



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: <u>11-10-22</u>		Time in: <u>2:30</u>		Time out: <u>3:10pm</u>		License/Permit # <u>6666 7963</u>		Est. Type		Risk Category		Page <u>1</u> of <u>2</u>	
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													
Establishment Name: <u>Little Caesar's</u>						Contact/Owner Name:				* Number of Repeat Violations: <u> </u> ✓ Number of Violations COS: <u> </u>			
Physical Address: <u>6603 Wesley St</u>				City/County: <u>Greenville</u>		Zip Code: <u>75402</u>		Phone:		Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)		A-	
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 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						Compliance Status							
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health							
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 <u>200</u> ppm/temperature <u>QAC</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>							
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days													
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification							
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 Safe Water, Recordkeeping and Food Package Labeling						28. Proper Date Marking and disposition							
23. Hot and Cold Water available; adequate pressure, safe						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>digital</u> <u>QAC</u>							
24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled						Permit Requirement, Prerequisite for Operation							
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						30. Food Establishment Permit (Current & Valid)							
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)						Utensils, Equipment, and Vending							
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)						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 or Next Inspection, Whichever Comes First													
Prevention of Food Contamination						Food Identification							
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: <u>Danielle Hull</u>				Print: <u>Danielle Hull</u>				Title: Person In Charge/ Owner					
Inspected by: <u>J. McManhan R.S</u>				Print: <u>J. McManhan R.S</u>				Business Email:					



Texas Department of State Health Services
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Establishment Name: Little Caesar's Physical Address: 16103 Wesley St City/State: Greenville, TX License/Permit # _____ Page 2 of 2

TEMPERATURE OBSERVATIONS				
Item/Location	Temp	Item/Location	Temp	Item/Location
Make line	40°F			
walk in	37°F			
hot box	141-156°F			

OBSERVATIONS AND CORRECTIVE ACTIONS

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

32 Pizza Oven Observed with moderate build up walls and ceiling are moderately soiled.

33 3-Compartment sink observed with a leak moderate soil build up

34 Small flies observed coming out of the wall and damaged ceiling by three compartments

43 Ventilation System needs to be cleaned All vents have heavy build up on and around them.

45 Walk in Floor needs to be Resealed. entry into walk in needs to be repaired food debris observed.

Several ceiling tiles observed damaged Several floor tiles observed with chips or cracks in them. Replace tiles and Regrout

* Contact pest Control

* Clean Mildew off walls

Light covers mopeled. Bare wire should not be exposed.

Must have one food manager present during business hours.

Received by: (signature) Danielle Hull Print: Danielle Hull Title: Person In Charge/ Owner

Inspected by: (signature) T. Memphar R.S Print: T. Memphar R.S Samples: Y N # collected _____

Register all Certified Food Managers with City