Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

1/2/25			9:10		FS-0004078				5	8	Page 1 of	2						
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaine Stablishment Name: Contact/Owner N				_		-Inve	stiga	tion		5-CO/Construction	6-Other	TOTAL/SCO	RE					
	tabli Bri						Leo S		Name	:					Number of Repeat Violations C	ations: <u>4</u> COS:	8/92/	۸
Physical Address: 2455 Ridge Rd #101 Rockwall, Tx Pest control: Cantura 11/14/24											e trap :/ waste oil Follow-up: Yes No			Α				
M					tatus: Out = not in compoints in the OUT box for e	inpliance IN = in	compliance	e No		ot obse					plicable COS = corrected on	site $\mathbf{R} = \text{repeat vio}$ rk an \mathbf{X} in appropriat	lation W= Wat	tch
IVI	uk u	не ар	ргор	паце											ox for IN, NO, NA, COS Mai ive Action not to exceed 3 da		e box for K	
O U	mpli I N	ance N O	Stat N A	C O	Time and Temp	perature for F	ood Safety	y	R	C			Stat N A	us C O	Empl	loyee Health		R
T	14	U	А	s	(F = deg	grees Fahrenhe nd temperature				T			А	s	12. Management, food employ		employees;	
		/			, ,	•					/				knowledge, responsibilities, a			
	/				2. Proper Cold Holding t See	emperature(41	°F/ 45°F)				/				13. Proper use of restriction at eyes, nose, and mouth		charge from	
	✓				3. Proper Hot Holding te See	mperature(135	5°F)								Employee health forn Preventing Cor	O posted ntamination by Han	ıds	
	•	_			4. Proper cooking time at	nd temperature	e				1			/	14. Hands cleaned and proper			
		•			5. Proper reheating proce Hours)	edure for hot h	olding (165	5°F in 2			-				15. No bare hand contact with alternate method properly foll			
	_				6. Time as a Public Heal	th Control: pro	ocedures &	records							Gloves & utensils	•	111)	
					0. 11 4.5 4.7 4.01.0 1104	ar control, pro					I				Highly Susce	eptible Populations cohibited food not off	fered	
					Арр	roved Source					~				Pasteurized eggs used when re Shelled eggs only			
	•				7. Food and ice obtained good condition, safe, and destruction US Food	l unadulterated	l; parasite	ood in								hemicals		
	~				8. Food Received at prop Checking						~				17. Food additives; approved & Vegetables Water	and properly stored;	Washing Fruits	
	L				Protection 1	from Contami	ination				~				18. Toxic substances properly	identified, stored an	d used	
	~				9. Food Separated & pro- preparation, storage, disp	olay, and tastin	ıg									r/ Plumbing		
3					10. Food contact surface: Sanitized at100 p	pm/temperatur	re 100)			~			•	19. Water from approved sour backflow device City approved			
	~				11. Proper disposition of reconditioned Disca	returned, prev ard	iously serv	ed or			/				20. Approved Sewage/Wastev disposal	water Disposal Syster	m, proper	
0		27	27	G	Prio	rity Founda	ation Ite	ms (2 Po			_	_			rective Action within 10 days	S		
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	/ Personne	el	ints)	viola	I J N	Req N O	uire N A	Cor C O S	·	s re Control/ Identific	ation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Leo Smajli	Print: Leo Smaji	Title: Person In Charge/ Owner
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: Funch House	Physical A	ddress: Ridge Rd	City/State: Rockwa	II Ty	License/Permit # Page FS-0004078	2 of 2			
00 Di	diloit i louse	2400	TEMPERATURE OBSERVA		II, IX	1 0 000+070				
Item/Loc		Temp	Item/Location	Temp	Item/Loca	ation	Temp			
WiC a	mb	36	Upright freezer HTT lin	e 10.1		38				
	Egg wash	38	Grill drawers		Yogu					
	Ham	39	Hashbrowns	34	Blended cheese Sandwich cooler		37			
R	law chicken	39	Steak stripes	38	Sar					
Wł	nole tomatoe	39	Chicken	37	Cream cheese/slice cheese		40/39			
Gr	aded cheese	40	Sausage patties	34	Bar					
Upri	ght freezer HTT	16.1	Diced Tom preppe	d 43	E	Beer cooler				
U	pright fridge	34	Pancake cooler			Milk/whip	40/39			
Item	AN INSPECTION OF VOLID ES		SERVATIONS AND CORRECTIONS AND CORRECTIONS AND CORRECTIONS AND COURS ATTEM			THE COMPLETIONS ODSERVED AN	JD.			
Number	NOTED BELOW: all temperature		ENT HAS BEEN MADE. YOUR ATTEN' F	I ION IS DIKE	CIED IO I	HE CONDITIONS OBSERVED AT	ND			
Note	•		no smoking signs installed							
46			ater than men's, women's o							
	•		sani 100ppm, strips currer	nt						
	Dishwasher confirmed									
	Cleaning soda and tea		nightly							
	Juicer cleaned after ev									
	Expresso wand cleaned between each use									
	Bar hand sink equipped 120, 3comp sink 120, using chlorine sani 100ppm Bottle beer cooler, amb 39, whip, 41, milk 40									
43	Observed burnout ligh		• • • • • • • • • • • • • • • • • • • •							
10			e in ice machine, burn ice,	w/r/s enti	re hoppe	er and allow ice to accu	mulate			
28										
45	Observed missing date labels on ham, graded cheese, chorizo in wic To replace missing ceiling tile above dishwasher									
	Hot holding, sausage 168, white gravy 170									
	Red sani buckets filled at 3 comp sink, 100ppm									
Received			Print:			Title: Person In Charge/ Owner				
(signature)	See abov	<u>'e</u>	See ab	ove						
Inspected (signature)		SI	Richard	hill	SIT	Samples: Y N # collecte	ed			