



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-27-22	Time in: 9:00 a.m.	Time out: 9:45 a.m.	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	TOTAL/SCORE
Establishment Name: <u>Chilli's</u>	Contact/Owner Name: _____
Physical Address: <u>7099 I-30</u>	City/County: <u>Greenville</u>
Zip Code: <u>75402</u>	Phone: _____
* Number of Repeat Violations: _____	
✓ Number of Violations COS: _____	
Follow-up: <u>Yes</u>	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	OUT	IN	NO	NA
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; parasite 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 <u>200</u> ppm/temperature <u>EXAC</u>				
<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 <u>Y</u> <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</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	OUT	IN	NO	NA
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, Recordkeeping 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; parasite 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 <u>65°F</u>				
<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	OUT	IN	NO	NA
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: <u>Cheryl Cole</u>	Print: <u>Cheryl Cole</u>	Title: <u>Person In Charge/ Owner</u>
Inspected by: <u>T. Membran R.S</u>	Print: <u>T. Membran R.S</u>	Business Email: _____



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

Establishment Name: Chilis	Physical Address: 7099 I-30	City/State: Greenville TX	License/Permit # Page <u>2</u> of <u>2</u>
--------------------------------------	---------------------------------------	-------------------------------------	---

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in	39°F	Reach in	65°F		
Make line	37°F				
bottom reach in	40°F				
Sauces	37°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:
27	Reach in cooler observed at 64.5 - 65°F with food from the night before. Food discarded.
39	Pans in clean dish area observed with food debris stuck inside. Rewash dirty pans. Remove date labels before washing pans and food containers.
42	Floors under equipment and sinks observed moderately soiled.
	Microwaves observed moderately soiled.
*	Clean sauce bottle lids daily.
*	Ice spigots are to be cleaned daily.
*	Hand sink behind bar observed with cutting board, pitcher etc. Hand sink is for hand washing only.
	3 compartment bar sink should be cleaned daily.
*	Contact me when freezer floor is scheduled to be repaired.

Received by: (signature)	Print: Chey Cole	Title: Person In Charge/ Owner
Inspected by: (signature)	Print: T. McWhorter R.S.	Samples: Y N # collected