Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 12/12/2024		24	Time in: 12:40	Time out: 2:20)OD		013					Est. Type Risk Category Page 1 of 2	<u>.</u>		
Establishment Name: Contact/Ov						mplaint vner Nam	ne:	4-I	inves	stiga	tion		5-CO/Construction 6-Other TOTAL/SCOR * Number of Repeat Violations:	Ε		
Napoli Italian Restaurant Physical Address: 407 S Goliad Rockwall, TX Pest control: 1st Strike/10-8-202						0 2024	1.	Hoo		2024	Gr	ease		7/93/A		
		Com	plia	nce S	Status: Out = not in co	ompliance IN = in	n compliance	NO = 1	not o	bserv		NA	= nc	ot app	1-27-2024 No Representation Work Watch of IN, NO, NA, COS Mark an in appropriate box for R	ı
					points in the OUT box for Prio					e Im	med	iate	Corr	recti	ox for IN, NO, NA, COS Mark an X in appropriate box for R ive Action not to exceed 3 days	
O U	mpli I N	iance N O	Sta N A	tus C O	Time and Temperature for Food Safety					O I N N C U N O A O		С				
Т	~			S	(F = degrees Fahrenheit) 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	
	~										~				eyes, nose, and mouth	
	~				Proper Hot Holding Proper cooking time										Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
		~			5. Proper reheating pro	n 2			~				No bare hand contact with ready to eat foods or approved			
		~			Hours)						•				alternate method properly followed (APPROVED $\dot{Y}_{.}$ N.)	
	~				6. Time as a Public Hea	alth Control; pro	ocedures & rec	ords							Highly Susceptible Populations	
					Ар	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						ı				Chemicals	
					8. Food Received at pro		e								17. Food additives; approved and properly stored; Washing Fruits	
	•			check at receipt							'				& Vegetables Water only 18. Toxic substances properly identified, stored and used	
					Protection from Contamination 9. Food Separated & protected, prevented during food						/					
	'				preparation, storage, di								Water/ Plumbing			
	/				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature						~				19. Water from approved source; Plumbing installed; proper backflow device	
	/		11. Proper disposition of returned, previously served or reconditioned diacarded					r			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
Priority Foundation Items (2 Points) violations Require Corrective																
			_			ority i ound	ation Items			_		_		_	rective Action within 10 days	
O U T	I N	N O	N A	C O S		n of Knowledge	e/ Personnel	R		O U T	I N	N O	N	C O S	Food Temperature Control/ Identification	R
		N O		О	21. Person in charge pr and perform duties/ Ce	n of Knowledge	e/ Personnel	R		O U	I	N	N	C O	·	R
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Retail Food Establishment Inspection Report

Received by: (signature) Zikri Nasufi	Print: Zikri Nasufi	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	ddress: C	ity/State:		License/Permit#	Page 2 of 2					
	li Italian Restaurant	407 S		Rockwa	II, TX	FOOD5013	1 age <u>2</u> 01 <u>2</u>					
Item/Loc	ention	Temp F	TEMPERATURE OBSERVATI	ONS Temp F	Item/Loca	tion	Temp					
		41		41	Item/Loca	uon	Temp					
	cold top/cut tomatoes		reach in cooler/pasta									
shre	edded cheese	41	pasta	41								
dessert	reach in cooler/cheesecake	42	WIC/chicken	95/103								
Pizza	a cold top/sausage	34	pasta	41/41								
	cheese	40	sausage	41								
ice	bath/shrimp	38	reach in freezer	9								
stea	m well/meatballs	195	reach in freezer	10								
rea	ch in freezer	3										
T ₄ .	·		SERVATIONS AND CORRECTIV				•					
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 120F equ	ipped										
31	Slow draining hand	sink/to	repair as only hand sink	availab	le							
45	When changing ceiling tiles, change to cleanable tiles, some moldy tiles near WIC											
			are using 3 comp sink to									
32	To seal/replace wood shelves, not cleanable, unsealed wood											
	Walls and equipment cleaner, noted/good											
W			fish MUST be released f	rom pa	ckaging	when thawing						
00	Dough mixer cleaned daily after using											
32	To seal and /or replace exposed wood shelves in back storage											
27	Chicken in WIC made 1 hour previous/ need to aggressively cool using shallow metal pans											
	2 hours to 70F then 4 hours to 41F or below Using quat sanitizer spray at 200ppm											
	Quat and chlorine to											
	Digital thermo used		3 011 3110									
	Soda/tea nozzles WRS daily, mats as well											
	3 comp sink 120+F		<u>, ,</u>									
	1											
							_					
Received (signature)			Zikri Nas	sufi		Title: Person In Charge/	Owner					
Inspected (signature)		ten 1	Print: Christy Co		RS							
orm FH-06	Crur Uscy COV	10g, 1				Samples: Y N #	collected					