



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



Date: 2025-08-18	Time in:	Time out:	License/Permit #	TMS Number	2025-020117	Page 1 of 3
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Purpose of Inspection:	Routine		TOTAL/SCORE
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Establishment Name: Comfort Inn & Suites	Contact/Owner Name:	Number of Repeat Violations: 4 Number of Violations COS: 0	87
Physical Address: 400 Village Park, Alvarado, TX, 76009	City/County: Alvarado	Zip Code: 76009	Phone: Follow-up: No

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation

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

Compliance Status						Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status						Employee Health	R
O	I	N	N	C	O			O	I	N	N	C	O		
3-OUT						1. Proper cooling time and temperature	No	IN					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		
IN						2. Proper Cold Holding temperature(41°F/ 45°F)		IN					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
NO						3. Proper Hot Holding temperature(135°F)							Preventing Contamination by Hands		
NO						4. Proper cooking time and temperature		IN					14. Hands cleaned and properly washed/ Gloves used properly		
NO						5. Proper reheating procedure for hot holding (165°F in 2 Hours)		IN					15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N:)		
IN						6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations		
						Approved Source		N/A					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
IN						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction							Chemicals		
IN						8. Food Received at proper temperature		IN					17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
						Protection from Contamination		IN					18. Toxic substances properly identified, stored and used		
IN						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting							Water/ Plumbing		
IN						10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 3 comp 300 ppm quat ppm/temperature		IN					19. Water from approved source; Plumbing installed; proper backflow device		
IN						11. Proper disposition of returned, previously served or reconditioned		IN					20. Approved Sewage/Wastewater Disposal System, proper disposal		

Received by: (signature) 	Print: Kaitlin Watson	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: Tina NEMMERS-MOORE	Business Email:



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

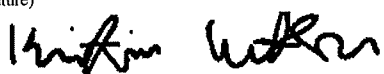



Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Personnel	R	O U T	I N	N O	N A	C O S	Food Temperature Control/ Identification	R
	2-OUT				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	Yes		IN				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	2-OUT				22. Food Handler/ no unauthorized persons/ personnel	Yes		2-OUT				28. Proper Date Marking and disposition	
					Safe Water, Recordkeeping and Food Package Labeling			2-OUT				29. Thermometers provided, accurate, and calibrated; Chemical/Thermal test strips	
	IN				23. Hot and Cold Water available; adequate pressure, safe							Permit Requirement, Prerequisite for Operation	
	IN				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			IN				30. Food Establishment Permit (Current & Valid)	
					Conformance with Approved Procedures							Utensils, Equipment, and Vending	
	IN				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			IN				31. Adequate handwashing facilities: Accessible and properly supplied, used	
					Consumer Advisory			IN				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	2-OUT				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	Yes						33. Ware washing 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

O U T	I N	N O	N A	C O S	Prevention of Food Contamination	R	O U T	I N	N O	N A	C O S	Food Identification	R
	IN				34. No Evidence of Insect contamination, rodent/other animals			IN				41. Original container labeling (Bulk Food)	
	IN				35. Personal Cleanliness/eating, drinking or tobacco use							Physical Facilities	
	IN				36. Wiping Cloths; properly used and stored			IN				42. Non-Food Contact surfaces clean	
	IN				37. Environmental contamination			IN				43. Adequate ventilation and lighting; designated areas used	
	IN				38. Approved thawing method			IN				44. Garbage and Refuse properly disposed; facilities maintained	
					Proper Use of Utensils			IN				45. Physical facilities installed, maintained, and clean	
	IN				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used			IN				46. Toilet Facilities; properly constructed, supplied, and clean	
	IN				40. Single-service & single-use articles; properly stored and used			IN				47. Other Violations	

Received by: (signature) 	Print: Kaitlin Watson	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: Tina NEMMERS-MOORE	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report



TEMPERATURE OBSERVATIONS	
Item/Location	Temp
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:
#2	Residential cooler 38 counter top RIC 36 RIF 29
#1	Do not cool foods at room temperature. Use approved rapid cooling method. Must cool TCS foods from 135 F to 70 F no more than 2 hour... or 135 F to 41 F (45 F) more than 6 hours... or prepared food cooled to 41 F. Observed gravy on prep surface cooling.
#21	Shall provide CFM onsite
#22	Shall update expired food handler certifications. Keep copy of All employees certified food handler certificates onsite.
#30	Posted health permit 9.2.2025
#26	Provide signage to obtain clean plate each trip to buffet.
#29	Shall provide quat test strips
Samples: # Collected:	
Received by: (signature) <i>Kaitlin Watson</i>	Print: Kaitlin Watson Title: Person In Charge/ Owner
Inspected by: (signature) <i>T Moore</i>	Print: Tina NEMMERS-MOORE

Retail Food Establishment Inspection Report

Date: 02/10/2025	Time in: 01:06 PM	Time out: 01:31 PM	License/Permit # -	TMS Project # 2024-027703	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: Comfort Inn & Suites			Contact/Owner Name: Hayley grislier		* Number of Repeat Violations: <u>4</u> ✓ Number of Violations COS: <u>0</u>		93/100
Physical Address: 400 Village Park		City/County: Alvarado/Johnson County	Zip Code: 76009	Phone: 000-000-0000	Follow-up: Yes No (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						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						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)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
	<input checked="" type="checkbox"/>					Preventing Contamination by Hands					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
3. Proper Hot Holding temperature(135°F)						14. Hands cleaned and properly washed/ Gloves used properly					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
4. Proper cooking time and temperature						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)					
<input checked="" type="checkbox"/>						Highly Susceptible Populations					
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
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					
					<input checked="" type="checkbox"/>	Chemicals					
6. Time as a Public Health Control; procedures & records						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
Approved Source						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						18. Toxic substances properly identified, stored and used					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						Water/ Plumbing					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
8. Food Received at proper temperature						19. Water from approved source; Plumbing installed; proper backflow device					
Protection from Contamination						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						20. Approved Sewage/Wastewater Disposal System, proper disposal					
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 _____ ppm/temperature											
<input checked="" type="checkbox"/>											
11. Proper disposition of returned, previously served or reconditioned											

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					
2					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
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					
<input checked="" type="checkbox"/>						2					<input checked="" type="checkbox"/>
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
<input checked="" type="checkbox"/>						2					<input checked="" type="checkbox"/>
23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						31. Adequate handwashing facilities: Accessible and properly supplied, used					
Consumer Advisory						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						<input checked="" type="checkbox"/>					
					<input checked="" type="checkbox"/>	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						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						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						42. Non-Food Contact surfaces clean					
36. Wiping Cloths; properly used and stored						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						43. Adequate ventilation and lighting; designated areas used					
37. Environmental contamination						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						44. Garbage and Refuse properly disposed; facilities maintained					
38. Approved thawing method						1					
Proper Use of Utensils						45. Physical facilities installed, maintained, and clean					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
40. Single-service & single-use articles; properly stored and used						47. Other Violations					

Received by: (signature)	Print: Hayley grislier	Phone # / email: Gm@cisalvarado.com
Inspected by: (signature)	Print: Kristen Weatherford, RS	Inspector's Phone # 817-223-4834

Retail Food Establishment Inspection Report

Date: 10/04/2024	Time in: 12:06 PM	Time out: 12:27 PM	License/Permit # -	TMS Project # 2024-027703	Page 1 of 2
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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: Comfort Inn & Suites			Contact/Owner Name: Kaitlin Watson		* Number of Repeat Violations: <u>2</u> ✓ Number of Violations COS: <u>0</u>		95/100
Physical Address: 400 Village Park			City/County: Alvarado/Johnson County	Zip Code: 76009	Phone: 000-000-0000	Follow-up: Yes No (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						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					
		✓				✓					
	✓					✓					
		✓				Preventing Contamination by Hands					
		✓				✓					
		✓				✓					
		✓				Highly Susceptible Populations					
		✓				✓					
Approved Source						Chemicals					
✓						✓					
✓						✓					
Protection from Contamination						Water/ Plumbing					
✓						✓					
✓						✓					
✓						✓					

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					
2					✓	✓					
✓						✓					
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
✓						✓					
✓						Utensils, Equipment, and Vending					
Conformance with Approved Procedures						✓					
✓						✓					
Consumer Advisory						✓					
2					✓	✓					

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					
✓						✓					
✓						Physical Facilities					
✓						✓					
✓						✓					
✓						1					
Proper Use of Utensils						✓					
✓						✓					
✓						✓					

Received by: (signature) <i>Kaitlin Watson</i>	Print: Kaitlin Watson	Phone # / email: Gm@cisalvarado.com
Inspected by: (signature) <i>Kristen Weatherford</i>	Print: Kristen Weatherford, RS	Inspector's Phone # 817-223-4834

Retail Food Establishment Inspection Report

Date: 10/04/2024	Establishment Name: Comfort Inn & Suites	Physical Address: 400 Village Park	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2 - Egg mixture- Prep cooler	35				

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:
<p>21 - Shall obtain food manager certification.repeat</p> <p>26 - Shall post buffet plate reminder statement. Repeat</p> <p>29 - Note: test strips expired. Shall obtain new test strips.</p> <p>30 - 2025</p> <p>38 - Unthawing in refrigerator, in compliance.</p> <p>45 - Shall clean on and around 3-compartment sink floor drain.</p> <p>AdditionalComments:Print this report and keep on site.</p>	

Registered Food Service manager		Certificate #:	Exp. Date:
Pest Control Company Diamond j		Service Date: 09/11/2024	
Grease Trap Service Company Not Available		Service Date:	
Received by: (signature) <i>Kaitlin Watson</i>	Print: Kaitlin Watson	Phone # / email: Gm@cisalvarado.com	
Inspected by: (signature) <i>Kristen Weatherford</i>	Print: Kristen Weatherford, RS	Inspector's Phone # 817-223-4834	

Retail Food Establishment Inspection Report

Date: 03/18/2024	Establishment Name: Comfort Inn & Suites	Physical Address: 400 Village Pkwy.	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2 - Gravy-RIC	41				
2 - Cream cheese spread-RIC	37				
2 - Yogurt-RIC	32				
2 - Cream cheese spread-countertop RIC	39				

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:
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- 21 - At least one person with Certified Food Manager shall be on site during all hours of food operation.
 26 - Post clean plate reminder
 30 - Permit valid until 9/2/24
 34 - Note: provide service report for pest control
 Additional Comments: Print this report and keep it on site

Registered Food Service manager	Certificate #:	Exp. Date:
Pest Control Company Not Available		Service Date:
Grease Trap Service Company Not Available		Service Date:
Received by: (signature) <i>Kate Watson</i>	Print: Kaitlyn Watson	Phone # / email: frontdest@cisalvarado.com
Inspected by: (signature) <i>Kassandra Lamb, RS</i>	Print: Kassandra Lamb, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Date: 09/07/2023	Establishment Name: Comfort Inn & Suites	Physical Address: 400 Village Pkwy.	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

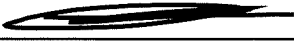

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2 - Orange juice-dispenser	39				
2 - Cranberry juice-dispenser	39				
2 - Home style refrigerator(milk)	41				
2 - Home style refrigerator((boiled eggs)	40				
2 - Buffet reach in cooler(yogurt)	38				
3 - Gravy-rectangle	151				
3 - Scrambled eggs-rectangle	154				

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:
<p>26 - Need a "clean plate" sign for the buffet.</p> <p>29 - Observed QA sanitizer and probe thermometer. Suggest alcohol swabs to quickly sanitize probe before and between testing.</p> <p>30 - Posted permit expired 9/2/23. Contact the City to renew/replace the health permit and post in public view. Manager claims permit is in the mail.</p> <p>33 - 3-compartment sink set up correctly to wash, rinse, and sanitize.</p> <p>36 - Using QA multi surface spray to sanitize food contact surfaces.</p> <p>AdditionalComments:Print this report and keep it on site.</p>	

Registered Food Service manager Chaten Patel	Certificate #:	Exp. Date: 03/04/2026
Pest Control Company Not Available		Service Date:
Grease Trap Service Company Not Available		Service Date:
Received by: (signature)	Print: Chaten Patel	Phone # / email: Gm@cisalvarado.com
Inspected by: (signature)	Print: Tim Fish, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Date: 09/01/2022		Time in: 01:08 PM		Time out: 01:41 PM		License/Permit #: -		TMS Project #: 2022-023141		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: Comfort Inn & Suites				Contact/Owner Name: Chris Patel				* Number of Repeat Violations: 0		98/100																																																																																																																																																																																															
								✓ Number of Violations COS: 0																																																																																																																																																																																																	
Physical Address: 400 Village Park (7-2014) Suite: Comfort Inn and				City/County: Alvarado/Johnson County		Zip Code: 76009		Phone: 000-000-0000		Follow-up: Yes No (circle one)																																																																																																																																																																																															
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Inspected by: 				Print: Cassandra Lamb, RS				Inspector's Phone #																																																																																																																																																																																																	

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Date: 03-05-21	Time in:	Time out:	License/Permit #: 2020-013999	Est. Type:	Risk Category:	Page 1 of 2
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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: Comfort Inn & Suites			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:	
Physical Address: 400 Village Park			City/County: Alvarado		Zip Code: Phone: Follow-up: Yes No (circle one)	

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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
 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			Compliance Status		
OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
		✓			
		✓			
		✓			
		✓			
		✓			
		✓			
Approved Source					
		✓			
		✓			
Protection from Contamination					
		✓			
		✓			
Employee Health					
		✓			
		✓			
Preventing Contamination by Hands					
		✓			
		✓			
Highly Susceptible Populations					
			✓		
Chemicals					
			✓		
			✓		
Water/Plumbing					
		✓			
		✓			

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status			Compliance Status		
OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel					
		✓			
		✓			
Safe Water, Recordkeeping and Food Package Labeling					
		✓			
Conformance with Approved Procedures					
Consumer Advisory					
Food Temperature Control/ Identification					
		✓			
		✓			
		✓			
Permit Requirement, Prerequisite for Operation					
		✓			
Utensils, Equipment, and Vending					
		✓			
		✓			
		✓			

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
Prevention of Food Contamination					
		✓			
		✓			
		✓			
		✓			
Proper Use of Utensils					
		✓			
		✓			
		✓			
Food Identification					
		✓			
Physical Facilities					
		✓			
		✓			
		✓			
		✓			
		✓			

Received by: <i>Jane Smith</i> (signature)	Print: <i>Tina Smith</i>	Title: Person In Charge/ Owner <i>GM</i>
Inspected by: <i>Angela Varghese</i> (signature)	Print: <i>Angela Varghese</i>	Business Email:

2018-014753

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc

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Date: 2/24/19	Time in: 9:30	Time out:	License/Permit #	Est. Type	Risk Category	Page ___ of ___
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other
Establishment Name: Comfort Inn			Contact/Owner Name:	* Number of Repeat Violations: ___		TOTAL/SCORE 93
Physical Address:			City/County:	Zip Code:	Phone:	
Follow-up: Yes No (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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							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)						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	
						4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly	
						5. Proper reheating procedure for hot holding (165°F in 2 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 Health Control; procedures & records Approved Source						Highly Susceptible Populations	
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
						8. Food Received at proper temperature						Chemicals	
						Protection from Contamination						17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						18. Toxic substances properly identified, stored and used	
						10. Food contact surfaces and Receptacles; Cleaned and Sanitized at appropriate temperature						Water/ Plumbing	
						11. Proper disposition of returned, previously served or reconditioned						19. Water from approved source; Plumbing installed; proper backflow device	
												20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
						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						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
						23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation	
						24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)	
						Conformance with Approved Procedures						Utensils, Equipment, and Vending	
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						31. Adequate handwashing facilities: Accessible and properly supplied, used	
						Consumer Advisory						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							Food Identification						
						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	
						36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean	
						37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used	
						38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained	
						Proper Use of Utensils						45. Physical facilities installed, maintained, and clean	
						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) <i>Tina Smith</i>	Print: Tina Smith	Title: Person In Charge/ Owner
Inspected by: (signature) <i>XIAODIN</i>	Print: XIAODIN	Business Email: <i>2/24/19</i>

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

2018-014753

Date: <u>8/18/18</u>	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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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: <u>Comfort Inn & Suites</u>			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: <u>460 Village Park</u>			City/County: <u>Alvarado</u>		Zip Code: Phone: Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (circle one)	

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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
 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						R	Compliance Status						R	
OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)		OUT	IN	NO	NA	COS	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)						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			
					4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly			
					5. Proper reheating procedure for hot holding (165°F in 2 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 Health Control; procedures & records						Highly Susceptible Populations			
					Approved Source						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						Chemicals			
					8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
					Protection from Contamination									18. Toxic substances properly identified, stored and used
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing			
					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature						19. Water from approved source; Plumbing installed; proper backflow device			
					11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal			

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

Compliance Status						R	Compliance Status						R		
OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel		OUT	IN	NO	NA	COS	Food Temperature Control/ Identification			
					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									29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>Chal. & Quat</u>	
					23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation				
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)				
					Conformance with Approved Procedures									Utensils, Equipment, and Vending	
					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						31. Adequate handwashing facilities: Accessible and properly supplied, used				
					Consumer Advisory									32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
					26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						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						R	Compliance Status						R	
OUT	IN	NO	NA	COS	Prevention of Food Contamination		OUT	IN	NO	NA	COS	Food Identification		
					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			
					36. Wiping Cloths; properly used and stored <u>zero mp</u>						42. Non-Food Contact surfaces clean			
					37. Environmental contamination <u>Quat</u>						43. Adequate ventilation and lighting; designated areas used			
					38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained			
					Proper Use of Utensils									45. Physical facilities installed, maintained, and clean
					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: <u>[Signature]</u> <small>(signature)</small>	Print: <u>Kaitlin Smith</u>	Title: Person In Charge/ Owner
Inspected by: <u>[Signature]</u> <small>(signature)</small>	Print: <u>Dave Hylke</u>	Business Email:

