



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 6-23		Time in: 9:15am		Time out: 10:15am		License/Permit #		Est. Type		Risk Category		Page 1 of 2	
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 TOTAL/SCORE													
Establishment Name: Colonial Lodge						Contact/Owner Name:				* Number of Repeat Violations: ✓ Number of Violations COS: A			
Physical Address: 3000 Stanford				City/County: Greenville		Zip Code: 75401		Phone:		Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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.													
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days													
Compliance Status O U T I N O N A C O S Time and Temperature for Food Safety (F = degrees Fahrenheit) R							Compliance Status O U T I N O N A C O S Employee Health R						
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)							Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly						
4. Proper cooking time and temperature							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y <input checked="" type="checkbox"/> N <input type="checkbox"/>)						
5. Proper reheating procedure for hot holding (165°F in 2 Hours)							Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required						
6. Time as a Public Health Control; procedures & records Approved Source							Chemicals 17. Food additives; approved and properly stored; Washing Fruits & Vegetables						
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Good on Foods US Foods							18. Toxic substances properly identified, stored and used						
8. Food Received at proper temperature							Water/ Plumbing 19. Water from approved source; Plumbing installed; proper backflow device City of Greenville						
Protection from Contamination 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting							20. Approved Sewage/Wastewater Disposal System, proper disposal liquid environmental 10-22						
10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature													
11. Proper disposition of returned, previously served or reconditioned													
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days													
Compliance Status O U T I N O N A C O S Demonstration of Knowledge/ Personnel R							Compliance Status O U T I N O N A C O S Food Temperature Control/ Identification R						
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							28. Proper Date Marking and disposition						
Safe Water, Recordkeeping and Food Package Labeling 23. Hot and Cold Water available; adequate pressure, safe							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital ch2						
24. Required records available (shellstock tags; parasite destruction; Packaged Food labeled)							Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current & Valid)						
Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions							Utensils, Equipment, and Vending 31. Adequate hand washing facilities: Accessible and properly supplied, used dedicate hand sink						
Consumer Advisory 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label							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 U T I N O N A C O S Prevention of Food Contamination R							Compliance Status O U T I N O N A C O S Food Identification R						
34. No Evidence of Insect contamination, rodent/other animals							41. Original container labeling (Bulk Food)						
35. Personal Cleanliness/eating, drinking or tobacco use							Physical Facilities 42. Non-Food Contact surfaces clean						
36. Wiping Cloths; properly used and stored							43. Adequate ventilation and lighting; designated areas used						
37. Environmental contamination							44. Garbage and Refuse properly disposed; facilities maintained						
38. Approved thawing method							45. Physical facilities installed, maintained, and clean						
Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used							46. Toilet Facilities; properly constructed, supplied, and clean						
40. Single-service & single-use articles; properly stored and used							47. Other Violations						
Received by: [Signature]				Print: M. ROARCH				Title: Person In Charge [Signature]					
Inspected by: J. McMahon R.S				Print: T. McMahon R.S				Business Email:					



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

Establishment Name: Colonial Lodge	Physical Address: 3600 Stanford	City/State: Greenville	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
Reach in	31°F				
Reach in	32.5				

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. Had sanitizer bucket filled and tested. - QAC Strips not		
29	Observed for sanitizer. Obtain QAC Strips		
31	Dedicate hand sink		
39	Damaged utensils observed. Discard utensils that are damaged.		
44	Dumpster observed with damaged and missing lids. Contact Geus Customer Service and speak to Jose or Mia to have this fixed.		
45	Coving is missing in warewash area and an opening observed. All walls that are damaged are to be repaired and coving reattached and sealed.		
	Repair holes in mechanical room and in hot water heater room.		
	Several tiles observed with water damage replace damaged tiles		
	Pantry shelves to be sealed or repainted		
	3 Compartment sink and hand sink to be sealed.		
	Clean under all equipment and counters		
	Repair all leaks		
Received by: (signature)	<i>[Signature]</i>	Print: M. POARCH	Title: EXEC DIRECTOR
Inspected by: (signature)	<i>[Signature]</i>	Print: T. McMahan R.S	Samples: Y N # collected

Hang mop when not in use
All spices, beans, sugars etc to be stored in plastic container with lids after opening.