Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

First aid kit
Allergy policy/training
Vomit clean up Employee health
Employee health

Virt	ua	al ·	ins	sp	w/owner	1										Employee	health	
Date	e:			-	Time in: 12:30	Time out: 3:01	Fs 9								Food handle	Food managers	Page 1 of	2
					tion: 1-Routine	2-Follow Up	3-Compla			-Inve	estig	atio	n	5-CO/Const	ruction	6-Other	TOTAL/SCO	RE
Esta							Contact/Owner i							* Number of ✓ Number of	Repeat Viol Violations	ations: COS:	10/00	/ A
Phys 1203					187		control :	rlv	Ho Na	od				se trap//waste oil re someone look at	t it	Follow-up: Yes V	10/90	/A
	С	om	pliar	ice S	tatus: Out = not in co	ompliance IN = in con	npliance N	$\mathbf{O} = \text{not}$	obsei			A = 1	not ap	pplicable COS =		site R = repeat vio	olation W- Wat	ch
Mark	the	ap	prop	riate	points in the OUT box for Prio	r each numbered item ority Items (3 Po								, NA, COS	Ma	ark an 💢 in appropriat	e box for R	
Com		nce N	Stat	cus C		•	,	R	_	omp	lianc	e Sta	atus			-)* 		R
		o	A	o s	(F = d)	nperature for Food legrees Fahrenheit)	Safety		U	N			o s		•	loyee Health		
		/			Proper cooling time a	and temperature				/	,			12. Management, knowledge, respo		oyees and conditional and reporting	employees;	
\vdash					2. Proper Cold Holding T turned into colder s	g temperature(41°F/	45°F)		-							and exclusion; No dis	charge from	+
3					to colder unit in back	room to follow up)			eyes, nose, and mouth Keep poster st all hand din k s in p						nd din k s in pre	ep areas	
		1	~		3. Proper Hot Holding t				Preventing Contamination by 14. Hands cleaned and properly washed/ Gle						v			
		(~		4. Proper cooking time	*				/	_							
		(/		5. Proper reheating production Hours) Using m	cedure for hot holdin	-			15. No bare hand contact with ready to eat foods or a alternate method properly followed (APPROVED Gloves a d the Fold								
		/			6. Time as a Public Hea							<u> </u>				ceptible Populations		
														16. Pasteurized for	oods used; p	rohibited food not of		
						proved Source						•		Pasteurized eggs None obser		required		
					7. Food and ice obtaine good condition, safe, ar	nd unadulterated; pa	rasite								(Chemicals		
					destruction Restaur		nd Herbalife	•										
l					8. Food Received at pro To transport safe	-	ercial grocer			/	,			& Vegetables		and properly stored;	Washing Fruits	
					·	n from Contaminat			-	/	,				nces properl	y identified, stored an		+
П	,				9. Food Separated & pr		luring food					<u> </u>		Stored low away f	, ,	related to foods on the b	oottom shelf of rack	
·	1				preparation, storage, dis		Classification							10 W-4 f		er/ Plumbing	. 1	
·	1				10. Food contact surfact Sanitized at _200_	ppm/temperature	; Cleaned and		3					backflow device	• •	arce; Plumbing install		(
	•	/			11. Proper disposition of reconditioned Disc	of returned, previous	sly served or			/	,			20. Approved Sedisposal	wage/Waste	water Disposal System	m, proper	
						iority Foundatio	on Items (2 Po	oints) v	_	_	_	_	e Coi	rrective Action wi	thin 10 day	?S		
	I N	N O	N A	C O S	Demonstration	n of Knowledge/ Pe	rsonnel	R	U	N	N O	N A	O S	Food	Temperatu	re Control/ Identific	cation	R
·					21. Person in charge pro and perform duties/ Cer					/	,		/	27. Proper coolin	g method u	sed; Equipment Ade	quate to	
H					1 i on duty 22. Food Handler/ no u How to be done with	nauthorized persons	/ personnel		-	•	,			28. Proper Date M		re KeepTurned to	coldest setting	1
	1					nin 30 days of hire ordkeeping and Foo			-					Date dec wh 29. Thermometer	rs provided,	eam todays date accurate, and calibrat	ed; Chemical/	+
						Labeling			2					Thermal test stri	^{ps} stops wi	thin dates		
L	/				23. Hot and Cold Water See attached	_	_									t, Prerequisite for O	-	
					24. Required records av destruction); Packaged I deserve tod	vailable (shellstock t Food labeled	tags; parasite			/	,			30. Food Establi Posted by		rmit (Current/ insp s	ign posted)	
						lay appear 1 with Approved Pro										ipment, and Vendin	ıg	
					25. Compliance with V HACCP plan; Variance						,			supplied, used	_	acilities: Accessible a	nd properly	T
		(processing methods; ma	anufacturer instructi	ons			•				Equipped	/115			
					Con	sumer Advisory			V					designed, constru	icted, and us		e, properly	
		T			26. Posting of Consume	er Advisories; raw o	r under cooked		-		_			Watch equ 33. Warewashing		t installed, maintained,	used/	+
·					foods (Disclosure/Remi Disgusting detail, sep	inder/Buffet Plate)/ parating, and voting	Allergen Label g cross contact			/				Service sink or co	urb cleaning	facility provided		
0	Ι	N [N	С	Core Items (1 Poir	nt) Violations Req	quire Corrective	Action	Not	_	Exce	ed 9 N	0 Da	ays or Next Inspec	ction , Whic	chever Comes First		R
		o	A	o S		of Food Contamina			U	N	0	A	o s			Identification		
				~	34. No Evidence of Instantials No fruit flies	observed today				/	_			41.Original conta LG marking	containe	g (Bulk Food) <mark>ers n out y lids -</mark>	-great	
L	1				35. Personal Cleanlines Stored in locat	ion away fro	<u>m li Mc ch</u>							10.33		ical Facilities		
W					36. Wiping Cloths; projugateh cotton t	<u>fowels</u>	d			~	'			42. Non-Food Co Watch				
1					37. Environmental cont Shelving less th	ıan 6in variou	s locations			~	'			Watch		lighting; designated a		
	•	/			38. Approved thawing In cooler	method				~	'			Watch		erly disposed; faciliti		
					•	er Use of Utensils			1					GeneralClea	ning	ed, maintained, and cl		
٧					39. Utensils, equipment dried, & handled/ In us	se utensils; properly	used			~	,			46. Toilet Faciliti Equipped		constructed, supplied	d, and clean	
\vdash					To be stored clean 40. Single-service & sin	and dry to avoid ngle-use articles; pro	operly stored	+	-		مہ			47. Other Violation				+
·					and used													

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (Printed / Covid Lisa Christian	Print: Working owner	Title: Person In Charge/ Owner Manager owner
Inspected by: Kelly Kirkpatrick RS	Print: Kelly Stockburger RS	Business Email:

Form EH-06 (Revised 09-2015)

To con	nfirm TCS moved to	colder u	ınit		Sm	oothies	are m	ost of business			
Establishr Rock	ment Name: On Nutrition	ddress:			ty/State: Pockwa	License/Permit # Fs 9485	Page <u>2</u> of <u>2</u>				
TIOOK	11441141011	rilago		MPERATURE OBSERV				100100			
Item/Loc	ation	Temp F	Item/Lo	ocation_		Temp F	Item/Loca	ntion	Temp F		
Small	under counter cooler		New c	ooler with be water o	only						
Wh	nipped cream	48-51	Move	d Tcs whipped cre	am						
Just of	pened and used today	51		To back							
Just	opened for temps	46									
Back white	e side by side residential. Cooler										
Bac	k room cooler										
	sauce(personal)										
Th	ermo in door	40'	CEDYA	TIONS AND CORDES	(F) T T 7		a a				
Item Number											
Wa28	Front hand sink is slov	v to drain)								
.3 sawaaa1	Hot water at 116 F at h	nand sink	c : 115	in restroom							
	Using Taylor nsf approved	//new test	strips/ o	wner is ordering from	Am	azon and	will take	oictures and send wh	en they arrive/		
37	Shelving to be 6 inche	s from flo	oor hei	ight							
Cos	Discussed date markir	ng whipp	ed crea	am 6 days out							
02	Whipped cream opened	today ha	s been	in and out of unit! Al	ll ni	ght is 51	F dated	6/3024 cc/ opened	earlierctoday		
2	To pull whipped cream t	o back co	oler un	til you can verify it is	s hol	lding god	d temps	s before moving TC	S foods back		
29	Sanitizing with quats in	n sink an	d buck	et used per lane b	out s	still need	to. Nev	v.dated strips			
29	Test strips dated 10/24	to upda	te	-							
	Sanitizer in sink tested	to be 20	00oka	ay peg label							
W	Moving extra shelving	unit fron	n kitche	en							
	Chemicals for cleaning	are stor	red on	bottom shelf below	v an	ything r	elated to	food			
W	To provide bleach only	for vom	it clear	ı up							
	Dry good contents Lat	peled on	each d	container							
W	Pecans Graham crackersreceived	l in labeled ba	agsthen t	ransferred to clean C contai	iner/To	keep origir	al labels to p	provide ingredients. By requ	est for more pts I y		
39/w	Try to store handle to	opening l	handlir	ng out (watch stir	as h	ne of all	others)	no points attached	1		
	Restroom looks good										
	Jsing plastic wrapped straws										
	Tea kit packaged— ins	side kits p	out tog	ether at store ingre	edie	nts are	on small	original packages			
	Allergy notice verbal into	ention is to	provide	ingredients by reques	st le	eading qu	estions a	re asked if they are fo	old of allergens		
	Utensils used to touch	rte foods	s/								
45	Need to clean drain in	back roc	m Co	onfirmed air gap							
	Shared dumpster with centerbiggest issue is theft of services by residents										
	Dumpster looks good										
.2/cos	Turned small cooler to	colder s	etting .	. to monitor							
	Utensils are washed of	lailywi	iping cl	oths in sanitizer	are	100 % (otton ,	to monitor			
When possible to store all dry mix foods in separate to prevent cross contact no allergies Owner is aware as well as											
Cos/w	Owner to place cup of	water in	unit to	check on Monday	wh	en they	return				
Received (signature)	See abov	/e		Print:				Title: Person In Charge/	Owner		
Inspected (signature)		ıtrick	rs	Print:				Samples: Y N #	# collected		