



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



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

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

Establishment Name: La Michoacana Teguera Contact/Owner Name: \_\_\_\_\_ \* Number of Repeat Violations: \_\_\_\_\_  
 ✓ Number of Violations COS: \_\_\_\_\_

Physical Address: 5106 Wesley St City/County: Greenville Zip Code: 75402 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 file 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	O	I	N	NA	COS	Item Description	R
OUI	N	O	A	S			
						<b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>	
<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	
<input checked="" type="checkbox"/>	<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) <u>38°F WIC</u>	
<input checked="" type="checkbox"/>	<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) <u>135-151°F</u>	
<input checked="" type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	8. Food Received at proper temperature	
						<b>Protection from Contamination</b>	
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	10. Food contact surfaces and Returnables cleaned and Sanitized at <u>200</u> ppm/temperature <u>132</u>	
<input checked="" type="checkbox"/>	<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	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days							
Compliance Status	O	I	N	NA	COS	Item Description	R
OUI	N	O	A	S			
						<b>Demonstration of Knowledge/ Personnel</b>	
<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)	
<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled	
						<b>Conformance with Approved Procedures</b>	
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First							
Compliance Status	O	I	N	NA	COS	Item Description	R
OUI	N	O	A	S			
						<b>Prevention of Food Contamination</b>	
<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	
<input checked="" type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	38. Approved thawing method	
						<b>Proper Use of Utensils</b>	
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	40. Single-service & single-use articles; properly stored and used	

Received by: [Signature] Print: Oscar Saez Title: Person In Charge/ Owner

Inspected by: T. McManan R.S Print: T. McManan R.S Business Email: \_\_\_\_\_

Form EH-06 (Revised 09-2015)

\* DO NOT wet stack dishes  
 \* Label all Prepared items. Label all items not in original package