Followup Fe						_							
\$50.00 after Retail Food Establishment Inspection Report Image: First aid kit First Followup Alleray policy													
First Followup													
City of Rockwall													
		icense/Permit #			CPFM Food handlers								
11/22/24		S-9398	4-Investig	ation	All 1 Page 1 of 2								
Establishment Nar	ne: Contact	/Owner Name:	4-mvesug	ation	XNumber of Repeat Violations:	Ŀ							
Physical Address:	lospital Accent Foods Nichole Pest control	e Anguiano	Hood	Greas	se trap :/ waste oil Follow-up: Yes O/100/A	ł							
3150 Horizon Rd, F	3150 Horizon Rd, Rockwall, TX 75032 Refer to Cafe report N/a Refer to cafe report N₀ ✓												
Compliance Mark the appropriate	Status: Out = not in compliance \overline{IN} = in compliance points in the OUT box for each numbered item	NO = not ob Mark '✓' a checl		A = not a ropriate b	pplicable $COS = corrected on site R = repeat violation W= Watchnox for IN, NO, NA, COS Mark an \times in appropriate box for R$	L							
Compliance Status	Priority Items (3 Points) v	iolations Require	Immediate Compliance		tive Action not to exceed 3 days								
OÎNNCUNOAO	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	0 I N U N O	N C A O		R							
T S	1. Proper cooling time and temperature		T	S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting								
	2. Proper Cold Holding temperature(41°F/ 45°F)				13. Proper use of restriction and exclusion; No discharge from								
	See		~		eyes, nose, and mouth								
	3. Proper Hot Holding temperature(135°F)		Preventing Contamination by Hands										
	4. Proper cooking time and temperature		~	14. Hands cleaned and properly washed/ Gloves used properly									
	5. Proper reheating procedure for hot holding (165' Hours)	°F in 2			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y, N,)								
	6. Time as a Public Health Control; procedures &	records				_							
			-	1 1	Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered								
	Approved Source			~	Pasteurized eggs used when required Fully cooked								
	7. Food and ice obtained from approved source; For good condition, safe, and unadulterated; parasite destruction	ood in		<u> </u>	Chemicals								
	destruction Commercial 8. Food Received at proper temperature				17. Food additives; approved and properly stored; Washing Fruits								
	Checking				& Vegetables No prep 18. Toxic substances properly identified, stored and used								
	Protection from Contamination 9. Food Separated & protected, prevented during for	bod			10. Toxic substances property identified, stored and used	_							
	preparation, storage, display, and tasting				Water/ Plumbing								
~	10. Food contact surfaces and Returnables ; Cleane Sanitized at 200 ppm/temperature	ed and	~		19. Water from approved source; Plumbing installed; proper backflow device								
~	11. Proper disposition of returned, previously server reconditioned	ed or	~		20. Approved Sewage/Wastewater Disposal System, proper disposal								
O I N N C	Priority Foundation Iten	ns (2 Points) vio	lations Red O I N		rrective Action within 10 days	R							
U N O A O T - S	Demonstration of Knowledge/ Personnel		U N O T	A O S	Food Temperature Control/ Identification								
	21. Person in charge present, demonstration of kno and perform duties/ Certified Food Manager (CFM All		~		27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature								
	22. Food Handler/ no unauthorized persons/ personnel 28. Proper Date Marking and disposition												
	Safe Water, Recordkeeping and Food Package												
	Labering Secondary thermos hanging												
V 25. Not and Cold water available, adequate pressure, sale Permit Requirement, Prerequisite for Operation 24. Required records available (shellstock tags; parasite 30. Food Establishment Permit/Inspection Current/ insp posted													
	destruction); Packaged Food labeled				Posted and current								
	Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	_							
	HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions		~		supplied, used								
	Consumer Advisory		~		32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used								
~	26. Posting of Consumer Advisories; raw or under foods (Disclosure/Reminder/Buffet Plate)/ Allerger Noted on food label			~	33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided N/a								
		orrective Action N			ays or Next Inspection , Whichever Comes First	P							
O I N N C U N O A O T S	Prevention of Food Contamination	R	0 I N U N 0 T -	N C A O S		R							
~	34. No Evidence of Insect contamination, rodent/or animals		~		41.Original container labeling (Bulk Food)								
	35. Personal Cleanliness/eating, drinking or tobacc	o use			Physical Facilities								
~	36. Wiping Cloths; properly used and stored		~		42. Non-Food Contact surfaces clean								
	37. Environmental contamination		~		43. Adequate ventilation and lighting; designated areas used								
	38. Approved thawing method		~		44. Garbage and Refuse properly disposed; facilities maintained								
	Proper Use of Utensils		~		45. Physical facilities installed, maintained, and clean								
	39. Utensils, equipment, & linens; properly used, s dried, & handled/ In use utensils; properly used	tored,	~		46. Toilet Facilities; properly constructed, supplied, and clean Refer to Cafe report								
	40. Single-service & single-use articles; properly seand used	tored		~	47. Other Violations N/a	_							

Retail Food Establishment Inspection Report <u>City</u> of Rockwall

(signature) Nichole Anguiano	Print: Nichole Anguiano	Title: Person In Charge/ Owner Dietitian
Inspected by: (signature) Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Texas Health Hospital Coffee	Physical A 2091	Summer Lee Dr	City/State: Rockwa	ll, Tx	License/Permit # FS9-9398	Page <u>2</u> of <u>2</u>					
Item/Location	Tomm	TEMPERATURE OBSERV	ATIONS Temp	Item/Loca	tion	Town					
Drink Merchandiser	Temp		Temp	Item/Loca	uon	Temp					
Drink Merchandiser	39										
Drink Merchandizer											
Glas TCS fridge	40										
Biscuit	40										
		SERVATIONS AND CORRECT ENT HAS BEEN MADE. YOUR ATTE			HE CONDITIONS OBSER	VED AND					
Number NOTED BELOW: all temperature	es are taken in										
Restrooms refer to ca											
Thermos hanging in e											
Tcs food fridge is lock Labels appear correct											
		l by manufacturer with lab	els on bac	k							
Camera at pos and or											
Company phone and											
(signature) See abo	/e	See at	ove		Title: Person In Charge/	Owner					
Inspected by:		Print:									
Form EH-06 (Revised 09-2015)	ST	7 Richard	d Hill	SIT	Samples: Y N #	collected					