

Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

| | | | | | | |
|---------------------------|--------------------------|---------------------------|---------------------------------------|-----------|---------------|---------------------------|
| Date: 1/27/2025 | Time in: 11:30 | Time out: 12:10 | License/Permit # FS-0002238 | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|---------------------------|--------------------------|---------------------------|---------------------------------------|-----------|---------------|---------------------------|

| | | | | | | | |
|---|--|--|---|--|--|--|--------------------|
| Purpose of Inspection: <input type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other | | | | | | | TOTAL/SCORE |
| Establishment Name: Lone Star Donuts | | | Contact/Owner Name: Yuneun Kim | | * Number of Repeat Violations: _____ | | 9/91/A |
| Physical Address: 3045 N Goliad Rockwall, TX | | | Pest control : Wise Choice/12-18-2024 | | Grease trap : LES/9-16-2024/100gal | | |
| | | | Hood <small>Vent Hood US9-4-2024</small> | | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |

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 Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

| Compliance Status | | | | | | Compliance Status | | | | | |
|---|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | | | ✓ | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | | ✓ | | | | |
| | | ✓ | | | | | ✓ | | | | |
| | ✓ | | | | | Highly Susceptible Populations | | | | | |
| | | | | | | | ✓ | | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | | | | | | | ✓ | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| 3 | | | | ✓ | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

| Compliance Status | | | | | | Compliance Status | | | | | |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | 2 | | | | | |
| | ✓ | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Consumer Advisory | | | | | | 2 | | | | | |
| | ✓ | | | | | | ✓ | | | | |

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

| Compliance Status | | | | | | Compliance Status | | | | | |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

Retail Food Establishment Inspection Report

| | | |
|--|----------------------------------|--|
| Received by: (signature) <i>Yuneun Kim</i> | Print: Yuneun Kim | Title: Person In Charge/ Owner Owner |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|--|---|------------------------------------|---------------------------------------|---------------------------|
| Establishment Name: Lone Star Donuts | Physical Address: 3045 N Goliad | City/State: Rockwall, TX | License/Permit # FS-0002238 | Page <u>2</u> of <u>2</u> |
|--|---|------------------------------------|---------------------------------------|---------------------------|

| TEMPERATURE OBSERVATIONS | | | | | |
|---------------------------|--------|---------------|--------|---------------|--------|
| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
| front drink cooler | 40 | | | | |
| front drink cooler | 36 | | | | |
| residential cooler/cheese | 41 | | | | |
| freezer | 4 | | | | |
| freezer | -6 | | | | |
| 2 door cooler/sausage | 41 | | | | |
| | | | | | |
| | | | | | |

| OBSERVATIONS AND CORRECTIVE ACTIONS | |
|-------------------------------------|---|
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
| | Front hand sink 100+F equipped |
| | TPHC time stickers on front display |
| | RR sink 100F equipped |
| 42 | to clean speed racks |
| 42 | To clean front hand sink and wall behind |
| | No liquid oil disposal/filtering system/only particulate diacarded |
| | 3 comp sink 120F |
| 29 | Sani strips on site/expired/need new |
| | Digital therno |
| | Air curtain working at back door |
| 10 | 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 |
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|--|----------------------------------|--|
| Received by: (signature) <i>Yuneun Kim</i> | Print: Yuneun Kim | Title: Person In Charge/ Owner Owner |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | Print: Christy Cortez, RS | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)