



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date:	Time in:	Time out:	License/Permit #					Est. Type	Risk Category	Page ____ of ____																																																																																																																																																																																																																								
Purpose of Inspection:		1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other	TOTAL SCORE																																																																																																																																																																																																																											
Establishment Name:			Contact/Owner Name:			<input type="checkbox"/> * Number of Repeat Violations: _____ <input checked="" type="checkbox"/> ✓ Number of Violations COS: _____																																																																																																																																																																																																																												
Physical Address:			City/County:		Zip Code:	Phone:		Follow-up: Yes No (circle one)																																																																																																																																																																																																																										
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																																																																																																																																																																																																																																		
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Corrective Actions to Ensure Safe Food

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Item No.

1 Cooling

- TCS* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:
Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours

2 Cold Hold

- TCS food held above 41° F (45° F) more than 4 hours:
Action: Voluntary destruction
- TCS food held above 41° F (45° F) less than 4 hours:
Action: Rapid cool (e.g. ice bath)

3 Hot Hold

- TCS food held below 135° F more than 4 hours:
Action: Voluntary destruction
- TCS food held below 135° F less than 4 hours:
Action: Rapid reheat to 165° F or more

4 Cooking

- TCS food undercooked:
Action: Re-cook to proper temperature

5 Rapid Reheating

- TCS food improperly reheated:
Action: Reheat rapidly to 165° F

7 Approved Source/Sound Condition

- Foods from unapproved sources/unsound condition:
Action: Voluntary destruction

9 Cross-Contamination of Raw/Cooked Foods

- Ready-To-Eat food contaminated by raw TCS food:
Action: Voluntary destruction of ready-to-eat foods

14 Handwashing

- Food employees observed not washing hands:
Action: Instruct employees to wash hands as specified in the Rules.

15 Proper Handling of Ready-to-Eat Foods

- Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:
Action: Voluntary destruction

19, 23 Water Supply

- Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils:
Action: Voluntary suspension of food preparation

* Time/Temperature Control for Safety (TCS)



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Form EH-06 (Revised 09-2015)