



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 11-4-22 Time in: 10:45am Time out: 11:10am 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: Harrison House Contact/Owner Name: _____ * Number of Repeat Violations: _____
 * Number of Violations COS: _____

Physical Address: 6400 Jack Finney Blvd Greenville City/County: Greenville Zip Code: 75402 Phone: _____ Follow-up: Yes No (circle one)

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						Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days									
O	U	I	N	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	O	U	I	N	NA	COS	Employee Health	R
						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 Y <u>N</u>)		
						6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations		
						Approved Source							16. Pasteurized foods used; prohibited food not offered		
						7. Food and ice obtained from approved source. Food in good condition, safe, and unadulterated, parasite destruction							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 <u>100</u> ppm/temperature <u>5AC</u>							Water/Plumbing		
						11. Proper disposition of returned, previously served or reconditioned							19. Water from approved source; Plumbing installed; proper back-flow device <u>City of Greenville</u>		
													20. Approved Sewage/Waste water Disposal System, proper disposal		

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days						Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days									
O	U	I	N	NA	COS	Demonstration of Knowledge/ Personnel	R	O	U	I	N	NA	COS	Food Temperature Control/ Identification	R
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)							27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		
						22. Food Handler/ no unauthorized persons/ personnel							28. Proper Date Marking and disposition		
						Safe Water, Record Keeping and Food Package Labeling								29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>Stem 012</u>	
						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 <u>Dedicate Sink</u>		
						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						Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First									
O	U	I	N	NA	COS	Prevention of Food Contamination	R	O	U	I	N	NA	COS	Food Identification	R
						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: Donna Anderson Print: Donna Anderson Title: Person In Charge/ Owner
 Inspected by: D. McMahon R/S Print: T. McMahon R/S Business Email: _____