



# Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-5-22	Time in: 1:45 pm	Time out: 2:10 pm	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: Kwik Check # 20			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: 5004 Wesley			City/County: Greenville	Zip Code: 75401	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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

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	
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>											
<b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>						<b>Employee Health</b>					
<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)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
3. Proper Hot Holding temperature(135°F)						<b>Preventing Contamination by Hands</b>					
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 N )					
6. Time as a Public Health Control; procedures & records Approved Source						<b>Highly Susceptible Populations</b>					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
8. Food Received at proper temperature						<b>Chemicals</b>					
<b>Protection from Contamination</b>						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						18. Toxic substances properly identified, stored and used					
10. Food contact surfaces and Returnables : Cleaned and Sanitized at ppm/temperature						<b>Water/ Plumbing</b>					
11. Proper disposition of returned, previously served or reconditioned						19. Water from approved source; Plumbing installed; proper backflow device <i>City of Greenville</i>					
						20. Approved Sewage/Wastewater Disposal System, proper disposal					

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	
<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>											
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
<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					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
23. Hot and Cold Water available; adequate pressure, safe						<b>Permit Requirement, Prerequisite for Operation</b>					
24. Required records available (shelfstock tags, parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						31. Adequate handwashing facilities: Accessible and properly supplied, used					
<b>Consumer Advisory</b>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					

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	
<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>											
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
<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						<b>Physical Facilities</b>					
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					
<b>Proper Use of Utensils</b>						45. Physical facilities installed, maintained, and clean					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean					
40. Single-service & single-use articles; properly stored and used						47. Other Violations					

Received by: <i>[Signature]</i>	Print: <i>[Signature]</i>	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: <i>[Signature]</i>	Business Email:





Texas Department of State Health Services  
Retail Food Establishment Inspection Report

Establishment Name: Kwik chek #20      Physical Address: 5004 Wesley St      City/State: Greenville TX      License/Permit #      Page 2 of 2

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Milk Cooler	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:

44 Drain plug missing from dumpster. Contact Waste Connections for D a drain plug.

45 Several ceiling tiles observed with water damage. Replace tiles.

46 Coving in men's Restroom is damaged. Replace damaged Coving and gROUT.

46 Exhaust fans in both Restrooms observed with moderate dust build up

\* Clean microwave

\* hang mops when not in use

\* Covered Receptacle needed in women's Restroom for sanitary napkins

Received by: [Signature]      Print: S. Pirkle      Title: Person In Charge/ Owner

Inspected by: J. McMahon R.S      Print: T. McMahon R.S      Samples: Y N # collected

Form EH-06 (Revised 09-2015)