City of Mount Pleasant 500 N. Madison Mount Pleasant, TX 75455	Follow-Up Needed? YES NO	FPM Certified YES NO	МО	DAY	YR	Routine Follow-up			
Establishment Name:		Time in:							
Address: Time Out:									
Food Service Establishment Inspection Report									

Violations of items 1-14 directly relate to food safety and require immediate attention. Violations of items 15-28 require correction by time specified in writing by the inspector or by next regular inspection.

CRITIC	ALS	IJ v	= IN COMPLIA	NCE N=	OUT OF COMPLIANCE	NO = NO	ODSERVED	*COS = CORRECTED ON	SITE R =	REPEAT '	VIOLA	TION
	2 250	233						Remarks			*cos	R#
					Requirements			nemains		•	003	-1111
	_	+		ling for Cooked/P	repared Food							
	_	+	. Cold Hold (
	1	-	. Hot Hold (1									
	_	4	. Proper Coo	king Temperature	per PHF							
	1			ating (165°F in 2	Hrs)							
Food/	Tem	nper	atures:									
				-								
A-1-11		. I F	ersonnel/Ha	ndling/Source R	equirements			Remarks			*cos	DH.
CHITIC	ALS				equirements prective Action			Remaiks			003	HE
	1	_			stricted/Excluded							
	_			quate Handwash	· · · · · · · · · · · · · · · · · · ·							
		8	. Good Hygie	nic Practices (Ea	ting/Drinking/Smoking	J/Other)		-				
		9	Approved S	ource/Labeling				<u> </u>				-
		1	0. Sound Con-	dition								
		1	1. Proper Han	dling of Ready-To	-Eat Foods							_
	ľ	t			//Cooked Foods/Other							
		7			Plans/Time as Public I							
		1	4. Water Supp	ly - Approved So	urce/Sufficient Capaci	ty/Hot and (Cold Under Pre	ssure				
CRITIC	ALS	s F	acility and E	quipment Requi	rements prective Action, Not To	- Except 10	Dave	Remarks			*COS	R#
Т	isesse:				ntain Product Tempera		Days					
	+-				te and Accessible		·····					
+	╁	+		Facilities with So								_
	+-			e of Insect Conta								
_	+	+						<u> </u>				
	-			e of Rodents/Oth								
	- -			Properly Labeled								
	_				shing and Sanitizing at		m/temperature					
					(nowledge/Certified Fo							
	1	-+-			ter Disposal System, P		sal					
		!_			curate/Properly Calibra							
		_			quipment and Utensils							
		2	6. Posting of	Consumer Adviso	ries (Heimlich/Raw Sh	ellfish Warn	ing/Buffet Plate)				
	\perp	2	7. Food Estab	lishment Permit					•••••			
	.]				See Back Of This Pa							
CRITIC	N Jal:	s V	lotations Requ	ire Corrective Acti	ons, Not To Exceed () Days	Or The Next Ins	pection, Whichever Comes	First		*cos	R#
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TO CRIT	ICAL	LS	TOTAL NON CRITICALS	Inspected by:			Print Name/Title:		Ph	one: 903	-575-4	149
				Received by:			Print Name/Title:		Ph	one:		