	Retail Food Establishment Inspection Report																				
	Date:         Time in:         Time out:         License/P           10/31/2024         9:52         10:48         FS-9															Est.	. Туре	Risk C	lategory	Page $\underline{1}$	of <u>2</u>
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai							_	4-I1	nves	tiga	tior	1	5-CO/Construct			Other	TOTAL/SC	CORE			
Establishment Name: Contact/Owner N Raising Cane's #152							Name	:						<ul><li>★ Number of Rep</li><li>✓ Number of Vio</li></ul>				1/06	/ •		
Physical Address: Pest control : 1114 I-30 Rockwall, TX Orkin/10-18-2024/mon								ithly		1000 mmerci	d ial/9-30	-2024	G	reas	e trap : 1500gal/6-2024		Follow-uj No	p:Yes 🗸	4/96	/A	
	<b>Compliance Status: Out</b> = not in compliance <b>IN</b> = in compliance <b>N</b>									ot ob			NA	= n	ot ap	oplicable $COS = corr$	rected on	site R	= repeat vio	plation W-W	atch
Mark the appropriate points in the <b>OUT</b> box for each numbered item Mark '*' a checkmark in appropriate box for <b>IN</b> , <b>NO</b> , <b>NA</b> , <b>COS</b> Mark an in appropriate box for <b>R</b> <b>Priority Items (3 Points)</b> violations Require Immediate Corrective Action not to exceed 3 days												te box for <b>K</b>									
Co O U	mpli I N	ance N O	e Sta N A	tus C O	Time and Tem	perature for F	ood Saf	ety	R		0	mpli I N					lovee Hee	R Health			
T	11	0	А	s	(F = de) 1. Proper cooling time a	egrees Fahrenhe and temperature	it)				T			<u>а</u>	s	Employee Health           12. Management, food employees and conditional employees;					
	~										1	~				knowledge, responsit					
	~				2. Proper Cold Holding	temperature(41	°F/ 45°F	7)			,	~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
	~				3. Proper Hot Holding to	emperature(135	°F)									Preventing Contamination by Hands					
	~				4. Proper cooking time a	and temperature					,	~				14. Hands cleaned and properly washed/ Gloves used properly <b>QIOVES USED</b>					
	~				5. Proper reheating proc Hours)	cedure for hot ho	lding (1	65°F in 2				~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y, N, )					
	-				Hours) 6. Time as a Public Health Control; procedures & records							_									
	~									-	Highly Susceptible Populations           16. Pasteurized foods used; prohibited food not offered										
					Арг	proved Source					Pasteurized eggs used when required <b>NO EQQS</b>										
	<ul> <li>Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction</li> <li>BeneKeith</li> </ul>												Chemicals								
	8. Food Received at proper temperature									~					17. Food additives; approved and properly stored; Washing Fru & Vegetables						
_	Check at receipt								-						18. Toxic substances	properly	v identified	l, stored ar	nd used		
					9. Food Separated & pro	otected, prevent		g food			'	~									
	~				preparation, storage, dis		-				Water/ Plumbing           19. Water from approved source; Plumbing installed; pro-										
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature							~				backflow device			-		
	~				11. Proper disposition of returned, previously served or reconditioned <b>discarded</b>						'	~				20. Approved Sewage disposal	e/Wastev	water Disp	oosal Syste	m, proper	
0	I	N	N	С					nts) R	) vio	0	Ι	N	Ν	С	rrective Action within					R
U T	N	0	A	0 S	Demonstration 21 Person in charge pre	U				-	U T	N	0	A	0 S	Food Tem	•				
	~				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 9						1	~				27. Proper cooling me Maintain Product Ter			pment Ade	equate to	
	~	22 Food Handler/ no unauthorized persons/ personnel									~				28. Proper Date Mark	king and	dispositio	n			
	Safe Water, Recordkeeping and Food Package Labeling					nckage		-	2					29. Thermometers pro Thermal test strips	rovided, a	accurate, a	nd calibrat	ted; Chemical/			
	~	23. Hot and Cold Water available; adequate pressure, safe											Permit Requ	irement	, Prerequ	isite for O	peration				
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled					Ē		~				30. Food Establishm	nent Per	mit (Curi	rent/insp re	eport sign poste	ed)			
		Conformance with Approved Procedures											12/31/2024 Utensils, Equipment, and Vending								
	~				25. Compliance with Va HACCP plan; Variance processing methods; ma	ariance, Speciali obtained for spe	zed Pro cialized	cess, and				~				31. Adequate handwa supplied, used					
					Cons	sumer Advisory	,			ŀ	,	~				32. Food and Non-foo designed, constructed			es cleanable	e, properly	
F	~				26. Posting of Consume foods (Disclosure/Remin meats to require	nder/Buffet Plat				F	1	~				33. Warewashing Fac Service sink or curb c				used/	
Core Items (1 Point)       Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , White         0       I       N       N       C									n , Whic	hever Co	mes First		R								
U T	N	0	A	o s		of Food Contan						N	0	A	o s	410::::::::::::::::::::::::::::::::::::		Identifica			Ň
1					34. No Evidence of Inse animals				Щ			~				41.Original container	r Iabeling	g (Bulk Fo	od)		
1					35. Personal Cleanliness	-	-	acco use	$\square$		-	-	-			42 Non E 4 0	•	ical Facili	ties		
	~				36. Wiping Cloths; prop	2	ored		Щ	ļ	_	~				42. Non-Food Contac 43. Adequate ventilat			lesimeted	areas used	
$\vdash$	~	-			37. Environmental contamination							~	4			43. Adequate ventilat 44. Garbage and Refu		0 0	Ū		
	38. Approved thawing method						ŀ		•	4			44. Garbage and Reft 45. Physical facilities								
_					Prope 39. Utensils, equipment,	er Use of Utensi		d, stored.		╞	+	~	4			45. Filysical facilities; J					
L	~				dried, & handled/ In use	e utensils; prope	rly used	1				~					r - sporty		,	,	
[	~				40. Single-service & sin and used	ngle-use articles	proper	y stored				r				47. Other Violations					

Received by: (signature) Ryan Farmar	Print: Ryan Farmar	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establish Rais	ing Cane's #152	Physical A 1114	I-30	City/State: Rockwa	all, TX	License/Permit # Page FS-9261		of				
Item/Loc	ation	Temp F	TEMPERATURE OBSERV	ATIONS Temp F	Item/Loca	tion		Temp F				
	counter cooler/ambient		WIF	11				10				
front	under counter cooler	37										
under co	ounter cooler(coleslaw)/ambient	38										
under c	ounter cooler(sauce)/ambient	39										
rea	ich in freezer	11										
cł	nicken fried	174/180										
	chicken in cold well	40										
W	IC ambient	41										
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:											
35	No employee eating in food prep area											
<u> </u>	Using food approved sanitizer wipes/quats 200ppm											
34	Some flies											
	Front rolling ice bin/drained nightly/open drain to floor drain Ketchup dispenser cleaned and sanitized weekly											
			6 minutes, 3 minutes f	or frice								
	3 comp sink 116F			or mes								
	Dishwasher sanitizi	na ner T	emp strips									
29	Need temp strips fo	• •										
20	Line sanitizer bucke											
			n then places in fryer/on	ly does thi	s, no as	sembling of RT	E foods	S				
	Line prep hand sink	100+F	equipped	-								
	Back hand sink 100	F equip	ped									
	Using chlorine spra	y for RF	Rs only									
	Discussed not using	on same	e surfaces as quat to pr	event che	mical cr	oss contamina	tion					
<b>D</b>												
Received (signature)	t l		Ryan F	arma	ar	Title: Person In Charge						
Inspecter (signature)	Ryan Farmar <sup>1 by:</sup> Chrísty Cov	tez. 1	RS Christy C			•						
	6 (Revised 09-2015)	0,		,		Samples: Y N	# collecte	d				