



**City of Greenville Public Health**  
 2315 Johnson St. Greenville TX 75401 (903) 457-3161  
**Retail Food Establishment Inspection Report**

Establishment: <u>Legend Health Rehab</u>				Owner: _____		Permit # <u>3075896</u>	
Physical Address: <u>2300 Jack Finney</u>				Zip: <u>75402</u>		Phone: <u>903-455-7942</u>	
Time In/Out: <u>10:30am</u>				RFSM Req. <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>		Risk Category: <u>1</u>	
Mo <u>07</u> Day <u>14</u> Yr. <u>2015</u>				Registered Food Service Manager: <u>Lisa Ross</u>		RFSM No. _____	
Expiration Date: <u>5/13/2019</u>				RFSM No. _____		Expiration Date _____	

Purpose of Inspection: <input checked="" type="radio"/> 1-Routine <input type="radio"/> 2-Follow-up <input type="radio"/> 3-Complaint <input type="radio"/> 4-Consultation <input type="radio"/> 5-Other						
OUT 5 pts	IN	NA	NO	COS	Temperature/Time Requirements	Remarks
/	/	/	/	/	1. Proper Cooling for Cooked/Prepared Food	
/	/	/	/	/	2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit)	<u>milk 30, 30 beef 30 cheese</u>
/	/	/	/	/	3. Hot Hold (135 degrees Fahrenheit)	<u>palabost 44 spinach 62</u>
/	/	/	/	/	4. Proper Cooking Temperatures	
/	/	/	/	/	5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)	

Item/Location/Temperature

OUT 4 Pts	IN	NA	NO	COS	Personnel/Handling/Source Requirements	Remarks
/	/	/	/	/	6. Personnel with Infections Restricted/Excluded	
/	/	/	/	/	7. Proper/Adequate Handwashing	
/	/	/	/	/	8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)	
/	/	/	/	/	9. Approved Source/Labeling	
/	/	/	/	/	10. Sound Condition	
/	/	/	/	/	11. Proper Handling of Ready-To-Eat Foods	<u>utensils</u>
/	/	/	/	/	12. Cross-contamination of Raw/Cooked Foods/Other	
/	/	/	/	/	13. Approved Systems (HACCP Plans/Time as Public Health Control)	
/	/	/	/	/	14. Water Supply - Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure	

OUT 3 Pts	IN	NA	NO	COS	Facility and Equipment Requirements	Remarks
/	/	/	/	/	15. Equipment Adequate to Maintain Product Temperature	
/	/	/	/	/	16. Handwash Facilities Adequate and Accessible	
X	/	/	/	✓	17. Handwash Facilities with Soap and Towels	<u>COS soap in place</u>
/	/	/	/	/	18. No Evidence of Insect Contamination	
/	/	/	/	/	19. No Evidence of Rodents/Other Animals	
/	/	/	/	/	20. Toxic Items Properly Labeled/Stored/Used	
/	/	/	/	/	21. Manual/Mechanical Warewashing and Sanitizing at _____ ppm/temperature	<u>150ppm test strips available</u>
/	/	/	/	/	22. Manager Demonstration of Knowledge/Certified Food Manager	
/	/	/	/	/	23. Approved Sewage/Wastewater Disposal System, Proper Disposal	<u>grease trap 7/2015</u>
/	/	/	/	/	24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit)	
/	/	/	/	/	25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair	
/	/	/	/	/	26. Posting of Consumer Advisories (Disclosure/Reminder/Buffer Plate)	
/	/	/	/	/	27. Food Establishment Permit(Display)	<u>post for public, current 2015 permit</u>

Subtotal		<b>Other Violations</b> - Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First				
5 pts		A. Remove funnel from drain line at spray/rinse.				
4 pts		B. Handwash sign at hand sink.				
3 pts	<u>3</u>					

Total Score	<u>3</u>	Inspected by: <u>Carla Daniels, R.S.</u>	Phone: (903) 457-3146	Fax: (903) 457-0503
Follow-up Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Received by: <u>Delica Ross</u>	Print: <u>Delica Ross</u>	Title: <u>Dietary Mgr</u>	