Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: Time in: Time out: License/Permit # Est. Type Risk Category Page 1 of 2										٠ 2							
									002238								
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N								 4-	Inves	stiga	tion	1	5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:	ORE			
_					onuts Yuneun	Kim		Цол	nd.		G	rong	V Number of Violations COS: 9/91/	/A			
3045 N Goliad Rockwall, TX Wise Choice/12-18-2024 Wise Schoice/12-18-2024 Wise Choice/12-18-2024										9-16-2024/100gal No Tollow-up. Tes							
Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark '' a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R												itch					
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																	
O	I N O A O Time and Temperature for Food Safety						1	O U	O I N N C		C 0	Employee Health					
Т				S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature			Т				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				
			~		3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands						
		~			Proper cooking time and temperature		-						14. Hands cleaned and properly washed/ Gloves used properly				
		•	5. Proper reheating procedure 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 Y. N.)				
	~	6. Time as a Public Health Control; procedures & records				ords							Highly Susceptible Populations				
					Approved Source				/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
					7. Food and ice obtained from approved source; Food	in	1		Ш				eggw cooked				
	~				good condition, safe, and unadulterated; parasite destruction								Chemicals				
					8. Food Received at proper temperature		1						17. Food additives; approved and properly stored; Washing Fruits				
	~								~				& Vegetables				
					Protection from Contamination				~				18. Toxic substances properly identified, stored and used				
	~	Pood Separated & protected, prevented during food preparation, storage, display, and tasting										Water/ Plumbing					
3				~	10. Food contact surfaces and Returnables ; Cleaned a Sanitized at ppm/temperature	nd			~			Ì	19. Water from approved source; Plumbing installed; proper backflow device				
-					11. Proper disposition of returned, previously served or reconditioned discarded	r	1		~				20. Approved Sewage/Wastewater Disposal System, proper	+			
	~				uiscarded				•				disposal				
	'				Priority Foundation Items (2 Point	s) vi		ions .		uire						
O U	I	N O	N A	COS		2 Point		O U	ions .	Req	uire N A	C 0		R			
O U T		N O	N A		Priority Foundation Items (R		О	ions .	N	N	С	rrective Action within 10 days	R			
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

Establishment Name: Lone Star Donuts	Physical A 3045	^{.ddress:} N Goliad		City/State: Rockwa	all. TX	License/Permit # FS-0002238	Page <u>2</u> of <u>2</u>					
		TEMPERATUI			,							
Item/Location	Temp F	Item/Location		Temp F	Item/Loca	tion	Temp F					
front drink cooler	40											
front drink cooler	36											
residential cooler/cheese	41											
freezer	4											
freezer	-6											
2 door cooler/sausage	41											
	OH	 	O CORRECTIV	E ACTIO	NS							
Item AN INSPECTION OF YOUR ES NOTED BELOW:	OBSERVATIONS AND CORRECTIVE ACTIONS AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
Front hand sink 100	0+F equ	ipped										
TPHC time stickers	•	• •										
RR sink 100F equip		. ,										
42 to clean speed rack												
42 To clean front hand		d wall behind										
No liquid oil disposa			, particulate	e diaca	rded							
3 comp sink 120F	,	. g 	p on the ones.	<u> </u>								
29 Sani strips on site/e	expired/i	need new										
Digital therno	жрігоц/ і	icca new										
	Air curtain working at back door											
	Sani bucket setup less than 100ppm chlorine/COS											
	Back hand sink 100F equipped											
eggs cooked on site												
45 To clean walls throughout 45 To clean floors												
32/42 To clean mixers bowls/store clean												
OZ/4Z TO GICAIT MIXCIS DO	TO Clean mixers downs/store clean											
				·								
Received by:		Print:			Г	Title: Person In Charge/	Owner					
			ıneun	Kin	า	Owner	O WIEG					
Inspected by: (signature) Christy Cov	tez. 1	RS Ch	risty Co	ortez.	RS							
	0, '	- - 1.	,	,	-	Samples: Y N #	collected					