



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



Date: 2025-09-03	Time in:	Time out:	License/Permit #	TMS Number	2025-021813	Page 1 of 3
Purpose of Inspection:	Routine					TOTAL/SCORE
Establishment Name: Ocean 5		Contact/Owner Name:		Number of Repeat Violations: 0 Number of Violations COS: 0		81
Physical Address: 1101 Glenwood, 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	I	N	N	C			
					3-OUT	1. Proper cooling time and temperature						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		
					IN	3. Proper Hot Holding temperature(135°F)							Preventing Contamination by Hands		
					IN	4. Proper cooking time and temperature						IN	14. Hands cleaned and properly washed/ Gloves used properly		
					IN	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:)		
					3-OUT	6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations		
						Approved Source							IN	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	
					3-OUT	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 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: 	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: Kristen WEATHERFORD	Business Email:



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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	
	IN				22. Food Handler/ no unauthorized persons/ personnel			2-OUT				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			2-OUT				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	
	IN				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			1-OUT				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			1-OUT				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			1-OUT				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: 	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: Kristen WEATHERFORD	Business Email:

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

9-20-23

Establishment Name: <i>Alvarado Truck Stop</i>	Physical Address: <i>1101 Glenwood Drive Alvarado</i>	City/State: <i>Alvarado</i>	License/Permit #	Page <u> </u> of <u> </u>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Fruit cup</i>	<i>40°</i>				

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><i>* Shell not date mark sandwiches for more than 7 days</i></p> <p><i>* Back walk in not working - shall repair or label as storage space ONLY</i></p> <p><i>Make back spit self closing</i></p> <p><i>shall insect/rodent proof back room</i></p> <p><i>Clean 3-comp sink</i></p> <p><i>Need accessible soap in restrooms</i></p> <p style="text-align: center;"><i>all above shall be in compliance for Health Change of Ownership approval</i></p> <p><i>* Repeat</i></p>	

Received by: <i>[Signature]</i>	Print: <i>HITESH</i>	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: <i>Lisa Pomroy</i>	Samples: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N # collected

