



Texas Department of State Health Services Retail Food Establishment Inspection Report



Jan

Date: 11-10-22	Time in: 1:25 p.m.	Time out: 2:15 p.m.	License/Permit #	Est. Type	Risk Category	Page 1 of 2																																																																																																																																																																																																																							
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: Schlotzsky's			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: A																																																																																																																																																																																																																								
Physical Address: 6834 Wesley			City/County: Greenville	Zip Code: 75402	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)																																																																																																																																																																																																																							
Compliance Status: O = 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.																																																																																																																																																																																																																													
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42. Non-Food Contact surfaces clean																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43. Adequate ventilation and lighting; designated areas 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"/>	44. Garbage and Refuse properly disposed; facilities maintained																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45. Physical facilities installed, maintained, and clean																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46. Toilet Facilities; properly constructed, supplied, and clean																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47. Other Violations																																																																																																																																																																																																																							
Received by: Carolyn Hendrix		Print: Carolyn Hendrix		Title: Person In Charge/ Owner																																																																																																																																																																																																																									
Inspected by: T. McMahon R.S.		Print: T. McMahon R.S.		Business Email:																																																																																																																																																																																																																									

schlotzskys.greenville@gmail.com



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Schlottzky's Physical Address: 12834 Wesley St City/State: Greenville, TX License/Permit # _____ Page 22 of 22

TEMPERATURE		OBSERVATIONS			
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in Make line	38°F 50°F	Just restocked.			

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

- 27 Make line Observed at 50°F. Employees just restocked. Recheck temperature every two hours 41°F or below.
- 42 Mildew like substance observed ⁱⁿ around lid and opening of ice machine
- 43 Mildew like substance observed on gaskets to walk-ins
- 43 Exhaust fans not observed in the men's or women's restrooms
- 45 Several damaged or missing ceiling tiles observed.
Glossing by soda machine observed damaged. Dust build up observed on vent in hallway leading to restrooms.
- 46 Men's urinal observed with plastic over it. Repair urinal.
- * Handle on microwave needs to be replaced.
- * Wash receptacle enclosures need to be cleaned.

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