	Followup Fee of																	
\$50.00 after Retail Food Establishment Inspection Report Image: Constraint of the second																		
First Followup																		
Date: Time in: Time out: License/Pe 11/22/24 9:30 12:15 FS 88													срғм 5	1 0				
	II/22/24 9:30 I2:15 F5 88 Purpose of Inspection: I-Routine 2-Follow Up 3-Complai									n	5-CO/Construction			RE				
Establishment Name: Contact/Owner N							Name:						Number of Repeat Vio	lations:				
Physical Address: Pest control :							liano	Но	od				e trap :/ waste oil	Follow-up: Yes	0/100/	/Α		
31	3150 Horizon Rd, Rockwall, TX 75032 Refer to Cafe report Compliance Status: Out = not in compliance IN = in compliance								N/a	ved	N	4		o cafe report	No \mathbf{R} = repeat via	lation W-Wat	ch	
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										uys		R						
U T	T S (F = degrees Fahrenheit)					R	O U T	N	N O	N A	C O S		ployee Health		ĸ			
		~		1. Proper cooling time and temperature						~				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 dis	charge from		
	V	3. Proper Hot Holding temperature(135°F)						~				eyes, nose, and mouth Employee health form posted						
					4. Proper cooking time	-								Preventing C 14. Hands cleaned and prop	erly washed/ Gloves			
					5. Proper reheating proc	·	165°F in 2			~			-	15. No bare hand contact wi	•		-	
		~			Hours)		100 1 11 2			~				alternate method properly for Gloves & utensils				
	~				6. Time as a Public Hea	alth Control; procedures	& records							Highly Sus	ceptible Populations			
					Ар	proved Source				16. Pasteurized foods used; p Pasteurized eggs used when								
_		Т				7. Food and ice obtained from approved source; Food in												
	good condition, safe destruction Sysce					nd unadulterated; parasi		Chemicals										
	~				8. Food Received at pro Checking	oper temperature						~		17. Food additives; approve & Vegetables N/a	l and properly stored;	Washing Fruits		
		Protection from Contamination						~	18. Toxic substances properly identified, stored and used Stored low in basket separately					nd used				
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									Wa	er/ Plumbing			
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature					~				19. Water from approved so backflow device City approved	urce; Plumbing instal	ed; proper		
	 11. Proper disposition of returned, previously served or reconditioned Discard 						~				20. Approved Sewage/Wast disposal	ewater Disposal Syste	m, proper					
	Priority Foundation Items (2 Po						ints)	violat 0	_	Req N	uire N	Cor	rrective Action within 10 da	<i>ys</i>		R		
U T	N	N O	N A	C O S		n of Knowledge/ Perso		ĸ	U T	N	0	A		Food Temperat	re Control/ Identifi	cation	ĸ	
	~				21. Person in charge pro and perform duties/ Cer 5	rtified Food Manager (C	CFM)			~				27. Proper cooling method u Maintain Product Temperatu	ire	equate to		
					22. Food Handler/ no un 18			~				28. Proper Date Marking an Good date labels						
Safe Water, Recordkeeping and Food Package Labeling						ackage			~				29. Thermometers provided. Thermal test strips Digital thermo, str		ted; Chemical/			
					23. Hot and Cold Water 120, good press								it, Prerequisite for O	peration				
	~		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commercial						~				30. Food Establishment Permit/Inspection Current/ insp pc Posted and current					
				-		with Approved Proced ariance. Specialized Pro								Utensils, Eq 31. Adequate handwashing	upment, and Vendi acilities: Accessible a			
	~				HACCP plan; Variance processing methods; ma	obtained for specialize	d			~				supplied, used Equipped		ind property		
					Cons	sumer Advisory				~				32. Food and Non-food Con designed, constructed, and u		e, properly		
	~				26. Posting of Consume foods (Disclosure/Remi Available upon requ	inder/Buffet Plate)/ Alle				~				33. Warewashing Facilities; Service sink or curb cleanin Equipped		used/		
					Core Items (1 Poin								ection , Whichever Comes First					
O U T	I N	N O	N A	C O S	Prevention	of Food Contaminatio	n	R	O U T	N N	N O	N A	C O S	Food	Identification		R	
	~				34. No Evidence of Inse animals	,				~				41.Original container labelin	g (Bulk Food)			
	~				35. Personal Cleanlines Stored Iow		oacco use								sical Facilities			
	/ /				36. Wiping Cloths; prop Stored in solut 37. Environmental cont	ion		$\left \right $	-	くく				42. Non-Food Contact surfa 43. Adequate ventilation and		areas used		
╞	-				38. Approved thawing 1	method		+		~				44. Garbage and Refuse pro	perly disposed; facilit	ies maintained		
	*				Prope	er Use of Utensils			\vdash	v				45. Physical facilities install	ed, maintained, and c	ean	+	
	~				39. Utensils, equipment dried, & handled/ In us	t, & linens; properly use				~				46. Toilet Facilities; properl Refer to cafe re		d, and clean	+	
40. Single-service & single-use articles; properly stored				+	╞	\square		. /		47. Other Violations			+					
and used									V		N/a							

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

Received by: (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 Ba	Physical A	^{ddress:} Summer Lee Dr	City/State: Rockwa	ll. Tx	License/Permit # Page FS 8810		<u>2</u> of <u>2</u>				
	· · · ·	TEMPERATURE OBSERV	ATIONS								
Item/Location	Temp	Item/Location	Temp	Item/Loca	ation	Т	Гетр				
UC fridge											
Whole/2% Milk	39/39										
Whip	40										
Oat Milk	39										
		SERVATIONS AND CORREC	TIVE ACTION	NG							
	TABLISHME	ENT HAS BEEN MADE. YOUR ATTE			THE CONDITIONS OBSI	ERVED AND	•				
Number NOTED BELOW: all temperature Restrooms refer to Ca		F									
	-	an 101, plexiglass separa	tion betwee	en hand	sink and 3 comp						
3 comp sink set up, 12											
Digital thermo, strips of	-										
Sani bucket filled at co	offee 3 co	omp									
		etween drinks on espress	o machine								
	Ice machine air gap confirmed										
Cabinets very clean a	Cabinets very clean and organized										
Received by: (signature) See abov	/e	Print: See at	ove		Title: Person In Char	ge/ Owner					
Inspected by:	ST.	Print:		CIT							
Form EH-06 (Revised 09-2015)					Samples: Y N	# collected					