



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-6-22	Time in: 9:15 a.m.	Time out: 12:30 a.m.	License/Permit #	Est. Type	Risk Category	Page 1 of 2
Purpose of Inspection: <input checked="" 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			TOTAL SCORE			
Establishment Name: Mariachi Mexican Restaurant			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: B	
Physical Address: 5703 Wesley St		City/County: Greenville	Zip Code: 75402	Phone:	Follow-up: Yes (circle one) No	
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 U T	I N	N O	N A	C O S	R	
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"/>	
1. Proper cooling time and temperature			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 checked="" type="checkbox"/>	
2. Proper Cold Holding temperature(41°F/ 45°F)			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Proper Hot Holding temperature(135°F)			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 checked="" type="checkbox"/>	
4. Proper cooking time and temperature			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 checked="" type="checkbox"/>	
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)			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Time as a Public Health Control; procedures & records Approved Source			Highly Susceptible Populations			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasitic destruction			16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Food Received at proper temperature			Chemicals			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Protection from Contamination			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 checked="" type="checkbox"/>	
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting			18. Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Food contact surfaces and Returnables: Cleaned and Sanitized at ppm/temperature			Water/ Plumbing			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Proper disposition of returned, previously served or reconditioned			19. Water from approved source; Plumbing installed; proper backflow device City of Greenville			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days						
Compliance Status			Compliance Status			
O U T	I N	N O	N A	C O S	R	
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"/>	
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			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
22. Food Handler/ no unauthorized persons/ personnel			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 checked="" type="checkbox"/>	
Safe Water, Recordkeeping and Food Package Labeling			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
23. Hot and Cold Water available; adequate pressure, safe			Permit Requirement, Prerequisite for Operation			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
24. Required records available (shellstock tags; parasitic destruction); Packaged Food labeled			30. Food Establishment Permit (Current & Valid)			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Conformance with Approved Procedures			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 checked="" type="checkbox"/>	
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			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Consumer Advisory			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 checked="" type="checkbox"/>	
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			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						
Compliance Status			Compliance Status			
O U T	I N	N O	N A	C O S	R	
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"/>	
34. No Evidence of Insect contamination, rodent/other animals Flies			41. Original container labeling (Bulk Food)			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
35. Personal Cleanliness/eating, drinking or tobacco use			Physical Facilities			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
36. Wiping Cloths; properly used and stored			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 checked="" type="checkbox"/>	
37. Environmental contamination			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 checked="" type="checkbox"/>	
38. Approved thawing method			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 checked="" type="checkbox"/>	
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"/>	<input checked="" type="checkbox"/>	
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used			46. Toilet Facilities; properly constructed, supplied, and clean			
<input checked="" type="checkbox"/>	<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			47. Other Violations			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Received by: (signature)			Print: A. McWhan R.S.		Title: Person In Charge/ Owner	
Inspected by: (signature) A. McWhan R.S.			Print: A. McWhan R.S.		Business Email:	



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Mariachi	Physical Address: 5403 Wesley St	City/State: Greenville, TX	License/Permit #	Page 22 of 22
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
* Shrimp	48°F	Taco Meat	138°F		
* Guacamole	50°F	Chicken	137°F		
* Make line cooler	45°F				
Front Reach in	41°F				
* Freezer	45-50°F				
Walk in	35°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:	
2	Cold holding cooler observed above 45°F. Cooler must maintain 41°F or below. IF temperature controlled items are above 41°F for 4 hours, they must be discarded.	
10	Sanitizer buckets not emptied from previous day. Bar mats observed soiled with sticky residue. Wash these daily.	
27	Cold holding unit observed above 45°F. Freezer observed between 45-50°F. Items observed thawing.	
34	Small and large flies observed. Keep surfaces clean and back door closed.	
36	Wet wiping cloths observed stored in bucket of sanitizer from previous day. Towels are to be laundered daily (wiping cloths).	
39	Several whisks observed with damaged handles that had been melted from heat in pans. Discard. Pans and dishes observed being wet-stacked. Utensils and dishes must be air dried and protected from contamination.	
42	Build up of grease observed on equipment. Clean sides of equipment frequently.	
43	Exhaust fans observed with dust build up. Clean exhaust fans regularly.	
44	Drain plug on dumpster missing.	
45	Floor tiles observed damaged - replace. Repair floor in dry storage.	
Received by: (signature)	Print: Jack Lewis Sales I.	Title: Person In Charge/ Owner
Inspected by: (signature)	Print: T. McMahon R.S.	Samples: Y N # collected

Form EH-06 (Revised 09-2015)

* Do not leave food and debris in dust pans.
* hang mats when not in use