



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 1-3-23 Time in: 9:40am Time out: 9:55am 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: Auntie Anne's Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 7401 I-30 City/County: Greenville Zip Code: 75401 Phone: _____ Follow-up: Yes 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			
OUT	IN	NO		NA	COS	OUT		IN	NO	NA
Time and Temperature for Food Safety (F = degrees Fahrenheit)				Employee Health						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Proper cooling time and temperature				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper Cold Holding temperature(41°F/ 45°F)				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Proper Hot Holding temperature(135°F) <u>168°F</u>				Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper cooking time and temperature				14. Hands cleaned and properly washed/ Gloves used properly						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>Y</u> <u>N</u>)						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Pasteurized eggs used when required						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Food and ice obtained from approved source: Food in good condition, safe, and unadulterated; parasite destruction				Chemicals						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Food Received at proper temperature				17. Food additives; approved and properly stored; Washing Fruits & Vegetables						
Protection from Contamination				18. Toxic substances properly identified, stored and used						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting				Water/ Plumbing						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food contact surfaces and Returnables: Cleaned and Sanitized at <u>200</u> ppm/temperature <u>RAC</u>				19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Proper disposition of returned, previously served or reconditioned				20. Approved Sewage/Waste water Disposal System, proper disposal <u>Contact with Receipt</u>						

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days										
Compliance Status			R	Compliance Status			R			
OUT	IN	NO		NA	COS	OUT		IN	NO	NA
Demonstration of Knowledge/ Personnel				Food Temperature Control/ Identification						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>digital RAC</u>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hot and Cold Water available; adequate pressure, safe				Permit Requirement, Prerequisite for Operation						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						
Consumer Advisory				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			
OUT	IN	NO		NA	COS	OUT		IN	NO	NA
Prevention of Food Contamination				Food Identification						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. No Evidence of Insect contamination, rodent/other animals				41. Original container labeling (Bulk Food)						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Personal Cleanliness/eating, drinking or tobacco use				Physical Facilities						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Wiping Cloths; properly used and stored				42. Non-Food Contact surfaces clean						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Environmental contamination				43. Adequate ventilation and lighting; designated areas used						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Approved thawing method				44. Garbage and Refuse properly disposed; facilities maintained						
Proper Use of Utensils				45. Physical facilities installed, maintained, and clean						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used				46. Toilet Facilities; properly constructed, supplied, and clean						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Single-service & single-use articles; properly stored and used				47. Other Violations						

Received by: Callie Gohr Print: Callie Golden Title: Person In Charge/ Owner

Inspected by: D. McMahon R.S Print: T. McMahon R.S Business Email: _____