



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-9-22 Time in: 11:55 a.m. Time out: 12:30 p.m. License/Permit #: _____
 Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other
 Establishment Name: Holiday Inn Express Contact/Owner Name: _____ * Number of Repeat Violations: _____
 Physical Address: 2901 Mustang Crossing Greenville City/County: Greenville Zip Code: 75902 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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Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days					
Compliance Status	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	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; parasitic destruction
					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
					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 N)
					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/Waste-water Disposal System, proper disposal

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	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; parasitic 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	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	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] Print: Delia Osurniu Title: Person In Charge/ Owner
 Inspected by: J. McMahan R.S Print: T. McMahan R.S Business Email: _____



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Holiday Inn Express 2901 Mustang Crossing City/State: Greenville, TX License/Permit # _____ Page 2 of 2

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

- AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
- 29 Sanitizer Strips not observed. Obtain QAC Strips
 - 21 Current food manager certificate not observed register with City of Greenville. City Registrar expired.
 - 22 food handler cards expired
 - 30 Current permit not observed
 - 38 Do not thaw bacon on chairs. Place in cooler to thaw or under cold water.
 - 43 Exhaust fan vent in men's room observed with dust build up - Clean
 - 45 Repair opening above door in kitchen. Hole in wall above door observed.
 - 46 Covered receptacles needed in women's restroom and employee restroom for sanitizer napkins.
 - * hang maps when not in use

Received by: (signature) <u>Julia Ojornse</u>	Print: <u>Julia Ojornse</u>	Title: <u>Person in Charge/ Owner</u>
Inspected by: (signature) <u>T. McMahon R.S</u>	Print: <u>T. McMahon R.S</u>	Samples: <u>Y</u> N # collected _____