



Texas Department of State Health Services
Retail Food Establishment Inspection Report



Date: 12-27-22 Time in: 10:00am Time out: 10:35am License/Permit # Est. Type Risk Category Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE
 Establishment Name: Tony's Italian Kitchen Contact/Owner Name: * Number of Repeat Violations: ___
 ✓ Number of Violations COS: ___
 Physical Address: 6102 Wesley St City/County: Greenville Zip Code: 75402 Phone: Follow-up: Yes (circle one) No (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						R	Compliance Status						R
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O		U	N	O	A	O			
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
✓						✓						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
✓						✓						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
✓						✓						Preventing Contamination by Hands	
✓						✓						14. Hands cleaned and properly washed/ Gloves used properly	
✓						✓						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
✓						✓						Highly Susceptible Populations	
✓						✓						16. Pasteurized foods used; prohibited food not offered	
✓						✓						Pasteurized eggs used when required	
✓						✓						Chemicals	
✓						✓						17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
✓						✓						18. Toxic substances properly identified, stored and used	
✓						✓						Water/ Plumbing	
✓						✓						19. Water from approved source; Plumbing installed; proper backflow device City of Greenville	
✓						✓						20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

Compliance Status						R	Compliance Status						R
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O		U	N	O	A	O			
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
✓						✓						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
✓						✓						28. Proper Date Marking and disposition	
✓						✓						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
✓						✓						Permit Requirement, Prerequisite for Operation	
✓						✓						30. Food Establishment Permit (Current & Valid)	
✓						✓						Utensils, Equipment, and Vending	
✓						✓						31. Adequate handwashing facilities: Accessible and properly supplied, used	
✓						✓						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
✓						✓						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						R	Compliance Status						R
O	I	N	N	C			O	I	N	N	C		
U	N	O	A	O		U	N	O	A	O			
Prevention of Food Contamination							Food Identification						
✓						✓						41. Original container labeling (Bulk Food)	
✓						✓						Physical Facilities	
✓						✓						42. Non-Food Contact surfaces clean	
✓						✓						43. Adequate ventilation and lighting; designated areas used	
✓						✓						44. Garbage and Refuse properly disposed; facilities maintained	
✓						✓						45. Physical facilities installed, maintained, and clean	
✓						✓						46. Toilet Facilities; properly constructed, supplied, and clean	
✓						✓						47. Other Violations	

Received by: (signature) Print: *David Miller* Title: Person In Charge/ Owner
 Inspected by: *R.S. McWhorter* Print: *T. McWhorter R.S.* Business Email:



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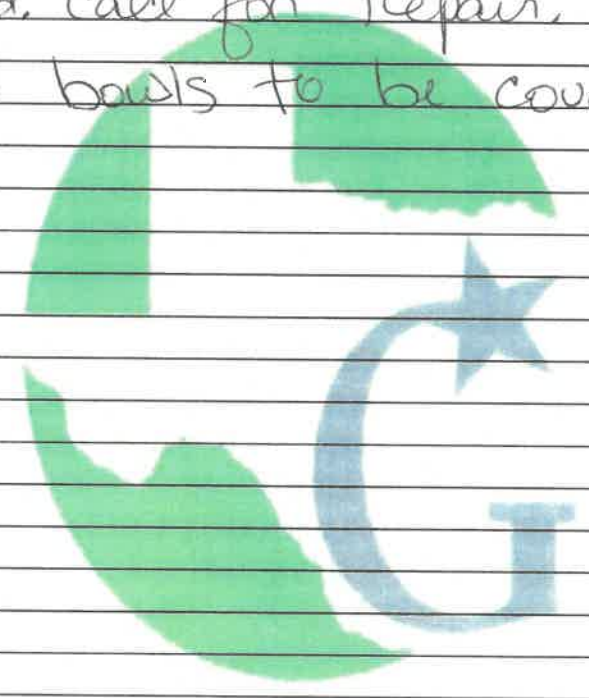
Establishment Name: <i>Tony's Italian Kitchen</i>	Physical Address: <i>6106 Wesley St</i>	City/State: <i>Greenville, TX</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>walk in</i>	<i>39°F</i>	<i>* Make line</i>	<i>53°F</i>		
<i>walk in</i>	<i>38°F</i>	<i>* Shrimp</i>	<i>60°F</i>		
		<i>* Chicken</i>	<i>50°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>27</i>	<i>Make line temperature observed at 53°F Discard Food. Call for Repair.</i>
<i>39</i>	<i>Plates and bowls to be covered on stored inverted.</i>



Received by: <small>(signature)</small>	Print: <i>Tonia Koppley</i>	Title: Person In Charge/ Owner
Inspected by: <small>(signature)</small>	Print: <i>T. McMahon R.S</i>	Samples: Y N # collected

Form EH-06 (Revised 09-2015)