



Texas Department of State Health Services
Retail Food Establishment Inspection Report



Form with sections: Date, Time in/out, License/Permit #, Est. Type, Risk Category, Page. Purpose of Inspection (1-5), Establishment Name, Contact/Owner Name, Physical Address, City/County, Zip Code, Phone, Follow-up. Compliance Status (Out, In, No, NA, COS), Priority Items (3 Points), Priority Foundation Items (2 Points), Core Items (1 Point). Includes violation lists with checkmarks and handwritten notes like 'need paper towels' and 'City of Greenville, IL'.