



Texas Department of State Health Services
Retail Food Establishment Inspection Report



Date: 11-30-22 Time in: 9:00 Time out: 9:20 a.m. 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: Prime Stop #3 Taqueria Contact/Owner Name: * Number of Repeat Violations: Number of Violations COS:

Physical Address: 700 Wolfe City Dr City/County: Greenville Zip Code: 75310 Phone: Follow-up: Yes No (circle one)

A

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 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	
T				S		T				S	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<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						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
2. Proper Cold Holding temperature (41°F/ 45°F) 31°F 33°F RIC 30°F RIC						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
3. Proper Hot Holding temperature (135°F)						Preventing Contamination by Hands					
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <input checked="" type="checkbox"/> N <input type="checkbox"/>)					
6. Time as a Public Health Control; procedures & records						Highly Susceptible Populations					
Approved Source						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						Chemicals					
8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
Protection from Contamination						18. Toxic substances properly identified, stored and used					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing					
10. Food contact surfaces and Returnables: Cleaned and Sanitized at 200 ppm/temperature						19. Water from approved source; Plumbing installed; proper backflow device City of Greenville					
11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal					

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	
T				S		T				S	
Demonstration of Knowledge/ Personnel						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 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)						27. Proper cooling method used ; Equipment Adequate to Maintain Product Temperature					
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips stem					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Permit Requirement, Prerequisite for Operation					
23. Hot and Cold Water available; adequate pressure, safe						30. Food Establishment Permit (Current & Valid)					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						Utensils, Equipment, and Vending					
Conformance with Approved Procedures						31. Adequate handwashing facilities: Accessible and properly supplied, used					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
Consumer Advisory						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					
<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						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Prevention of Food Contamination						Food Identification					
<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						41. Original container labeling (Bulk Food)					
35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities					
36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean					
37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used					
38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained					
Proper Use of Utensils						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"/>		46. Toilet Facilities; properly constructed, supplied, and clean					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						47. Other Violations Need soap					
<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) Concepcion Fran Print: Concepcion Fran Title: Person In Charge/ Owner

Inspected by: (signature) J. McMahon R.S Print: J. McMahon R.S Business Email:

Obtain correct Chlorine testing Strips