

Followup Fee of  
\$50.00 after  
First Followup

**Retail Food Establishment Inspection Report**

**City of Rockwall**

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

Date: <b>10/29/24</b>	Time in: <b>12:25</b>	Time out: <b>1:20</b>	License/Permit # <b>FS-0001020</b>	CPFM <b>2</b>	Food handlers <b>11</b>	Page <u>1</u> of <u>2</u>
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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
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Establishment Name: <b>Tiff's Treats</b>	Contact/Owner Name: <b>Ben Buchanan</b>	Number of Repeat Violations: <b>X</b> _____	<b>6/94/A</b>
Number of Violations COS: <input checked="" type="checkbox"/> _____			

Physical Address: 2071 Summer Lee Dr, Rockwall, TX	Pest control : Terminix 10/4/24	Hood N/A	Grease trap / waste oil LES 10/24 - 40g	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W= Watch  
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 X 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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				<b>Preventing Contamination by Hands</b>					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>									<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>					<b>Chemicals</b>					
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
<b>Protection from Contamination</b>							<input checked="" type="checkbox"/>				
<b>3</b>						<b>Water/ Plumbing</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

**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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
<b>Safe Water, Recordkeeping and Food Package Labeling</b>							<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					<b>Permit Requirement, Prerequisite for Operation</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
<b>Consumer Advisory</b>						<b>W</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

**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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					<b>Physical Facilities</b>					
	<input checked="" type="checkbox"/>					<b>1</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
<b>Proper Use of Utensils</b>							<input checked="" type="checkbox"/>				
<b>1</b>							<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		

