



# Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: <b>1-6-23</b>	Time in: <b>10:15</b>	Time out: <b>11:20 am</b>	License/Permit #	Est. Type	Risk Category	Page <b>1</b> of <b>2</b>
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other						
Establishment Name: <b>Lodge of Colonial</b>			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: <b>—</b>	
Physical Address: <b>3598 Stanford</b>		City/County: <b>Greenville</b>	Zip Code: <b>75401</b>	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)	
Compliance Status: <b>Out</b> = not in compliance <b>IN</b> = in compliance <b>NO</b> = not observed <b>NA</b> = not applicable <b>COS</b> = corrected on site <b>R</b> = 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						
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>						
<b>Compliance Status</b> O U T I N O N A C O S			<b>Compliance Status</b> O U T I N O N A C O S			
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)			<b>Employee Health</b>			
1. Proper cooling time and temperature			12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting			
2. Proper Cold Holding temperature(41°F/ 45°F)			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
3. Proper Hot Holding temperature(135°F)			<b>Preventing Contamination by Hands</b>			
4. Proper cooking time and temperature			14. Hands cleaned and properly washed/ Gloves used properly			
5. Proper reheating procedure for hot holding (165°F in 2 Hours)			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <b>Y N</b> )			
6. Time as a Public Health Control; procedures & records Approved Source			<b>Highly Susceptible Populations</b>			
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction <b>Gordon and US Food</b>			16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
8. Food Received at proper temperature			<b>Chemicals</b>			
<b>Protection from Contamination</b>			17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting			18. Toxic substances properly identified, stored and used			
10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature			<b>Water/ Plumbing</b>			
11. Proper disposition of returned, previously served or reconditioned			19. Water from approved source; Plumbing installed; proper backflow device <b>City of Greenville</b>			
<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>			<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>			
<b>Demonstration of Knowledge/ Personnel</b>			<b>Food Temperature Control/ Identification</b>			
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature			
22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling			28. Proper Date Marking and disposition			
23. Hot and Cold Water available; adequate pressure, safe			29. Thermometers provided, accurate, and calibrated; Chemical Thermal test strips <b>112 are digital</b>			
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			<b>Permit Requirement, Prerequisite for Operation</b>			
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			30. Food Establishment Permit (Current & Valid)			
<b>Consumer Advisory</b>			<b>Utensils, Equipment, and Vending</b>			
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label			31. Adequate handwashing facilities Accessible and properly supplied, used <b>Dedicate hand sink</b>			
<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>			<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>			
<b>Prevention of Food Contamination</b>			<b>Food Identification</b>			
34. No Evidence of Insect contamination, rodent/other animals			41. Original container labeling (Bulk Food)			
35. Personal Cleanliness/eating, drinking or tobacco use			<b>Physical Facilities</b>			
36. Wiping Cloths; properly used and stored			42. Non-Food Contact surfaces clean			
37. Environmental contamination			43. Adequate ventilation and lighting; designated areas used			
38. Approved thawing method			44. Garbage and Refuse properly disposed; facilities maintained			
<b>Proper Use of Utensils</b>			45. Physical facilities installed, maintained, and clean			
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used			46. Toilet Facilities; properly constructed, supplied, and clean <b>employee wash hand sign</b>			
40. Single-service & single-use articles; properly stored and used			47. Other Violations			
Received by: (signature) <b>[Signature]</b>			Print: <b>W. POARCH</b>		Title: Person in Charge/owner <b>[Signature]</b>	
Inspected by: (signature) <b>J. McMahan R.S</b>			Print: <b>T. McMahan R.S</b>		Business Email:	



**Texas Department of State Health Services  
Retail Food Establishment Inspection Report**

Establishment Name: <b>Lodge of Colonial</b>	Physical Address: <b>3590 Stanford</b>	City/State: <b>Greenville, TX</b>	License/Permit #	Page <u>2</u> of <u>2</u>
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Beach in	36.5°F				
Beach in	37.2°F				
Carrots	15.5°F				
Mashed Potatoes	13.5°F				

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
10	Sanitizer bucket not observed. Sanitizer set up while on site. QAC 200 ppm
44	Drain plug missing on dumpster
45	Repair or replace water damaged tiles. Sheetrock by mop sink damaged.
	Repair any water leaks.
	Clean under equipment and walls.
	Remove fans from food prep area. Relocate fire extinguisher away from food prep area.
	Clean inside freezer unit (soiled or ice build up)
	Certified food manager on site during hours of operation. Register with the city.
	Any spice, sugar, beans etc are to be placed in plastic tote with lid after opening. Label

Received by: <i>[Signature]</i>	Print: <b>T. McMahan</b>	Title: Person In Charge/Owner <i>[Signature]</i>
Inspected by: <b>J. McMahan R.S</b>	Print: <b>T. McMahan R.S</b>	Samples: Y N # collected