



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



**BUREAU
VERITAS**

Date: 2025-08-18	Time in:	Time out:	License/Permit #	TMS Number	2025-020119	Page 1 of 3
Purpose of Inspection: Routine						TOTAL/SCORE
Establishment Name: Holiday Inn Express		Contact/Owner Name:		Number of Repeat Violations: 0 Number of Violations COS: 0		87
Physical Address: 325 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						R	Compliance Status						R
O	I	N	N	C	S		O	I	N	N	C	S	
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
3	OUT									IN		12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
3	OUT									IN		13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
NO												Preventing Contamination by Hands	
NO										IN		14. Hands cleaned and properly washed/ Gloves used properly	
NO										IN		15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N:)	
IN												Highly Susceptible Populations	
										IN		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
												Chemicals	
IN										IN		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
IN										IN		18. Toxic substances properly identified, stored and used	
												Water/ Plumbing	
IN										IN		19. Water from approved source; Plumbing installed; proper backflow device	
IN										IN		20. Approved Sewage/Wastewater Disposal System, proper disposal	

Received by: (signature) 	Print: Mark Forcelledo	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
	IN				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)			2-OUT				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	2-OUT				22. Food Handler/ no unauthorized persons/ personnel			IN				28. Proper Date Marking and disposition	
					Safe Water, Recordkeeping and Food Package Labeling			IN				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							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			1-OUT				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: Mark Forcelledo	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	RIF 0 RIC 46 ham 44
#22	Shall update expired food handler certifications.
#30	Posted health permit 8.18.2024, expired. Note: Observed receipt of payment for health permit, waiting for health permit to be mailed.
#1	Do not cool foods in refrigerator. 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 (45 F) more than 4 hours.
#26	Post allergen statement at buffet
#27	Repair or replace Kaatos RIC, shall maintain 41 degrees or below
#29	Provide thermometer for temping food internal temperatures
Samples: _____ # Collected: _____	
Received by: (signature) 	Print: Mark Forcelledo
Title: Person In Charge/ Owner	
Inspected by: (signature) 	Print: Tina NEMMERS-MOORE

Retail Food Establishment Inspection Report

Date: 10/04/2024	Time in: 11:46 AM	Time out: 12:05 PM	License/Permit # -	TMS Project # 2024-027707	Page 1 of 2
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Purpose of Inspection:	1-Compliance <input checked="" type="checkbox"/>	2-Routine <input type="checkbox"/>	3-Field Investigation <input type="checkbox"/>	4-Visit <input type="checkbox"/>	5-Other <input type="checkbox"/>	TOTAL/SCORE
Establishment Name: Holiday Inn Express		Contact/Owner Name: Mark forcelledo		* Number of Repeat Violations: <u>0</u> ✓ Number of Violations COS: <u>0</u>		93/100
Physical Address: 325 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					
✓						✓					
✓						✓					
	✓						✓				
	✓						✓				
	✓										
	✓										
Approved Source						Preventing Contamination by Hands					
✓						✓					
	✓						✓				
	✓						✓				
	✓										
Protection from Contamination						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	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					
✓						2					
✓											
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
✓						✓					
Consumer Advisory						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	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
✓						✓					
✓											
✓						✓					
✓						✓					
✓						✓					
Proper Use of Utensils						Physical Facilities					
✓						1					
✓						✓					
✓						✓					
						✓					
						✓					

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

Retail Food Establishment Inspection Report

Date: 10/04/2024	Establishment Name: Holiday Inn Express	Physical Address: 325 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 - Mini dairy cooler	33				
2 - Prep cooler	34				
2 - Deli ham -prep cooler	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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- 1 - Cooling gravy 50degrees in the prep cooler within time frame.
- 28 - Observed prepared gravy and opened deli meat package in the prep cooler without date mark.
- 29 - Shall obtain test strips.
- 30 - Permit posted expired 8/2024.shall obtain current permit and post in public view.
- 45 - Observed black matter build up on and around 3-compartment floor drain. Shall clean 3-compartment floor drain.

AdditionalComments:Print this report and keep on site.

Registered Food Service manager Mark Forcelledo	Certificate #:	Exp. Date: 09/01/2027
Pest Control Company Diamond j		Service Date: 10/01/2024
Grease Trap Service Company Not applicable		Service Date:
Received by: (signature)	Print: Mark forcelledo	Phone # / email: Gm@hiealvarado.com
Inspected by: (signature)	Print: Kristen Weatherford, RS	Inspector's Phone # 817-223-4834

Retail Food Establishment Inspection Report


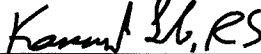
Date: 05/08/2024	Establishment Name: Holiday Inn Express	Physical Address: 325 Village Park	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2 - Gravy-RIC	41				
2 - Ham-RIC	39				
2 - Cream cheese-small RIC	41				
2 - Juice dispenser	37				

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:
	26 - New plate reminder is posted
	28 - Date mark opened food (ham, gravy, etc) with a shelf life of no more than 7 days.
	29 - Provide QA test strips to verify sanitizer concentration. Repeat violation
	30 - Permit valid until 8/18/24
	32 - Note: do not use towel on drain board. Allow dishes to drip dry.
	AdditionalComments:Print this report and keep it on site

Registered Food Service manager Mark Forcelledo	Certificate #:	Exp. Date: 09/01/2027
Pest Control Company Diamond J		Service Date: 03/30/2024
Grease Trap Service Company Not Available		Service Date:
Received by: (signature) 	Print: Mark Forcelledo	Phone # / email: gm@hiealvarado.com
Inspected by: (signature) 	Print: Kassandra Lamb, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Date: 09/05/2023	Time in: 08:50 AM	Time out: 09:39 AM	License/Permit # -	TMS Project # 2023-022331	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: Holiday Inn Express	Contact/Owner Name: Mark Forcelledo			* Number of Repeat Violations: <u>1</u> ✓ Number of Violations COS: <u>0</u>		93/100
Physical Address: 325 Village Park (7-2014) Suite: Holiday Inn	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					
		✓				✓					
	✓					✓					
	✓										
		✓				✓					
		✓				✓					
			✓								
	✓										
		✓									
	✓										
3					✓						
		✓				✓					

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

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

Received by: (signature)	Print: Mark Forcelledo	Phone # / email: Gm@hiealvarado.com
Inspected by: (signature)	Print: Tim Fish, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

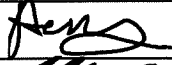

Date: 09/05/2023	Establishment Name: Holiday Inn Express	Physical Address: 325 Village Park (7-2014) Suite: Holiday Inn Express	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2 - Orange juice-dispenser	39				
2 - Front Reach in cooler(ric)-yougurt	35				
2 - Cooked egg-back ric	37				
2 - Liquid eggs-back ric	38				
3 - Scrambled eggs-hot holder	136				
3 - Turkey Sausage link-hot holder	135				
3 - Gravy-hot holder	163				

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:
10	Sanitizer at 3-compartment sink tested less than 150 ppm QA. Sanitizer straight from dispenser tested at 150 ppm QA. Maintain at 200-400 ppm QA. Service dispenser immediately.
20	No grease trap.
26	"New plate" sign for buffet observed.
29	Provide QA sanitizer test strips to verify sanitizer concentration. Observed probe thermometer. Suggest alcohol swabs to quickly sanitize probe before and between testing.
30	Permit posted and valid through 8/18/24.
33	3-compartment sink set up correctly to wash, rinse, and sanitize.
36	Keep sanitizer bucket(s) set up.
40	Keep single use articles (plastic wrap) stored at least 6" off the ground.
AdditionalComments:Print this report and keep it on site.	

Registered Food Service manager Mark Forcelledo	Certificate #:	Exp. Date: 09/01/2027
Pest Control Company Not Available		Service Date:
Grease Trap Service Company Not Available		Service Date:
Received by: (signature) 	Print: Mark Forcelledo	Phone # / email: Gm@hiealvarado.com
Inspected by: (signature) 	Print: Tim Fish, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Date: 8/17/20	Time in:	Time out:	License/Permit #: 2020-014103	Est. Type:	Risk Category:	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: Holiday Inn Express			Contact/Owner Name:		* Number of Repeat Violations: ___ ✓ Number of Violations COS: ___																							
Physical Address: 335 Village Park			City/County: Hayward	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																												
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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 (Handwritten: 100/150)			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																												
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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) [Signature]			Print: Andrea Rivera		Title: Person In Charge/ Owner																							
Inspected by: (signature) [Signature]			Print: [Signature]		Business Email: [Email]																							

