	Followup Fee of														
•	\$50.00 after Retail Food Establishment Inspection Report														
Flist Followup Alleray policy															
City of Rockwall												all Employee health			
Date: Time in: Time out: License/Per														CPFM Food handlers	
	1/30/25 1:55 2:58 FS-9														
Purpose of Inspection: I-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N Contact/Owner N Contact/Owner N							ne:					5-CO/Construction 6-Other TOTAL/SCOR XNumber of Repeat Violations:	E.		
-	Sweet Frog								Hood Great					✓ Number of Violations COS: se trap :/ waste oil Follow-up: Yes ✓	4
	Physical Address: Pest control : 1067 E Interstate 30 #105, Rockwall, TX To provide								N/a				prov	Tonon up. Test	_
Compliance Status:Out = not in compliance $IN = in compliance$ NO = not observedNA = not applicableCOS = corrected on siteR = repeat violationW= WatchMark the appropriate points in the OUT box for each numbered itemMark the appropriate box for IN, NO, NA, COSMark and in appropriate box for R												L			
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days												tive Action not to exceed 3 days			
Compliance Status Time and Temperature for Food Safety 0 I N C U N O A						R	U N O A O Employee Health						R		
Т			s (F = degrees Fahrenheit) 1. Proper cooling time and temperature					T S 12. Management, food employees and conditional employees						_	
		✓ No leftovers						~				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				
	3. Proper Hot Holding temperature(135°F)						Employee health form posted Preventing Contamination by Hands								
					4. Proper cooking time	and temperature				Preventing Containination by Hands 14. Hands cleaned and properly washed/ Gloves used prop					
					5. Proper reheating pro	cedure for hot holding (165°F in 2		_					15. No bare hand contact with ready to eat foods or approved	
			/		Hours)					~				alternate method properly followed (APPROVED YN) Gloves	
	く				6. Time as a Public Hea	alth Control; procedures	& records							Highly Susceptible Populations	
					Approved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
_					7. Food and ice obtaine	ed from approved source	; Food in			Ľ					_
					good condition, safe, ar destruction To prov							Chemicals			
	~				8. Food Received at pro To verify by mo					~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water	
					Protection	n from Contamination				~				18. Toxic substances properly identified, stored and used Chemicals are stored low and separated	
					9. Food Separated & pr preparation, storage, dis	rotected, prevented durin splay, and tasting	ig food			<u> </u>		. <u> </u>		Water/ Plumbing	
	•				• • •	ces and Returnables ; Cle	aned and						1	19. Water from approved source; Plumbing installed; proper	
	~				Sanitized at 200					~				backflow device City approved	
11. Proper disposition of returned, previously served or reconditioned Discard						~				20. Approved Sewage/Wastewater Disposal System, proper disposal					
							oints)	nts) violations Require Corrective Action within 10 days							
O U T					R	O U T	Ν	N O	N A	C O S	Food Temperature Control/ Identification	R			
2				0		resent, demonstration of a rtified Food Manager (C			-	~			6	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature No leftovers	
	~					nauthorized persons/ per	rsonnel			~	'			28. Proper Date Marking and disposition Get date labels	
					Safe Water, Reco			./	,			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips			
					23. Hot and Cold Water							Black digital thermo, strips current	_		
	~				120, good pres	sure				1	1			Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit/Inspection Current/ insp posted	
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commerical labels						~				Posted and current			
					Conformance v	with Approved Proced				1	1		1	Utensils, Equipment, and Vending	
2					HACCP plan; Variance	Variance, Specialized Pro e obtained for specialized anufacturer instructions				~	,			31. Adequate handwashing facilities: Accessible and properly supplied, used	
					Hershey's syru									Equipped 32. Food and Non-food Contact surfaces cleanable, properly	
						er Advisories; raw or un			2		,			designed, constructed, and used See 33. Warewashing Facilities; installed, maintained, used/	
	V				foods (Disclosure/Rem Allergen awareness	inder/Buffet Plate)/ Alle s poster	rgen Label			V				Service sink or curb cleaning facility provided Equipped	
0	Ι	N	N	С	Core Items (1 Poir	nt) Violations Requir	e Corrective	Action	0	Ι	Ν	ed 9(N	0 Da C		R
U T	N	0	A	o s		of Food Contamination			U T	N	0	A	O S		
1	Ц				animals	ect contamination, roder				~				41.Original container labeling (Bulk Food)	_
	~					ss/eating, drinking or tob	acco use			1				Physical Facilities	
	~				36. Wiping Cloths; pro Stored in solut	lion			1					42. Non-Food Contact surfaces clean See	
1	Ц				37. Environmental cont					~				43. Adequate ventilation and lighting; designated areas used	
	~				38. Approved thawing Refrigerator	method				~				44. Garbage and Refuse properly disposed; facilities maintained	
					-	er Use of Utensils			1					45. Physical facilities installed, maintained, and clean See	
	~					t, & linens; properly use se utensils; properly use				~				46. Toilet Facilities; properly constructed, supplied, and clean Clean and stocked	
F					40. Single-service & sin and used	ngle-use articles; proper	ly stored	\uparrow				~		47. Other Violations	
												-		N/a	

Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establishm Swee	nent Name: tFrog	Physical A 1067	^{ddress:} E Interstate 30 #105	City/State: Rockwal	l, Tx	License/Permit # Page 2 of 2		2 of 2				
TEMPERATURE OBSERVATIONS												
Item/Loca		Temp	Item/Location	Temp		tem/Location						
WIC a		36	6/coconut&cotton cand	-		Beverage cooler		34				
Strav	wberries as red	38	7/mango&cake batte	r 38/39	Hershey syrup			76				
Yog	urt machines		Chest freezer	8.1	Hersh	ersheys hot fudge						
1/v	anilla& choc	37/34	Toppings cooler		Hersheys caramel			112				
2/cok	kies&crm & Tart	34/34	Cookie dough	38								
3/va	nilla ice&rasp	35/36	Perals	38								
4/chz	cake&strawberry	38/39	Below									
5/pine	apple&orange rasb	38/37	Whip	39								
OBSERVATIONS AND CORRECTIVE ACTIONS												
Item Number	er 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 was greater than 106											
	Hand sink equipped greater than 106											
	3 comp sink set up, 125, quat sani 200ppm, strips expired											
45/34												
10/1-			ad to drip dry over mop sin									
42/45	•		and floor under racks in w	IC								
	Cleaning supplies are		•									
37	Frozen condensation observed in chest freezer, to address											
	No tcs foods stored in lobby beverage coolers											
	Disposable spoons inv		•	-1++-								
	Allergen toppings peanuts, almonds and walnuts are positioned closest to consumer so as not to cross contami											
	Remaining toppings have their own utensils on opposite side, good practice to keep allergen's separate											
05	Utensils and all food surfaces w/r/s every 4 hours or as needed Observed Hershey syrup topping in a squeeze bottle sitting on countertop stored at room temp. Manufacturer recomme											
25			a squeeze bollie silling on cour	lienop slore	a noom	temp. Manufacturer	recon	nmenas				
21	refrigerate after openin	•	onsite during open busines									
21	Food code requires CFM to be onsite during open business hours Observed Hershey syrup topping in a hand pump dispenser at room temp, manufacturer requires											
20		<u> </u>	opening on box, to discard		n temp, i		JIIES					
				in writing	if refrice	rator is required fo	٦r					
	May contact manufacturer to request product assessment in writing if refrigerator is required for quality or safety requirements											
32	Observed rough green cutting boards, code requires smooth, options include resurfacing and/or replacement											
32	Observed oxidized shelves underneath toppings cooler, to address to make cleanable											
Received by: Print: Title: Person In Charge/ Owner												
(signature)	See abov	/e	See ab	ove		Title: Person In Charge/	Owner					
Inspected (signature)	-		Print:									
Form EH 06	(Revised 09-2015)	SI	7 Richard			Samples: Y N #	collecte	ed				