Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

Date: 9/16/24		ļ	Time in: 8:36	e/Permit # 0000141							1 Food handlers Pa	Page 1 of 2					
					tion: 1-Routine	2-Follow U		Complai			4-I 1	nves	tiga	tion	1		OTAL/SCORE
Establishment Name: Contact/Owner Name: Shronda Gra							3			Number of Repeat Violations: Number of Violations COS: Enlarge Violations COS:	5/95/A						
Physical Address: 1600 La Jolla Pointe Dr. Rockwall, Tx Pest control: Versacore 3/8/24 Compliance Status: Out = not in compliance IN = in compliance											Grease N/a		e trap :/ waste oil Follow-up: Yes No				
Ma	ark tl	Com he ap	plia prop	nce S riate	points in the OUT box for	each numbered it	tem	Mark '		check	cmar	rk in a	ppro	opria	te bo	plicable COS = corrected on site R = repeat violation x for IN, NO, NA, COS Mark an in appropriate box	on W= Watch
	mpli							ioiaiions		uire	Co	mplia	nce	Stat	us	ive Action not to exceed 3 days	
O U T	I N	N O	N A	C O S		nperature for Fo legrees Fahrenhei			R		O U T	I N	N O	N A	C O S	Employee Health	R
		~		~	1. Proper cooling time	and temperature						/			-	12. Management, food employees and conditional employees knowledge, responsibilities, and reporting	ployees;
	/				2. Proper Cold Holding	g temperature(41°	°F/ 45°F)					/				13. Proper use of restriction and exclusion; No discharge eyes, nose, and mouth	rge from
	•				3. Proper Hot Holding	temperature(135°	°F)					_				Employee health form posted Preventing Contamination by Hands	
		•			4. Proper cooking time	and temperature	:				7	/				14. Hands cleaned and properly washed/ Gloves used p	properly
		1			5. Proper reheating pro-	cedure for hot ho	olding (165°	F in 2		L	+					15. No bare hand contact with ready to eat foods or app	
		'			Hours)	ld Court	1 0				'					alternate method properly followed (APPROVED Y Gloves	(N)
	~	6. Time as a Public Health Control; procedures & records										Highly Susceptible Populations					
					Ар	proved Source					(/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Eggs	d
	~				7. Food and ice obtaine good condition, safe, and destruction US Foo	nd unadulterated;		od in								Chemicals	
	/				8. Food Received at pro Checking	oper temperature										17. Food additives; approved and properly stored; Wasl & Vegetables	shing Fruits
					•	n from Contamin	nation				_ [/				Water 18. Toxic substances properly identified, stored and use Stored low	sed
	~				9. Food Separated & pr preparation, storage, di			ood								Water/ Plumbing	
	~				10. Food contact surfact Sanitized at _200_			d and			-	~			+	19. Water from approved source; Plumbing installed; pubackflow device	proper
	~				11. Proper disposition of reconditioned Disc	of returned, previ	iously serve	ed or			,	~				20. Approved Sewage/Wastewater Disposal System, pr disposal	proper
				_													
					Pri	iority Founda	tion Item	ns (2 Po) viol						rective Action within 10 days	
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/	Personnel		ints) R) viol	O U T	I	N	N A	Cor C O S	rective Action within 10 days Food Temperature Control/ Identification	on R
U				О		n of Knowledge/	Personnel	wledge,) viol	O U T	I	N	N	C O		on
U				О	Demonstration 21. Person in charge pr and perform duties/ Cer	n of Knowledge/ esent, demonstra rtified Food Man	Personnel tion of known	wledge,			O U T	I N	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate Maintain Product Temperature 28. Proper Date Marking and disposition Good date labels	te to
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Shronda Graves	Print: Shronda Graves	Title: Person In Charge/ Owner GM
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A		ity/State: Rockwal	l. Tx	License/Permit # Page FS-0000141	2 of 2					
Tiyatt	1 1000	10001	TEMPERATURE OBSERVATI		i, i X	1 0 0000111						
Item/Loc		Temp	Item/Location	Temp	Item/Locat	ion	Temp					
Can/w	rine cooler	39	Salsa/yogurt	38/40	Pre	o cooler amb Parm	40					
	Keg cooler	38	Milk	35		41						
	tle beer cooler	39	UR Fridge amb	37	Be	40						
Re	ed Bull cooler	43	Yogurt	37	l							
	Potatos	145	UP fridge amb	37	Turke	38						
	Eggs	146	Butter	38	Slice	38						
Saus	sage patties/links	140/137	UC fridge	UR	-4.8							
	Cantaloupe	37	Blended cheese/parm			Freezer htt	-10.1					
Item	AN INSPECTION OF VOLID ES		SERVATIONS AND CORRECTIV			IE CONDITIONS ODSERVED AN	NID.					
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											
	Bar											
	Hand sink equipped te	mp great	er than 110									
	Using draft plugs on d	raft dispe	nsers and rubber tips on alc	ohol bot	tles							
45	Missing electrical plate	e next to	expresso machine									
	Dishwasher not operational during inspection											
	Using sleeved straws	for drinks	, be sure to protect cocktails	straws	from gue	sts						
29	Using digital thermo, r	no quat s	trips available									
	Buffet sign posted requesting new plate for each visit											
	Restrooms equipped temp greater than 100 in each room											
	3 comp setup, 120, quat sani 200ppm											
	Dishwasher confirmed											
	Hand sink equipped, temp greater than 108											
			re pre packaged by manufac									
28	Observed blended cheese, turkey lunch meat and sliced cheese open with no date label											
	Self service cooler 38, all items are commercial packaged with label on back of product											
	Cakes and salads are only for display and replaced daily											
	Using peroxide multi surface cleaner only for guest tables in dining area											
				·								
Received (signature)		/ <u>P</u>	See abo)VA		Title: Person In Charge/ Owner						
Inspected	d ly:		Print:									
(signature)	K > 40	ST	Richard	Hill		Samples: Y N # collected	ed					
Form FH-06	6 (Revised 09-2015)											

Form EH-06 (Revised 09-2015)