

Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy/training
- Vomit clean up
- Employee health

| | | | | | | |
|-----------------------------|-------------------------|---------------------------|---------------------------------------|-----------------------------|---------------------------|---------------------------|
| Date: 09/23/ 2024 | Time in: 2:25 | Time out: 4:07! | License/Permit # FS 0003414 | Food handlers All | Food managers 2 | Page <u>1</u> of <u>2</u> |
|-----------------------------|-------------------------|---------------------------|---------------------------------------|-----------------------------|---------------------------|---------------------------|

| | | | | | | |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine | <input type="checkbox"/> 2-Follow Up | <input type="checkbox"/> 3-Complaint | <input type="checkbox"/> 4-Investigation | <input type="checkbox"/> 5-CO/Construction | <input type="checkbox"/> 6-Other | TOTAL/SCORE |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

| | | | |
|---|--|---------------------------------------|--|
| Establishment Name: Smoothie king | Contact/Owner Name: Mackynzie Wasilewski | * Number of Repeat Violations: _____ | 8/92/A |
| Physical Address: I-30 | | ✓ Number of Violations COS: _____ | |
| Pest control : Sept 16 th ! | Hood Na | Grease trap/ waste oil: N/A | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pics |

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 ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ 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 | | | | | |
| | | ✓ | | | | | | ✓ | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | | | | | W | ✓ | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| | ✓ | | | | | 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 | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | | | | | W | | | | | |
| | ✓ | | | | | ✓ | | | | | |

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

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|---|---------------|---------------------------------------|
| Received by: (Printed) Mackynzie Wasilewski | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly Kirkpatrick RS</i> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|---|----------------------------------|--------------------------------|-------------------------------|-------------|
| Establishment Name: Smoothie king | Physical Address: I-30 | City/State: Rockwall | License/Permit # Fs | Page 2 of 2 |
|---|----------------------------------|--------------------------------|-------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|-------------------|--------|-----------------|--------|---------------|--------|
| Door dash freezer | -12 | Freezer upright | 12 | | |
| Water cooler | 38 | Htt | | | |
| Back up cooler | 34/35 | 2door cooler | 38 | | |
| Cold top unit | | Strawberries | 39 | | |
| Starwberry | 39 | | | | |
| Mango | 36 | | | | |
| Ambient inside | 38 | | | | |
| | | | | | |

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: All temps F |
| | Thermo located in warmest section of water cooler |
| | Watching dates when stocking |
| Cos | Back up cooler -34/35 need secondary thermo in warmest location - found it |
| | Hot water at hand sink 130 |
| | Handsink for washing hands equipped |
| | Rinsing pitchers between drinks and w r s every. 4 hrs or less |
| 42/45 | General cleaning inside back up cooler / inside all coolers were needed and under behind and around equipment |
| | Sanitizer bucket - using cloth for surfaces / using microFiber |
| | Spray bottle sanitizer- 200Ppm |
| W | It's time for a new cutting boards - small white |
| 34 | Flies observed in front area |
| W | Keep an eye on gaskets in coolers |
| | Sanitizer 2nd bucket on sink 200 ppm |
| | Sanitizer in spray bottle 200 ppm |
| 19 | One pipe extends down inside drain - to cut firvproper air gap |
| 45/34 | Need to clean inside and around drain under rinse sink - fruit flies |
| 42 | Need to clean build up on dipper well basket |
| | Using digital thermo and laser thermo. Confirmed both |
| | Kitchen : |
| 39 | Keep an eye on scoop storage on shelf by water containers. Nothing stored under them, but bananas currently. |
| 39 | Best to store clean / always watch what is stored on cart that is pushed up next to hand sink |
| 47 | Always hang mops to allow to air dry |
| | Air gaps look great under ice machine |
| W | Keep an eye on shelving condition and cleaning ss and nit |
| | Hot water at three comp 118/ sanitizer in sink |
| N/A | Avoid using low splash bleach for any food contact sanitizing as it has other items in it |
| 40' | Move paper towels above soap cabinet |
| | Need ansi approved first aid kitchen |

| | | |
|---|---------------|---------------------------------------|
| Received by: (signature) See above | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly kirkpatrick RS</i> | Print: | Samples: Y N # collected |

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