



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-19-22	Time in: 2:20am	Time out: 2:50am	License/Permit #	Est. Type	Risk Category	Page 1 of 2
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: The Ashen Rose			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:	
Physical Address: 2809 Lee St		City/County: Greenville	Zip Code: 75401	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)	

A

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

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel					
	<input checked="" type="checkbox"/>				21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager (CFM)
	<input checked="" type="checkbox"/>				22. Food Handler/ no unauthorized persons/ personnel Safe Water, Record keeping and Food Package Labeling
	<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe
	<input checked="" type="checkbox"/>				24. Required records available (Shellstock tags, parasitic destruction); Packaged Food labeled
Conformance with Approved Procedures					
	<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"/>				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label
Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
	<input checked="" type="checkbox"/>				28. Proper Date Marking and disposition
	<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current & Valid)
Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>				31. Adequate handwashing facilities: Accessible and properly supplied, used
	<input checked="" type="checkbox"/>				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
	<input checked="" type="checkbox"/>				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	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
Prevention of Food Contamination					
	<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals
	<input checked="" type="checkbox"/>				35. Personal Cleanliness; eating, drinking or tobacco use
	<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored
	<input checked="" type="checkbox"/>				37. Environmental contamination
	<input checked="" type="checkbox"/>				38. Approved thawing method
Proper Use of Utensils					
	<input checked="" type="checkbox"/>				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
	<input checked="" type="checkbox"/>				40. Single-service & single-use articles; properly stored and used
Food Identification					
	<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)
Physical Facilities					
	<input checked="" type="checkbox"/>				42. Non-Food Contact surfaces clean
	<input checked="" type="checkbox"/>				43. Adequate ventilation and lighting; designated areas used
	<input checked="" type="checkbox"/>				44. Garbage and Refuse properly disposed; facilities maintained
	<input checked="" type="checkbox"/>				45. Physical facilities installed, maintained, and clean
	<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean
	<input checked="" type="checkbox"/>				47. Other Violations

Received by: (signature) Maria Monray	Print: Maria Monray	Title: Person In Charge/ Owner
Inspected by: (signature) J. McMahon R.S.	Print: J. McMahon R.S.	Business Email:



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

Establishment Name: The Ashen Rose	Physical Address: 2809 Lee St	City/State: Greenville, TX	License/Permit #	Page <u>2</u> of <u>2</u>
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Make line	37°F				
Reach in	33°F				
Make in	37°F				
Walk in	34.5°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:

33 Warewash machine sanitizer observed at less than 50ppm. 100-200ppm. Call technician

45 Floor drains observed moderately soiled
Keep all drains clean.

Floor scheduled to be sealed at the end of January. Contact me upon completion

No eating in food prep area.
Single serve and single use items to be inverted or covered.

* Clean inside of freezers - remove food debris
Wipe down gaskets on all units
Clean kick plates

* Repair leak at hand sink behind bar.
Slow drain in back hand sink

* Threshold is damaged - (back door)
Contact me when kick plate is installed for walk in

Received by: (signature) Maria Monkey	Print: _____	Title: Person In Charge/ Owner
Inspected by: (signature) J. McMahon R.S.	Print: J. McMahon R.S.	Samples: Y N # collected