



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-8-22 Time in: 1:40 PM Time out: 2:10 PM License/Permit #: _____ Est. Type: _____ Risk Category: _____ Page 1 of 1

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other

Establishment Name: Comfort Suites Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 2005 Center Point City/County: Greenville Zip Code: 75402 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 OUI 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	O	I	N	NA	COS	Item	R
						Time and Temperature for Food Safety (F = degrees Fahrenheit)	
						1. Proper cooling time and temperature	
						2. Proper Cold Holding temperature(41°F/ 45°F)	
						3. Proper Hot Holding temperature(135°F)	
						4. Proper cooking time and temperature	
						5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
						6. Time as a Public Health Control; procedures & records Approved Source	
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction <u>COS</u>	
						8. Food Received at proper temperature	
						Protection from Contamination	
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
						10. Food contact surfaces and Returnables: Cleaned and Sanitized at _____ ppm/temperature <u>CAC</u>	
						11. Proper disposition of returned, previously served or reconditioned	
						Employee Health	
						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
						Preventing Contamination by Hands	
						14. Hands cleaned and properly washed/ Gloves used properly	
						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <u>CN</u>)	
						Highly Susceptible Populations	
						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
						Chemicals	
						17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
						18. Toxic substances properly identified, stored and used Water/ Plumbing	
						19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>	
						20. Approved Sewage/Wastewater Disposal System, proper disposal	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days							
Compliance Status	O	I	N	NA	COS	Item	R
						Demonstration of Knowledge/ Personnel	
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
						22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling	
						23. Hot and Cold Water available; adequate pressure, safe	
						24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled	
						Conformance with Approved Procedures	
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory	
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	
						Food Temperature Control/Identification	
						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
						28. Proper Date Marking and disposition	
						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
						Permit Requirement, Prerequisite for Operation	
						30. Food Establishment Permit (Current & Valid)	
						Utensils, Equipment, and Vending	
						31. Adequate handwashing facilities: Accessible and properly supplied, used	
						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
						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	O	I	N	NA	COS	Item	R
						Prevention of Food Contamination	
						34. No Evidence of Insect contamination, rodent/other animals	
						35. Personal Cleanliness/eating, drinking or tobacco use	
						36. Wiping Cloths; properly used and stored	
						37. Environmental contamination	
						38. Approved thawing method	
						Proper Use of Utensils	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
						40. Single-service & single-use articles; properly stored and used	
						Food Identification	
						41. Original container labeling (Bulk Food)	
						Physical Facilities	
						42. Non-Food Contact surfaces clean	
						43. Adequate ventilation and lighting; designated areas used	
						44. Garbage and Refuse properly disposed; facilities maintained	
						45. Physical facilities installed, maintained, and clean	
						46. Toilet Facilities; properly constructed, supplied, and clean	
						47. Other Violations	

Received by: (signature) Kacie Bates Print: Kacie Bates Title: Person In Charge/ Owner

Inspected by: (signature) J. McMahon R.S Print: J. McMahon R.S Business Email: _____

Form EH-06 (Revised 09-2015)

28 All prepared food to have date and label*
29 obtain testing strips QAC*
46 covered receptacle for sanitary napkins employee restroom.*
Remove towel from refrigerator.
wash chaffing dish water pans