



Texas Department of State Health Services
Retail Food Establishment Inspection Report



Date: 12-14-22 Time in: 3:45 Time out: 4:10 License/Permit #: 6931884 Est. Type: Risk Category: Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE: A

Establishment Name: BK Mart - Deli Contact/Owner Name: * Number of Repeat Violations: 0
✓ Number of Violations COS: 0

Physical Address: 3805 Lee St City/County: Greenville Zip Code: 75401 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	OUT	IN	NO	NA	COS	Item	R
						Time and Temperature for Food Safety (F = degrees Fahrenheit)	
						1. Proper cooling time and temperature	
						2. Proper Cold Holding temperature(41°F/ 45°F)	
						3. Proper Hot Holding temperature(135°F)	
						4. Proper cooking time and temperature	
						5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
						6. Time as a Public Health Control: procedures & records	
						Approved Source	
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasitic destruction	
						8. Food Received at proper temperature	
						Protection from Contamination	
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
						10. Food contact surfaces and Returnables: Cleaned and Sanitized at ppm/temperature	
						11. Proper disposition of returned, previously served or reconditioned	
						Employee Health	
						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
						Preventing Contamination by Hands	
						14. Hands cleaned and properly washed/ Gloves used properly	
						15. No bare hand contact with ready to eat foods or approved alternate method properly followed. (APPROVED Y N)	
						Highly Susceptible Populations	
						16. Pasteurized foods used; prohibited food not offered	
						Pasteurized eggs used when required	
						Chemicals	
						17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
						18. Toxic substances properly identified, stored and used	
						Water/ Plumbing	
						19. Water from approved source; Plumbing installed; proper backflow device City of Greenville	
						20. Approved Sewage/Waste water Disposal System, proper disposal Roadrunner	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days							
Compliance Status	OUT	IN	NO	NA	COS	Item	R
						Demonstration of Knowledge/ Personnel	
						21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager (CFM)	
						22. Food Handler/ no unauthorized persons/ personnel	
						Safe Water, Recordkeeping and Food Package Labeling	
						23. Hot and Cold Water available; adequate pressure, safe	
						24. Required records available (shellstock tags, parasitic destruction); Packaged Food labeled	
						Conformance with Approved Procedures	
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
						Consumer Advisory	
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	
						Food Temperature Control/ Identification	
						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
						28. Proper Date Marking and disposition	
						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips J Stem	
						Permit Requirement, Prerequisite for Operation	
						30. Food Establishment Permit (Current & Valid)	
						Utensils, Equipment, and Vending	
						31. Adequate handwashing facilities: Accessible and properly supplied, used	
						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First							
Compliance Status	OUT	IN	NO	NA	COS	Item	R
						Prevention of Food Contamination	
						34. No Evidence of Insect contamination, rodent/other animals	
						35. Personal Cleanliness/eating, drinking or tobacco use	
						36. Wiping Cloths; properly used and stored	
						37. Environmental contamination	
						38. Approved thawing method	
						Proper Use of Utensils	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
						40. Single-service & single-use articles; properly stored and used	
						Food Identification	
						41. Original container labeling (Bulk Food)	
						Physical Facilities	
						42. Non-Food Contact surfaces clean	
						43. Adequate ventilation and lighting; designated areas used	
						44. Garbage and Refuse properly disposed; facilities maintained	
						45. Physical facilities installed, maintained, and clean	
						46. Toilet Facilities; properly constructed, supplied, and clean	
						47. Other Violations	

Received by: (signature) [Signature] Print: Keshab KC Title: Person In Charge/ Owner

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



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Establishment Name: RK Mart - Deli Physical Address: 3805 Lee City/State: Greenville, TX License/Permit # _____ Page 22 of 22

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Walk-in Chicken</u>	<u>39°F</u>				
	<u>165°F</u>				

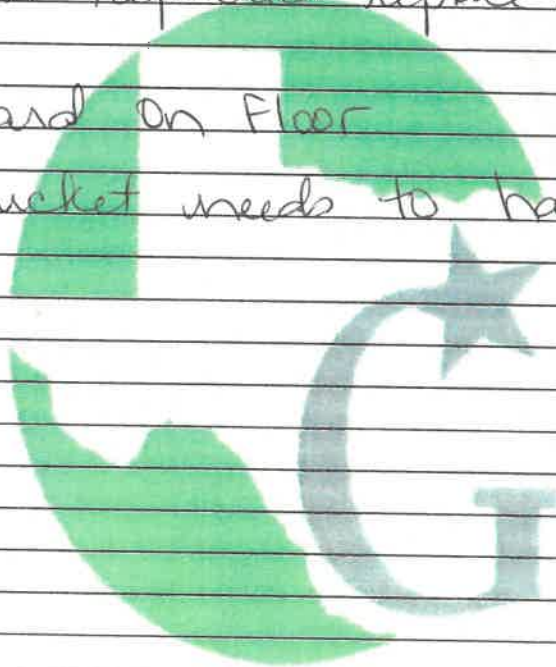
OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number: _____ AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

Contact Property Owner about leaking roof. After roof is repaired replace damaged ceiling tile.

No cardboard on floor

Sanitizer bucket needs to have sanitizer in it.



Received by: <u>[Signature]</u>	Print: <u>Keshab KC</u>	Title: <u>Person In Charge/ Owner</u>
Inspected by: <u>[Signature]</u>	Print: <u>T. McMahon R.S</u>	Samples: Y N # collected