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: 11/8/24			Time in: 11:40	Time out: 12:34		License/Permit # FS-2023-19				3	Food handlers 18	Page 1	of <u>2</u>					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla			int 4-Investigation				atior	n	5-CO/Construction 6-Other		TOTAL/S	CORE						
Establishment Name: Contact/Owner Dunkin' Donuts 205 Susan Nelso						e: 					Number of Repeat Violations: 2 ✓ Number of Violations COS:		0/00/4					
Physical Address: 2325 S Goliad St Rockwall, TX Pest control: Massey 10/23/24							Hood Grease Will prov					Follow-up: Yes No		2/98/A				
Mar					Status: Out = not in co points in the OUT box for	mpliance IN = in o	complianc em	ce No Mark '		ot obse					plicable COS = corrected on a	site R = repeat vio	lation W= V	Watch
Con	mlis	nce	Stat	tue	Prio	rity Items (3	Points)	violations	Req			<i>diate</i> lianc			ve Action not to exceed 3 day			
O U	Î	N O	N A	C 0		nperature for Fo		ty	R	Ū) I J N	N	N A	C	Empl	loyee Health		R
Т		/		S	1. Proper cooling time a	<u> </u>					r -	•		12. Management, food employees and conditi knowledge, responsibilities, and reporting			employees;	
•	/				2. Proper Cold Holding See	temperature(41°	°F/ 45°F)				~	•	13. Proper use of restriction and exclusion; No of eyes, nose, and mouth Employee health form posted				charge from	
•	/				3. Proper Hot Holding t See	temperature(135°	°F)									ntamination by Han	ıds	
		/			4. Proper cooking time						~				14. Hands cleaned and proper	rly washed/ Gloves u	ised properly	
	•	/			5. Proper reheating prod Hours)						•				15. No bare hand contact with alternate method properly foll Gloves)
•	/				6. Time as a Public Hea	alth Control; proc	cedures &	& records								eptible Populations		
					Ap	proved Source					16. Pasteurized foods used; prohibited food not offer Pasteurized eggs used when required				fered			
•					7. Food and ice obtaine good condition, safe, ar destruction NDCP	nd unadulterated;	parasite	Food in								hemicals		
•					8. Food Received at pro Checking	oper temperature					•	•			17. Food additives; approved & Vegetables N/A	and properly stored;	Washing Fru	its
					Protection	from Contamir	nation				~	1			18. Toxic substances properly Chemicals stored low8		d used	
٠	4				9. Food Separated & pr preparation, storage, dis	splay, and tasting	· ·									er/ Plumbing		
١					10. Food contact surfac Sanitized at <u>200</u>			ned and			/	•			19. Water from approved sour backflow device City Approved			
•					11. Proper disposition of reconditioned Disc	of returned, previo	ously ser	ved or			•				20. Approved Sewage/Wastev disposal	water Disposal Syster	m, proper	
				-														
		NT.	NT.	C	Pri	ority Foundat	tion Ite	ems (2 Po							rective Action within 10 days	S		, n
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge/	Personn	iel	ints) R	ī) I	N	n N A	C C O S	·	re Control/ Identific	ation	R
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Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establish	mont Nomo	Dhysical A	ddwara	Sitry/Ctatas		Liganga/Damait#	age O of O				
	ment Name: in' Donuts 205	Physical A		City/State: Rockwal	l, Tx	License/Permit # FS-2023-19	age <u>2</u> of <u>2</u>				
			TEMPERATURE OBSERVAT		-,						
Item/Loca		Temp	Item/Location	Temp	Item/Loca	tion	Temp				
Beverage Cooler amb		40	Cold brew cooler	34/37	_						
WIF htt		-4.1			Expresso cooler						
	WIC amb	34			Whi	p/Whole Milk	40/39				
	Sliced	41	Service line drawers								
	ng fried egg/sausage		Koloche	34							
	ve thru cooler	40	Fried egg/sausage	40/40							
Bega	al station drawer		Hot hold								
Hash	browns/koloche	30/34	Hash browns	156							
Item	AN DISPECTION OF WOLD ES		SERVATIONS AND CORRECTIV			THE COMPLETIONS OPSERVED	AND				
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										
	Restrooms equipped temp greater than 101 in each room										
	Hand sink equipped temps greater than 102 throughout kitchen										
	3 comp sink not set up, 115, using quat sani 200ppm										
	Air curtain and bug lig		-								
45/04	Chemical rack looks great well organized stored low										
45/34	Address gap on side a										
	Under counter cooler	•									
	Red sani bucket 200ppm filled at 3 comp sink Cambro ice bucket cleaned every other day, remember to keep water drained										
	Cambro ice bucket cleaned every other day, remember to keep water drained Using sanitizer towel to clean wands on expresso machines after every use										
	Using gloves to touch Rte foods										
	Cutlery wrapped and straws are sleeved										
	Ice machine looks gre	at, confir	med air gap								
W	Please post health permit in public view										
Received	hv:		Print:			Title: Person In Charge/ Ow	ner				
(signature)		e	See abo	ove		VIVVI III CHILIGU OW					
Inspected (signature)		ST	Richard	Hill		Samples: Y N # col	lected				