and properly washed/ Gloves used properly					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <u>Y</u> <u>N</u> )					
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
Chemicals					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
18. Toxic substances properly identified, stored and used					
Water/Plumbing					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Approved Sewage/Wastewater Disposal System, proper disposal:					

Priority Foundation Items (2 Points) violations Require Corrective Action within 14 days					
O	I	N	NA	COS	R
Demonstration of Knowledge/ Personnel					
<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)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
22. Food Handler/ no unauthorized persons/ personnel					
Safe Water, Recordkeeping and Food Package Labeling					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
23. Hot and Cold Water available; adequate pressure, safe					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled					
Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
28. Proper Date Marking and disposition					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Food Establishment Permit (Current & Valid)					
Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
31. Adequate handwashing facilities: Accessible and properly supplied, used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided <u>High heat</u>					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First					
O	I	N	NA	COS	R
Prevention of Food Contamination					
<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					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
35. Personal Cleanliness/eating, drinking or tobacco use					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
36. Wiping Cloths; properly used and stored					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
37. Environmental contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
38. Approved thawing method					
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
40. Single-service & single-use articles; properly stored and used					
Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
41. Original container labeling (Bulk Food)					
Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
42. Non-Food Contact surfaces clean					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
43. Adequate ventilation and lighting; designated areas used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
44. Garbage and Refuse properly disposed; facilities maintained					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
45. Physical facilities installed, maintained, and clean					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
46. Toilet Facilities; properly constructed, supplied, and clean					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
47. Other Violations					

Received by: Kathy Bailey Print: Kathy Bailey Title: Person In Charge/ Owner

Inspected by: Tammy Nentahen R.S Print: Tammy Nentahen R.S Business Email: \_\_\_\_\_