



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



Date: 11-8-22 Time in: 11:00 a.m. Time out: 11:30 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: Briarcliff Health Center Contact/Owner Name: \_\_\_\_\_ \* Number of Repeat Violations: \_\_\_\_\_  
 ✓ Number of Violations COS: \_\_\_\_\_

Physical Address: 4400 Walnut City/County: Greenville Zip Code: 7 Phone: \_\_\_\_\_ Follow-up: Yes  No  (circle one)

Compliance Status: Out = not in compliance IN = in compliance NG = 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			Compliance Status								
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	O	S	U	T	O	A	O	S
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"/>	
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/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					
8. Food Received at proper temperature						Pasteurized eggs used when required					
Protection from Contamination						Chemicals					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
10. Food contact surfaces and Returnables: Cleaned and Sanitized at <u>200</u> ppm/temperature <u>100°C</u>						18. Toxic substances properly identified, stored and used					
11. Proper disposition of returned, previously served or reconditioned						Water/Plumbing					
						19. Water from approved source; Plumbing installed; proper backflow 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											
Compliance Status			Compliance Status								
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	O	S	U	T	O	A	O	S
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"/>	
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, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>digital - DAC</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					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						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 or Next Inspection, Whichever Comes First											
Compliance Status			Compliance Status								
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	O	S	U	T	O	A	O	S
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"/>	
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: Jawet Cox Title: Person In Charge/ Owner

Inspected by: (signature) J. Nembhan R.S Print: J. Nembhan R.S Business Email: \_\_\_\_\_





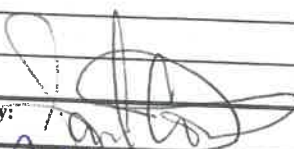
Texas Department of State Health Services  
Retail Food Establishment Inspection Report

Establishment Name: Briarcliff Healthcenter 4400 Walnut City/State: Greenville, TN License/Permit # Page 27 of 27

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
RFC	37°F				
Walk in	40°F				
Steam line all reheated to 165°F					

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

- 3 Steam line food observed well below 135°F  
All food reheated to 165°F
- 10 Sanitizer bucket for food prep surfaces not observed. (C.O.S)
- 45 Ramp in freezer observed separating and no longer sealed. This area is a trip hazard and needs to be corrected immediately.
- 46 Exhaust fan in employee restroom was not observed. Make sure that it is functional
- \* Covered receptacle needed in women's restroom for sanitary napkins. A lid for the current receptacle will work

Received by:  Print: Title: Person In Charge/ Owner  
 Inspected by: J. McMahon R.S. Print: J. McMahon R.S. Samples: Y N # collected