Followup Fee \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

6/18/25			8:40	9:25		3202		.3-	1				2	Food handlers 2	Page 1	of <u>2</u>	
Purpose of Inspect			tion: 1-Routine 2-Follow Up		Jp / 3-Co	3-Complaint		4-Investiga			ation		5-CO/Construction	6-Other	TOTAL/S	TOTAL/SCORE	
Establishment Name: Contact/Owner N Town Place Suites Don Sigler							ne:						Number of Repeat Violations C	ations: COS:	0/4.0	O / A	
Physi 908	cal A	Addr	ess:			est control : olab 6/2/25			Hoo N/a	od				trap :/ waste oil 10/11/23 1000g	Follow-up: Yes	0/10	J/A
	Cor	nplia	nce	Status: Out = not in co	ompliance IN = in	compliance	NO =	not o	bser			= not	appl	J.	site R = repeat vio	lation W= V	Watch
Mark	the a	pproj	priate	e points in the OUT box for Price										for IN, NO, NA, COS Ma ee Action not to exceed 3 da		e box for R	
Comp O I	N	N	C	Time and Temperature for Food Safety			1	R	О	Î	N	Status N C	С				
U N T	0	A	o s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature				U T		0		o s	Employee Health 12. Management, food employees and conditional employees;				
	~	'		1. Froper cooming time	and temperature					~				knowledge, responsibilities, a	•	employees,	
V	•			2. Proper Cold Holding	g temperature(41°	°F/ 45°F)				~				13. Proper use of restriction a eyes, nose, and mouth	nd exclusion; No disc	charge from	
V				3. Proper Hot Holding See	temperature(135	°F)								Preventing Cor	ntamination by Han	ıds	
	~	•		4. Proper cooking time	and temperature	;				1			1	14. Hands cleaned and prope	rly washed/ Gloves u	sed properly	
	•			5. Proper reheating procedure for hot holding (165°F in 2 Hours)			in 2			~			2	15. No bare hand contact with alternate method properly foll Gloves, utensils	n ready to eat foods o lowed (APPROVED	r approved Y_N.✓)
V	6. Time as a Public Health Control; procedures & records Using for milk, creamer, cheese				cords			Highly Susceptible Populations									
	<u> </u>		<u> </u>	AĮ	oproved Source					~		T	1	16. Pasteurized foods used; pr Pasteurized eggs used when re		fered	
•	•	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction US Foods			in							Lggs Chemicals					
V	,			8. Food Received at pr Checking	oper temperature	;				~			ě	17. Food additives; approved & Vegetables Water	and properly stored;	Washing Frui	its
			<u> </u>	Protection	n from Contami	nation				~				18. Toxic substances properly	identified, stored an	d used	
-	1			9. Food Separated & p. preparation, storage, di			1							Wate	er/ Plumbing		
V	,			10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature			and			~			ł	19. Water from approved sour backflow device City approved	rce; Plumbing install	ed; proper	
V	11. Proper disposition of returned, previously served or reconditioned No returns			or			~			2	20. Approved Sewage/Wastev disposal	water Disposal System	m, proper				
										-	_		_				
	N	N	- - -	Pr	iority Founda	tion Items		_	_	_	_			ective Action within 10 days	s		l D
O I I N T			C O S	Demonstratio	n of Knowledge/	/ Personnel	I	ts) vi	iolat O U T	I N	Req N O	N A	Corre C O S	•	s re Control/ Identific	ation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) B Fordham	Print: B Fordham	Title: Person In Charge/ Owner Asst Manager
Inspected by: Richard Hill	Print:Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Town Place Suites	Physical A 908 E		City/State: Rockwall,	Tx	License/Permit # FS2024-31	Page <u>1</u> of <u>2</u>					
		TEMPERATURE OBSERVA									
Item/Location	Temp	Item/Location	Temp	Item/Loca	tion	Temp					
/lini Fridge milk	37	Upright Fridge	37		Market						
Hot holding		Cream cheese/butter	39/40		Freezer	14.3					
Oatmeal	145				Fridge 1	42					
Eggs	164	Upright Freezer 1 htt	8.3		Water						
Biscuits	160	Upright Freezer 2 htt	8.1		Fridge 2	41					
Milk	Tphc				Beverages						
Cream cheese	Tphc				2010.4900						
Waffle mix	Tphc										
Wallo Illix	<u> </u>	SERVATIONS AND CORRECTI	VE ACTION	·C							
A T 1	STABLISHME	NT HAS BEEN MADE. YOUR ATTEN			HE CONDITIONS OBSERV	VED AND					
•	NOTED BELOW: all temperatures are taken in F										
·		ese & butter / milks for co		ell. Disc	eard within 4 hour	S					
		eekdays, 7-10a weekend	S								
Using paper plates,		·									
<u> </u>	Sign posted for buffet: clean plates each visit										
	Kitchen										
	Hand sink equipped, temp greater than 108										
Digital thermo, stripe											
Dishwasher confirme		ace temp									
	Coffee urns cleaned daily										
	Using water for veggies and fruits										
•	3comp sink 125, Quats sani 200ppm										
	Restrooms equipped, greater than 103 in each room										
Great date labels on											
Red sani buckets fille		•	مانده مانده	ationo s	and bot bold at 105	عطماط المصد					
· ·		rmalized onsite p/ manufac									
	Market using all commercial packaged food with labels /ice cream from Its Fate creamery labels correct										
	Kitchen look great as always, congrats on the hard work!										
	Ice machines on each floor internal pm every 21 days with reports, weekly maintenance dept. performs										
pm on ice chute and	pm on ice chute and exterior requirements per corporate specs										
Received by: (signature)		Print:			Title: Person In Charge/	Owner					
See abo		See ab									
Inspected by:	7	Richard	шш	CIT							