



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 11-15-22 Time in: 2:30 p.m. Time out: 3:30 p.m. License/Permit # 3247964 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: Bottlecap Alley Contact/Owner Name: _____ * Number of Repeat Violations: _____
 Physical Address: 5804 Wesley St City/County: Greenville Zip Code: 75401 Phone: _____ * Number of Violations COS: _____
 Follow-up: Yes No (Circle one) A

Compliance Status: O=not in compliance, I=in compliance, N=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 I, N, 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	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
2. Proper Cold Holding temperature (41°F/ 45°F)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Proper Hot Holding temperature (135°F)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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 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 type="checkbox"/>
8. Food Received at proper temperature					
Protection from Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
10. Food contact surfaces and Returnables Cleaned and Sanitized at ppm/temperature <u>100 ppm</u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Proper disposition of returned, previously served or reconditioned					
Employee Health					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Hands cleaned and properly washed/ Gloves used properly					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <u>NO</u>)					
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
Chemicals					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Toxic substances properly identified, stored and used					
Water/Plumbing					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Approved Sewage/Wastewater Disposal System, proper disposal <u>Southwest</u>					

Priority Foundation Items (2 Points) Violations Require Corrective Action within 10 days					
Compliance Status					
O	I	N	NA	COS	R
Demonstration of Knowledge/ Personnel					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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 type="checkbox"/>
24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled					
Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label					
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 type="checkbox"/>
27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Proper Date Marking and disposition					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>SAE, digital</u>					
30. Food Establishment Permit (Current & Valid) Permit Requirement, Prerequisite for Operation					
Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Adequate handwashing facilities; Accessible and properly supplied, used <u>Dedicate Sinks</u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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					
O	I	N	NA	COS	R
Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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 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 type="checkbox"/>
38. Approved thawing method					
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
40. Single-service & single-use articles; properly stored and used <u>off around</u>					
Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. Original container labeling (Bulk Food)					
Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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 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 type="checkbox"/>
46. Toilet Facilities; properly constructed, supplied, and clean <u>Exhaust Fans</u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47. Other Violations					

Received by: Ashley Wells Print: Ashley Wells Title: Person In Charge/ Owner
 Inspected by: J. Memahan R.S. Print: J. Memahan R.S. Business Email: _____



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Bottlecap Alley Physical Address: 5804 Wesley St City/State: Greenville, TX License/Permit # _____ Page 2 of 2

TEMPERATURE OBSERVATIONS			
Item/Location	Temp	Item/Location	Temp
Chicken	39°F		
to Huce	39°F		
Pico	40°F		
Reaching cooler	40°F		
Hot box	137.5°F		
Fatties	38°F		

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

- 39 Damaged utensils observed. Discard utensils that are damaged.
- Linens observed on the ground in storage. Linens are to be stored off of the ground.
- 40 Single serve items in storage observed stored on the ground. Store 6" off ground.
- 44 Dumpster door is missing, lid is damaged and drain plug is missing. Contact Geus for a replacement.
- * Dedicate all hand sinks. Do not put trash or utensils in hand sink.
- * Remove stickers from dishes before washing.
- * Wrap soda lines and silicone to prevent leakage.
- * Obtain testing strips for peroxide.
- * Renew TABC with City of Greenville. Expired 2018.
- * Remove paper baskets that are being stored by mop sink and dust pans.

Received by: (signature) Asmumwells Print: Ashley wells S. Title: Person In Charge/ Owner

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