



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-10-22 Time in: 10:25am Time out: 11:00 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: Soulman's BBQ Contact/Owner Name: _____ * Number of Repeat Violations: _____
 Physical Address: 3201 E-30 City/County: Greenville Zip Code: 75402 Phone: _____
 Follow-up: Yes No (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 | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Compliance Status | | | | | |
| O | I | N | N | C | R |
| U | N | O | A | O | |
| T | | | | S | |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | |
| <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 |
| <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) |
| <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) |
| <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 |
| <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) |
| <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 |
| <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 |
| <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 |
| Protection from Contamination | | | | | |
| <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 |
| <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 <u>200</u> ppm/temperature <u>NA</u> |
| <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 |

| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Compliance Status | | | | | |
| O | I | N | N | C | R |
| U | N | O | A | O | |
| T | | | | S | |
| Demonstration of Knowledge/ Personnel | | | | | |
| <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) |
| <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 |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | |
| <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 |
| <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 |
| Conformance with Approved Procedures | | | | | |
| <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 |
| Consumer Advisory | | | | | |
| <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 | | | | | |
| O | I | N | N | C | R |
| U | N | O | A | O | |
| T | | | | S | |
| Prevention of Food Contamination | | | | | |
| <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 |
| <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 |
| <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 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 37. Environmental contamination |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 38. Approved thawing method |
| Proper Use of Utensils | | | | | |
| <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 |
| <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: Justin Nimrichter Print: _____ Title: Person In Charge/ Owner
 Inspected by: J. Newman R.S Print: T. Newman R.S Business Email: _____



Texas Department of State Health Services
Retail Food Establishment Inspection Report

| | | | | |
|---------------------------------------|--------------------------------|-------------------------------|------------------|-------------|
| Establishment Name: Salvador's BBQ | Physical Address: 3201 I-30 | City/State: Greenville, TX | License/Permit # | Page 2 of 4 |
|---------------------------------------|--------------------------------|-------------------------------|------------------|-------------|

| TEMPERATURE OBSERVATIONS | | | | | |
|--------------------------|-----------|---------------|------|---------------|------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| Walk in | 39°F | | | | |
| Reach in | 38°F | | | | |
| Hot line | 138-158°F | | | | |
| Smoker | 215°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 Obtain drain plug for dumpster
- 45 Clean drains and vents that have buildup
- * Dedicate hand sinks. Do not store utensils in hand sink
- * Repair handle on back hand sink
- * Employee wash hand signs in Restrooms
- Register food managers with the City

| | | |
|--|--------------------------|--------------------------------|
| Received by: (signature) <i>Justin Nimrichter</i> | Print: Justin Nimrichter | Title: Person in Charge/ Owner |
| Inspected by: (signature) <i>J. McManan R.S</i> | Print: J. McManan R.S | Samples: Y N # collected |