

Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: 10/15/24	Time in: 8:30	Time out: 9:10	License/Permit # FS-0001040	CPFM 1	Food handlers 2	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other **TOTAL/SCORE**

Establishment Name: Tru by Hilton	Contact/Owner Name: Landon Proctor	Number of Repeat Violations: 0	0/100/A
		Number of Violations COS: 0	

Physical Address: 2600 Summer Lee Dr Rockwall, Tx	Pest control : ExoLab 9/22/24	Hood N/a	Grease trap / waste oil LES 12/2/23 1000g	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W= Watch
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 X in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
1. Proper cooling time and temperature No leftovers						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
2. Proper Cold Holding temperature(41 °F/ 45°F) See						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Employee Health form posted					
	<input checked="" type="checkbox"/>					Preventing Contamination by Hands					
3. Proper Hot Holding temperature(135°F) See						14. Hands cleaned and properly washed/ Gloves used properly					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
4. Proper cooking time and temperature See						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) Gloves					
			<input checked="" type="checkbox"/>			Highly Susceptible Populations					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Eggs					
	<input checked="" type="checkbox"/>					Chemicals					
6. Time as a Public Health Control; procedures & records						17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water					
Approved Source						18. Toxic substances properly identified, stored and used					
	<input checked="" type="checkbox"/>					Water/ Plumbing					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction BEK						19. Water from approved source; Plumbing installed; proper backflow device City approved					
	<input checked="" type="checkbox"/>					20. Approved Sewage/Wastewater Disposal System, proper disposal					
8. Food Received at proper temperature Checking											
Protection from Contamination											
	<input checked="" type="checkbox"/>										
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											
	<input checked="" type="checkbox"/>										
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature											
	<input checked="" type="checkbox"/>										
11. Proper disposition of returned, previously served or reconditioned No returns											

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 1						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature No leftovers					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
22. Food Handler/ no unauthorized persons/ personnel 2						28. Proper Date Marking and disposition Good date labels					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital thermo, strips current					
	<input checked="" type="checkbox"/>					Permit Requirement, Prerequisite for Operation					
23. Hot and Cold Water available; adequate pressure, safe 141, good pressure						30. Food Establishment Permit/Inspection Current/ insp posted Posted, current					
	<input checked="" type="checkbox"/>					Utensils, Equipment, and Vending					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commercial						31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped					
Conformance with Approved Procedures						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
	<input checked="" type="checkbox"/>					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions											
Consumer Advisory											
	<input checked="" type="checkbox"/>										
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label Ingredients upon request											

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)					
	<input checked="" type="checkbox"/>					Physical Facilities					
35. Personal Cleanliness/eating, drinking or tobacco use						42. Non-Food Contact surfaces clean					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
36. Wiping Cloths; properly used and stored Stored in solution						43. Adequate ventilation and lighting; designated areas used					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
37. Environmental contamination						44. Garbage and Refuse properly disposed; facilities maintained					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
38. Approved thawing method Refrigerator						45. Physical facilities installed, maintained, and clean					
Proper Use of Utensils						46. Toilet Facilities; properly constructed, supplied, and clean Clean and stocked					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						47. Other Violations N/a					
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
40. Single-service & single-use articles; properly stored and used											

