



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-29-22		Time in: 9:10am		Time out: 9:40am		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															
Establishment Name: Sugar Hill Express						Contact/Owner Name:				* Number of Repeat Violations: _____		A			
Physical Address: 2500 Wellington						City/County: Greenville		Zip Code: 75401		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 U T I N O N A C O S						Compliance Status O U T I N O N A C O S									
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health									
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting									
2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth									
3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands									
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly									
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)									
6. Time as a Public Health Control: procedures & records Approved Source						Highly Susceptible Populations									
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									
8. Food Received at proper temperature						Chemicals									
Protection from Contamination						17. Food additives; approved and properly stored; Washing Fruits & Vegetables									
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						18. Toxic substances properly identified, stored and used									
10. Food contact surfaces and Returnables : Cleaned and Sanitized at _____ ppm/temperature						Water/ Plumbing									
11. Proper disposition of returned, previously served or reconditioned						19. Water from approved source; Plumbing installed; proper backflow device <i>City of Greenville</i>									
						20. Approved Sewage/Wastewater Disposal System, proper disposal									
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days															
Compliance Status O U T I N O N A C O S						Compliance Status O U T I N O N A C O S									
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification									
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									
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition									
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips									
23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation									
24. Required records available (shellstock tags, parasitic destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)									
Conformance with Approved Procedures						Utensils, Equipment, and Vending									
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									
Consumer Advisory						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used									
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									
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First															
Compliance Status O U T I N O N A C O S						Compliance Status O U T I N O N A C O S									
Prevention of Food Contamination						Food Identification									
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)									
35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities									
36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean									
37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used									
38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained									
Proper Use of Utensils						45. Physical facilities installed, maintained, and clean									
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean									
40. Single-service & single-use articles; properly stored and used						47. Other Violations									
Received by: <i>J. McMahon</i>						Print: <i>J. McMahon</i>				Title: Person In Charge/ Owner					
Inspected by: <i>J. McMahon R.S</i>						Print: <i>J. McMahon R.S</i>				Business Email:					



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Establishment Name: <i>Sugar Hill Express</i>	Physical Address: <i>2500 Wellington</i>	City/State: <i>Greenville, TX</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Milk</i>	<i>38.5°F</i>				
<i>Eggs</i>	<i>40°F</i>				

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:
<i>42</i>	<i>Clean under screen by soda machine and Cappaccino machine daily. Build up observed</i>
<i>43</i>	<i>Replace water damaged tiles.</i>
<i>46</i>	<i>Stock paper towels in bathroom</i>
	<i>hang mop when not in use</i>

Received by: <small>(signature)</small>	<i>[Signature]</i>	Print: <i>Dana William</i>	Title: Person in Charge/ Owner <i>Cashier</i>
Inspected by: <small>(signature)</small>	<i>[Signature]</i>	Print: <i>T. Nemshan R.S</i>	Samples: Y N # collected