Retail Food Establishment Inspection Report

First aid kit

Allergy policy

Vomit clean up

Employee health

Date: Time in: Time out: License/Po						^{mit #} 07284						Est. Type Risk Category Page 1 of	<u>2</u>					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain							_	_		stiga	atior	1	5-CO/Construction 6-Other TOTAL/SC	ORE				
Establishment Name: Cluckin' Great (formerly Chicken Express) Contact/Owner Na								•	_	* Number of Repea					* Number of Repeat Violations: Vumber of Violations COS:	<u> </u>		
-	uck hysic				tormerly Chicken	<u> </u>	est control :			Но	od		G	reas	se trap : Follow-up: Yes 70/90	// A		
					Rockwall, TX	ow	vner to emai	<u> </u>	\$		Away/7		OW	vne	er to email No 🗌			
M					Status: Out = not in co	ompliance IN = in reach numbered in	item M	NO = lark '✓'							pplicable COS = corrected on site R = repeat violation W-Wa ox for IN, NO, NA, COS Mark an in appropriate box for R	itch		
			a.		Prio	ority Items (3	Points) violar	tions Re	equir	_					tive Action not to exceed 3 days			
	Compliance Status							F	R	O	Í			C O				
T		0	A	s	(F = d) 1. Proper cooling time	legrees Fahrenhe				T		-	A	s	Employee Health 12. Management, food employees and conditional employees;			
	~				1. Proper cooming time	and temperature					~				knowledge, responsibilities, and reporting			
	~				2. Proper Cold Holding	g temperature(41	1°F/ 45°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
3	H				3. Proper Hot Holding	temperature(135	5°F)								Preventing Contamination by Hands			
۲	 				Proper cooking time	and temperature	e								14. Hands cleaned and properly washed/ Gloves used properly			
	-				5. Proper reheating pro	cedure for hot h	olding (165°F in	2			~				15. No bare hand contact with ready to eat foods or approved	_		
	~				Hours)						~				alternate method properly followed (APPROVED Y N.)			
	6. Time as a Public Health Control; procedures & records			rds							Highly Susceptible Populations							
															16. Pasteurized foods used; prohibited food not offered			
					Ар	Approved Source									Pasteurized eggs used when required			
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite			1										
	"														Chemicals			
	_				8. Food Received at pro		e								17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
L					check at rece	eipt					~					\bot		
						n from Contami					•				18. Toxic substances properly identified, stored and used			
	~				9. Food Separated & preparation, storage, di						Water/ Plumb				Water/ Plumbing			
	~				10. Food contact surface Sanitized at _100_			d			~				19. Water from approved source; Plumbing installed; proper backflow device			
	_				11. Proper disposition reconditioned disc	of returned, prev	viously served or				~				20. Approved Sewage/Wastewater Disposal System, proper disposal			
	•				uisc	aru c u												
							ation Items (2	2 Point	s) vi	iolat	tions	Req	uire	Cor	rrective Action within 10 days			
O U	I N	N O	N A	COO	Pri		`	2 Point		O U	I N	Req N O	uire N A	C	rrective Action within 10 days Food Temperature Control/ Identification	R		
о и т	I N	N O	N A	C O S	Pri	iority Founda n of Knowledge resent, demonstr	e/ Personnel	F		О	I N	N	N	С	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to	R		
Т	I N	N O	N A		Demonstration 21. Person in charge pri and perform duties/ Ce	iority Founda n of Knowledge resent, demonstr ertified Food Ma	e/ Personnel ration of knowled anager/ Posted	F		O U	I N	N	N	C	Food Temperature Control/ Identification	R		
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Received by: (signature) Michael Lana	Print: Michael Luna	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: Great (formerly Chicken Express)	Physical A		City/State: Rockwa	all. TX	FOOD7284	Page <u>2</u> of <u>2</u>					
		10.0	TEMPERATURE OBSERVAT		,							
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
	steam table/gravy	135/137/136	back reach in cooler/butter	 								
mas	shed potatoes	131/129/128	back up steam table/ corn	+								
chicker	n under heat lamps/breast	158	mashed potatoes	173								
	thighs	136	gravy	172								
(drumsticks	158	WIC/tenders	41								
	tenders	156	breast	41								
stean	n table/mac n cheese	165	thigs	41								
	beans	163	WIF ambient	9								
T+			SERVATIONS AND CORRECTIV									
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	To go hand sink 10		-									
3	Soda nozzles clean	•		حاله مط	lad -4 4 l							
3	·		in steam table/individual cups/to	be discard	ied at 4 no	ours/to not noid at 135	+-					
	Sani bucket at 100	•										
	warewash hand sin	K 100+F	equippea									
35	3 comp sink 121+F	d concrete/ne	t over prep erece/heat to use our with li	d and atraw	as annosad t	to corow top lide/contamine	ation riok					
W	To store personal drinks low and separate/not over prep areas/best to use cup with lid and straw as opposed to screw top lids/contamination risk Heavy condensation in WIF/to protect foods underneath											
45	Some missing grou			icalii								
45												
45 To repair broken baseboard tiles/seal gaps45 To clean floors, food debris throughout												
34 Some flies												
21	No certified food ma	anager o	on duty/need to have on	duty du	ring pre	ep and service						
42			heat lamps/grease accu									
42	To clean in/around/	on equi	oment									
W Watch rusty shelves in gallon tea cooler												
29	Need chlorine test	strips fo	r sanitizer testing									
<u> </u>			l n · ·		-	ma p v c	2					
Received (signature)	· ·		Michael	Lur	na	Title: Person In Charge/ O Manager	Jwner					
Inspected (signature)		tez. 1	Christy Co	ortez.								
Form FH-06	6 (Revised 09-2015)	0, '	-	,		Samples: Y N #	collected					