



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-5-22		Time in: 3:15 AM		Time out: 3:35 AM		License/Permit #		Est. Type		Risk Category		Page 1 of 1																																																																																										
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: The Drop						Contact/Owner Name:				* Number of Repeat Violations: _____		A																																																																																										
Physical Address: 2824 Terrell Rd Ste 101						City/County: Greenville		Zip Code: 75041		Phone:				Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Circle one)																																																																																								
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																																																																																																						
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Inspected by: (signature) J. McMahon R.S				Print: J. McMahon R.S				Business Email:																																																																																														