



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 11-8-22		Time in: 1:50 pm		Time out: 2:45 pm		License/Permit #		Est. Type		Risk Category		Page <u>1</u> of <u>1</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												TOTAL SCORE								
Establishment Name: La Michoacana - Grocery						Contact/Owner Name:			* Number of Repeat Violations: _____			A								
Physical Address: 5106 Wesley St						City/County: Greenville		Zip Code: 75462		Phone:				Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> 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				Time and Temperature for Food Safety (F = degrees Fahrenheit)				Compliance Status				Employee Health								
O	I	N	O	N	A	C	O	I	N	O	N	A	C	O	I	N	O	N	A	C
U	T						U	T						U	T					
<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"/>	<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"/>	<input checked="" type="checkbox"/>
1. Proper cooling time and temperature 2. Proper Cold Holding temperature(41°F/ 45°F) 35-39°F 3. Proper Hot Holding temperature(135°F) 4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 Hours) 6. Time as a Public Health Control; procedures & records Approved Source 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasitic destruction 8. Food Received at proper temperature														12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth 14. Hands cleaned and properly washed/ Gloves used properly 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <u>N</u>)						
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days																				
Compliance Status				Demonstration of Knowledge/ Personnel				Compliance Status				Food Temperature Control/ Identification								
O	I	N	O	N	A	C	O	I	N	O	N	A	C	O	I	N	O	N	A	C
U	T						U	T						U	T					
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21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling 23. Hot and Cold Water available; adequate pressure, safe 24. Required records available (shellstock tags, parasitic destruction); Packaged Food labeled Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)														27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature 28. Proper Date Marking and disposition 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips 30. Food Establishment Permit (Current & Valid) 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																				
Compliance Status				Prevention of Food Contamination				Compliance Status				Food Identification								
O	I	N	O	N	A	C	O	I	N	O	N	A	C	O	I	N	O	N	A	C
U	T						U	T						U	T					
<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"/>	<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"/>	<input checked="" type="checkbox"/>
34. No Evidence of Insect contamination, rodent/other animals droppings 35. Personal Cleanliness; eating, drinking or tobacco use 36. Wiping Cloths; properly used and stored 37. Environmental contamination 38. Approved thawing method Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properly stored and used														41. Original container labeling (Bulk Food) 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used 44. Garbage and Refuse properly disposed; facilities maintained 45. Physical facilities installed, maintained, and clean 46. Toilet Facilities; properly constructed, supplied, and clean 47. Other Violations						
Received by: [Signature]						Print: Oscair Saucedo						Title: Person In Charge/ Owner								
Inspected by: J. McArthur R.S						Print: Tammy McArthur						Business Email:								

* covered receptacle in ladies restroom
 * hang mops
 * repair ceiling tiles

R.S