



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



Date: 12-21-22	Time in: 2:45 p.m.	Time out: 3:25 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: HOP # 1445			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: A-						
Physical Address: Trook Wesley St		City/County: Greenville	Zip Code: 75402	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.											
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>											
Compliance Status						Compliance Status					
O	I	N	NO	NA	COS	O	I	N	NO	NA	COS
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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						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 <input checked="" type="checkbox"/> N <input type="checkbox"/> )					
6. Time as a Public Health Control; procedures & records						Highly Susceptible Populations					
Approved Source						16. Pasteurized foods used; prohibited food not offered					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						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 200 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											
<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>											
Compliance Status						Compliance Status					
O	I	N	NO	NA	COS	O	I	N	NO	NA	COS
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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)						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, parasite 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					
<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>											
Compliance Status						Compliance Status					
O	I	N	NO	NA	COS	O	I	N	NO	NA	COS
Prevention of Food Contamination						Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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						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>[Signature]</i>			Print: <i>Kathy Jimenez</i>		Title: Person In Charge/ Owner						
Inspected by: <i>J. Memahan R.S.</i>			Print: <i>J. Memahan R.S.</i>		Business Email:						



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

Establishment Name: <b>THOP # 1445</b>	Physical Address: <b>7006 Wesley St</b>	City/State: <b>Greenville, TX</b>	License/Permit #	Page <b>2</b> of <b>2</b>
---	--	--------------------------------------	------------------	---------------------------

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach in	38.5°F				
Reach in	39°F				
Walk in	39.5°F				
Gravy	38°F				

OBSERVATIONS AND CORRECTIVE ACTIONS	
<b>Item Number</b>	<b>AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:</b>

- 32 Wall in Kitchen observed with gap - not secure.
- 33 Curb sink observed with a leaking faucet
- 33 Compartment sink observed with slow drain and small leak
- 39 Linens observed on the ground in Storage area
- 40 Single Serve and Single Use items observed improperly stored. Store face down to protect from external contamination
- 42 Walls in dishroom observed moderately soiled. Flooring throughout observed moderately soiled
- 43 Exhaust Vents observed with dust build up.  
Light not working in freezer. Replace bulb.
- 45 Several ceiling tiles observed with water damage. Replace tiles.
- \* Replace damaged gaskets. Clean gaskets regularly
- \* Clean all drains
- \* Hang map when not in use

Received by: <i>(signature)</i> <b>Chris Jones</b>	Print: <b>Rusty Jimenez</b>	Title: <b>Person in Charge/ Owner</b>
Inspected by: <i>(signature)</i> <b>J. McMahon R.S</b>	Print: <b>T. McMahon R.S</b>	Samples: Y N # collected