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

12		9/2	23		8:55 10:0		FS-00		550	C				2 Page 1 o	f <u>2</u>
					tion: 1-Routine 2-Follo	ow Up .	3-Complair	nt _		Inve	stiga	tion		5-CO/Construction 6-Other TOTAL/SO	ORE
Town Place Suites Contact/Owner N Don Sigler							ame:						Number of Repeat Violations: ✓ Number of Violations COS:	/ A	
Ph 9 (ysic) 8	al A	ddre 130	ess:		Pest control Ecolab 11/20			Ho N/a	od				te trap :/ waste oil Follow-up: Yes No	/ A
		Com	plia	nce S	Status: Out = not in compliance IN	= in complianc	ce NO	= not o	bser			= not	t apj	pplicable COS = corrected on site R = repeat violation W = W	atch
Ma	rk tl	he ap	prop	riate	points in the OUT box for each number	red item	Mark `✓							ox for IN, NO, NA, COS Mark an in appropriate box for R tive Action not to exceed 3 days	
0	Î	N	Sta N	C	Time and Temperature f	or Food Safet	ty	R	О	I	N	Statu	C	F 1 W	R
U T	N	О	A	O S	(F = degrees Fahron) 1. Proper cooling time and tempera	enheit)			T T		0		o s	Employee Health 12. Management, food employees and conditional employees;	
		~			1.11oper cooming time and tempera					~				knowledge, responsibilities, and reporting	
	~				2. Proper Cold Holding temperature See	e(41°F/ 45°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
	~				3. Proper Hot Holding temperature See	(135°F)								Preventing Contamination by Hands	
		/			4. Proper cooking time and tempera	ature				~				14. Hands cleaned and properly washed/ Gloves used properly	
		/			5. Proper reheating procedure for h Hours)	ot holding (16	55°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) Gloves available	
	~				6. Time as a Public Health Control	; procedures &	& records							Highly Susceptible Populations	
					Approved Sou	ırce				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Eqqs	
W					7. Food and ice obtained from appr good condition, safe, and unadulter destruction Dates on labe	rated; parasite								Chemicals	
	~				8. Food Received at proper tempera Checking	ature				~				17. Food additives; approved and properly stored; Washing Fruit: & Vegetables Water	3
					Protection from Con	tamination				'				18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & protected, pre preparation, storage, display, and ta		food							Water/ Plumbing	
	~				10. Food contact surfaces and Retu Sanitized at 200 ppm/temper		ned and			~			- 1	19. Water from approved source; Plumbing installed; proper backflow device City approved	
	~				11. Proper disposition of returned, reconditioned Discard	previously ser	ved or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
0	I	N	N	C	Priority Fou	ndation Ite	ems (2 Poi	nts) v	iolat O				Cor.	rrective Action within 10 days	R
U T	N	N O	A	o s	Demonstration of Knowle			K	U T	N	N O	A	o s	Food Temperature Control/ Identification	K
	~				21. Person in charge present, demo and perform duties/ Certified Food 2	Manager (CF)	M)			•				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
					22 Food Handler/ no unauthorized							1		28. Proper Date Marking and disposition	
	~				22. Food Handler/ no unauthorized	persons/ perso	onnel		W	4				Discussed open plus 6	
	~				Safe Water, Recordkeeping a				ν 2	1				29. Thermometers provided, accurate, and calibrated; Chemical/	
	✓ ✓				Safe Water, Recordkeeping a Labeling	and Food Pac	ckage							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital thermo strips expired	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Don Sigler	Print: Don Sigler	Title: Person In Charge/ Owner
Inspected by: Richard Hill	Print:Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Town	ment Name: Place Suites	908 E	ddress: 130	City/State: Rockwall	<u>, Tx</u>	License/Permit # FS-001650	Page .	1 of 2			
			TEMPERATURE OBSERVA	TIONS			,				
Item/Loc		Temp	Item/Location	Temp	Item/Loca			Temp			
Mini Fridge milk		36	Upright Fridge	37		Market					
	Hot holding		Cream cheese/butter	38/37		Freezer 1		·			
Oatmeal		174	Cheddar cheese	39	It's Fate Creamery		ery	4			
Ham/egg croissant Quiche		158	Upright Freezer 1 htt	10	Fridge 1 Water			40			
		149	Upright Freezer 2 htt	7							
	Milk	Tphc				Fridge 2					
Cream cheese		Tphc			Beverages			40			
	Waffle mix										
Item			SSERVATIONS AND CORRECT								
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F										
	Using tphc for milk/cream cheese & butter / milks for coffee as well. Discard within 4 hours										
	Breakfast served 6:3	0-9:30									
	Using paper plates, l	oowls, dis	sposable cutlery								
	Sign posted for buffet: clean plates each visit										
	Kitchen										
	Hand sink equipped 121										
29	Digital thermo stripes onsite but expired										
	Dishwasher confirmed 160 surface temp										
	Coffee urns cleaned 2x weekly										
	Using water for veggies and fruits										
	3comp sink 121 Quats sani 200ppm										
	'		• •	hefore pla	acina in	sani solution					
W	Discussed Quats binding importance of wetting sani cloth before placing in sani solution Discussed tcp labeling, open date plus 6 days to discard, discard cheese opened for 10 days										
	Red sani buckets fille			alooala ol	10000 01	bonod for to days					
	All food is precooked		<u>'</u>								
	•			o oroam fi	rom Ito F	Eato croamory labo	le co	rroot			
11	Market using all commercial packaged food with labels /ice cream from Its Fate creamery labels correct										
44	Dumpster missing both lids, call refuse company and request an exchange										
W	Island tables in kitchen, lower shelves not 6in above grade										
Received (signature)	See ahov	/ <u>P</u>	See ab			Title: Person In Charge/	Owner				
Inspected		V O	Print:								
(signature)	$\cup \cup $	\sim		ı ∟1:11	CIT	1					