



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



Date: 12-28-22 Time in: 2:15pm Time out: 2:30 License/Permit #: _____ Est. Type: _____ Risk Category: _____ Page 1 of 1

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE: _____

Establishment Name: Nat 24 Deli Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 3200 Joe Ramsey Blvd City/County: Greenville Zip Code: 75401 Phone: _____ Follow-up: Yes No (circle one)

Compliance Status: OUI = 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						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O	S	U	N	O	A	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) <u>39°F Ric WTC 38°F</u>						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
✓						✓					
3. Proper Hot Holding temperature (135°F)						Preventive 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) <u>Y</u>					
✓						✓					
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 Water/ Plumbing					
✓						✓					
10. Food contact surfaces and Returnables: Cleaned and Sanitized at <u>200</u> ppm/temperature <u>150°C</u>						19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>					
✓						✓					
11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal					
✓						✓					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O	S	U	N	O	A	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 Safe Water, Recordkeeping and Food Package Labeling						28. Proper Date Marking and disposition					
✓						✓					
23. Hot and Cold Water available; adequate pressure, safe						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>OK</u>					
✓						✓					
24. Required records available (shellstock tags; parasitic destruction); Packaged Food labeled						Permit Requirement, Prerequisite for Operation					
✓						✓					
Conformance with Approved Procedures						30. Food Establishment Permit (Current & Valid)					
✓						✓					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						Utensils, Equipment, and Vending					
✓						✓					
Consumer Advisory						31. Adequate handwashing facilities: Accessible and properly supplied, used					
✓						✓					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
✓						✓					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O	S	U	N	O	A	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: _____ Print: JABRECEP AHT Title: Person In Charge/ Owner
 Inspected by: J. Memahan R.S Print: J. Memahan R.S Business Email: _____

Form EH-06 (Revised 09-2015)
 Seal walk in Floor.
 Name on labels date in date out