required after 1st Ketal Food Establishment Inspection Report Followup City of Rockwall Vomit of Employ									 Allergy policy/train Vomit clean up Employee health 	ing							
Date: 01/19/2021				Time in: 8:55	Time out: 9:50	Time out: License/Permit # 9:50 FS 9378							Est. Type Risk Category Page 1				
Purp	Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla								-Invo	estig	atio	n	5-CO/Construction 6-Other TOTAL/SCO	ORE			
	Establishment Name: Contact/Owner N Springhill suites - breakfast / kitchen Karen Cough												* Number of Repeat Violations: ✓ Number of Violations COS:	^			
Physical Address: Pest control : Lake front trail Ecolab monthly							Ho Na	ood				se trap : Follow-up: Yes ✓ 4/96/	A				
	С	ompli		Status: Out = not in co	$m_{\text{ompliance}}$ IN = in c	compliance N	$\mathbf{O} = \text{not}$		rved	N	-		$\frac{1}{10000000000000000000000000000000000$	tch			
Mark	the	e appro	priate	points in the OUT box for	or each numbered ite	em Mark							D, NA, COS Mark an $$ in appropriate box for R entire Action not to exceed 3 days				
Compliance Status Time and Temperature for Food Safety 0 I N C Time and Temperature for Food Safety							R		Comp		e Sta						
	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					U T	JN			O S	Employee Health						
	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)				-					Screening at arrival temps taken 13. Proper use of restriction and exclusion; No discharge from							
V	✓ See attached					r				eyes, nose, and mouth Temps taken beginning and mid shift							
V						-1		1		Preventing Contamination by Hands							
				4. Proper cooking time							14. Hands cleaned and properly washed/ Gloves used properly						
	•	/		5. Proper reheating pro Hours)			~	•			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.)						
~	/		-	6. Time as a Public He							Gloves used Highly Susceptible Populations						
			1		Cream cheese and butter					,			16. Pasteurized foods used; prohibited food not offered	+			
		-	_		Approved Source				V				Pasteurized eggs used when required Precooked eggs				
v	g			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction									Chemicals				
V				8. Food Received at pr Checking	oper temperature					•			17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
-				Ŭ	n from Contomir	nation		-		,			Veggie wash 18. Toxic substances properly identified, stored and used	-			
					Protection from Contamination Description of Separated & protected, prevented during food								Stored low	_			
~	preparation, storage, display, and tasting										Water/ Plumbing						
r	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200_ ppm/temperature 100 11. Proper disposition of returned, previously served or					~	,			 19. Water from approved source; Plumbing installed; proper backflow device Watch air gap 20. Approved Sewage/Wastewater Disposal System, proper 							
	•			reconditioned Disc	arded	Justy served of			~	•			disposal				
0 1	-	N N	C	Pri	iority Foundat	tion Items (2 Po	nts)	viola		s Req		Cor	prrective Action within 10 days	R			
O I U N T	Į	O A			on of Knowledge/		ĸ	U T	JN	0	A	o s		Ň			
V				21. Person in charge pr and perform duties/ Ce					~	,			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
_	/			3 22. Food Handler/ no u	unauthorized perso	ons/ personnel		-		•			28. Proper Date Marking and disposition	+			
	All other employees Safe Water, Recordkeeping and Food Package				-				-	Good 29. Thermometers provided, accurate, and calibrated; Chemical/	+						
	Labeling						V			Thermal test strips Digital							
V	1			23. Hot and Cold Wate Good	_	-							Permit Requirement, Prerequisite for Operation				
V				24. Required records a destruction); Packaged		k tags; parasite			~	,			30. Food Establishment Permit (Current/ insp sign posted)				
			<u> </u>	Conformance	with Approved P	rocedures			<u> </u>				Utensils, Equipment, and Vending				
		~	•	25. Compliance with V HACCP plan; Variance processing methods; m	e obtained for spec	cialized			~	•			31. Adequate handwashing facilities: Accessible and properly supplied, used				
			_	Con	nsumer Advisory				~	,			32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
V				26. Posting of Consum foods (Disclosure/Rem Ingredients by requ	ninder/Buffet Plate				~	·			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
		N [-	- T ~			Require Corrective	Action						ays or Next Inspection , Whichever Comes First	I -			
O I U N T		N N O A		Prevention	of Food Contam	ination	к	O U T	J N	N O	N A	C O S		R			
V	1			34. No Evidence of Ins animals				Γ		~			41.Original container labeling (Bulk Food)				
V	1			35. Personal Cleanline									Physical Facilities				
V	1			36. Wiping Cloths; pro	operly used and sto	ored		1					42. Non-Food Contact surfaces clean See				
	•	/		37. Environmental con					~	'			43. Adequate ventilation and lighting; designated areas used Watch inside	1			
	•	/	1	38. Approved thawing	method		\square		~	'			44. Garbage and Refuse properly disposed; facilities maintained	1			
	1			Prop	per Use of Utensils	s		1	1				45. Physical facilities installed, maintained, and clean See	1			
1				39. Utensils, equipmen dried, & handled/ In u See	ise utensils; proper	rly used			~	,			46. Toilet Facilities; properly constructed, supplied, and clean Equipped hot water 100 plus				
1				40. Single-service & si and used See	ingle-use articles;	properly stored					~		47. Other Violations				
				266							Ē						

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Don Sigler	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: ghillSuites kitchen	Physical A	^{ddress:}	City/State: ROCKWA	ii	License/Permit # Page 2		2 of 2			
Орпп		Laken	TEMPERATURE OBSERVA			10 3070					
-Item/Loc	ation	Temp F			Item/Locat	Item/Location		<u>Temp F</u>			
Ice we	Is for prepacked items		2 door cooler								
	Milk	38	Fruit and bread uni	t							
Crea	m cheese / butter		Butter	41							
l	Jsing tphc		Milk cooler	50							
Sa	usage biscuit	179	Cream cheese	40							
Up	oright freezer	10									
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Serving all prepackaged items / any fruit served is non edible skin										
	All foods are prepacked for self service										
	Using peroxide product for non food contact areas and quats for food contact										
	Discarding cream cheese and butter at the end of the meal mealTimes -6:30-9:30										
	Anything in warmer is discarded at end of meal - less than 4 hrs										
	Cleaning juice machine daily										
	Hot water in kitchen 114 F										
	To add soap to one hand sink near door - added										
	Keep an eye on deflector panel in ice machine										
	Sanitizer bucket -200ppm										
	Veggie wash within range										
	Drink sanitizer 200 ppm										
	Dishmachine sanitizer 100 ppm great										
W			roved by plumbing inspect	or - make	sure you	ı always maintair	one				
39	Best to invert ice buck										
147	Test strips on site Avoid over crowding top shelf in 2 door freezer										
W	-	op sneir i	n 2 door freezer								
	Great datemarking										
	Shelves are beginning to rust in upright cooler for breads etc										
42	Delivery today just placed into bread cooler - will watch temp as barely 41 F Very very minor cleaning of shelving inside coolers										
W	Best to hang mop over mop sink to dry - flooring around drain is not smooth etc										
40/39											
45	Clean air vents where needed in kitchen										
	Watch floor storage of chemical boxes- moving to clean										
	On the weekends guests get to pic the foods to add to their to go containers - no self service										
Received (signature)	See abov	/e	Print:			Title: Person In Charge/	Owner				
Inspected (signature)	See abov Kelly Kirkpo	t	Print:								
	(Revised 09-2015)	uruk				Samples: Y N #	<pre># collecte</pre>	d			
UTITIEH-Ut	(NEVISEU US-2013)										