



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-19-22		Time in: 9:20 a.m.		Time out: 10:00 a.m.		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: Hunt Regional Hospital						Contact/Owner Name:				* Number of Repeat Violations: _____		A																																																																																																																																																																																																												
Physical Address: 4215 Joe Ramsey						City/County: Greenville		Zip Code:		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 OUI box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R																																																																																																																																																																																																																								
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Form EH-06 (Revised 09-2015)

* Call maintenance per conversation on drains
 * Clear any dust build up on vents