



Texas Department of State Health Services  
Retail Food Establishment Inspection Report



Date: 11-29-22 Time in: 10:15 a.m. Time out: 11:10 a.m. License/Permit # \_\_\_\_\_ 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: Glenda's Cafe Contact/Owner Name: \_\_\_\_\_ \* Number of Repeat Violations: \_\_\_\_\_  
✓ Number of Violations COS: \_\_\_\_\_

Physical Address: 4400 Moulton City/County: Greenville Zip Code: 75901 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 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					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
<b>Approved Source</b>						<b>Preventing Contamination by Hands</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
<b>Protection from Contamination</b>						<b>Highly Susceptible Populations</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
<b>Demonstration of Knowledge/ Personnel</b>						<b>Chemicals</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
<b>Conformance with Approved Procedures</b>						<b>Water/ Plumbing</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
<b>Conformance with Approved Procedures</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
<b>Proper Use of Utensils</b>						<b>Physical Facilities</b>					
✓						✓					
✓						✓					
✓						✓					
✓						✓					
✓						✓					

Received by: Glenda Yost Print: Glenda Yost Title: Person in Charge/ Owner  
(signature) Glenda Yost

Inspected by: T. Menahan R.S. Print: T. Menahan R.S. Business Email: \_\_\_\_\_  
(signature) T. Menahan R.S.

