## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

	ate: 123	3/2	202	25	Time in: 2:15	Time out: <b>2:55</b>	License/							Est. Type	Risk Category	Page 1 of	<u>f_2</u>
					tion: 1-Routine	2-Follow U <sub>1</sub>				l-Inve	stig	ation	1	5-CO/Construction	6-Other	TOTAL/SC	ORE
		ishm <b>1y</b> .					Contact/Owner	Name:						* Number of Repeat Violat ✓ Number of Violations CO			
Pł	iysic	al A	ddre	ess:			st control :			ood				e trap :	Follow-up: Yes	10/90	)/A
27			_		Rockwall, TX	ompliance IN = in c	ed current		n/a			-			No 🗌		
M					Status: Out = not in co points in the OUT box for	each numbered ite	em Mark	$\mathbf{NO} = \mathbf{no}$						plicable <b>COS</b> = corrected on si ex for <b>IN</b> , <b>NO</b> , <b>NA</b> , <b>COS</b> Mark	ite $\mathbf{R}$ = repeat vio $\mathbf{R}$ an $\mathbf{X}$ in appropriat	plation W-Wa te box for R	atch
C		iance	Ctot	tona	Prio	ority Items (3 1	Points) violation	ıs Requ		<i>mmed</i> Compl				ive Action not to exceed 3 days	s		
O	I N	N O	N A	C O		nperature for Fo		R		0 I	N O		C O	Emplo	yee Health		R
T	- 1			s	(F = d 1. Proper cooling time a	egrees Fahrenheit and temperature	t)		1		_		S	12. Management, food employe		employees:	
	~				g	r				~				knowledge, responsibilities, an			
	~				2. Proper Cold Holding	g temperature(41°)	F/ 45°F)			~				13. Proper use of restriction and eyes, nose, and mouth	d exclusion; No dise	charge from	
			~		3. Proper Hot Holding t	temperature(135°	F)							Preventing Cont	tamination by Han	ıds	
			~		4. Proper cooking time	and temperature				~				14. Hands cleaned and properl	ly washed/ Gloves u	ised properly	
					5. Proper reheating pro-	cedure for hot hol	lding (165°F in 2		-	+				gloves used 15. No bare hand contact with a			-
			~		Hours)					~				alternate method properly follo	wed (APPROVED	Y. N. )	
			~		6. Time as a Public Hea	alth Control; proc	edures & records							Highly Susce	ptible Populations		
					Ар	proved Source				~				16. Pasteurized foods used; pro Pasteurized eggs used when red <b>NO EGGS</b>		fered	
	~				7. Food and ice obtaine good condition, safe, ar destruction	nd unadulterated;	source; Food in parasite								emicals		
					8. Food Received at pro	oner temperature								17. Food additives; approved a	nd properly stored:	Washing Fruits	8
	~				check at rece					~				& Vegetables	na property storea,	washing Trans	
						n from Contamin	nation		-	~				18. Toxic substances properly i	identified, stored an	id used	
	_				9. Food Separated & pr preparation, storage, dis					<u> </u>				Water	/ Plumbing		
	~				10. Food contact surfact Sanitized at _200_					~				19. Water from approved source backflow device	ce; Plumbing install	ed; proper	
					11. Proper disposition of	of returned, previo	ously served or							20. Approved Sewage/Wastew	ater Disposal System	m, proper	+
	~				disc	arded				~				disposal			
	~				reconditioned disc.		tion Items (2 P	oints)	viola		Req	uire	Cor	disposal  rective Action within 10 days			
O U	I N	N O	N A	CO	Pri			oints)	) J	ations O I U N	Req N O	vuire N A	C 0	•	· Control/ Identific	eation	R
о U Т	I	N O	N A	C O S	Pri	n of Knowledge/	Personnel tion of knowledge	R	(	ations O I U N	N	N	С	Food Temperature 27. Proper cooling method used	d; Equipment Ade		R
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## Retail Food Establishment Inspection Report

Received by: (signature) Colton Crider	Print: Colton Crider	Title: Person In Charge/ Owner Manager on duty
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: N <b>y John's</b>	Physical A	Ridge Rd	City/State: Rockwa	all TX	License/Permit # FS-9292	Page <u>2</u> of <u>2</u>					
01111111	ry coming	2700	TEMPERATURE OBSERVAT		111, 17	100202						
Item/Loca	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp 1					
WIC/tu	urkey	39	cut tomatoes	41								
ľ	roast beef	36	over stock cold top/ham	41								
	guac	33	roast beef	41								
W	IF ambient	-3	turkey	41								
reac	h in cooler/mayo	40										
co	ld top/turkey	41										
	ham	41										
r	roast beef	41										
Item	AN INCRECIPION OF YOUR TO	_	SSERVATIONS AND CORRECTIVE			THE COMPLETIONS OF THE	EDVED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Line hand sink 100-	+F										
	3 comp sink 110+F	.00	1									
	Sani sink setup to 2		quats									
29												
	Digital thermo on site											
36	To store wiping cloths in sani buckets/not on hand sink											
	WIF/lots of condensation/ to protect foods underneath											
24	Gloves used for all prep and RTE											
	Fruit flies	ed certified food manager on duty during prep and service										
40	To remove transport tape from new equipment											
32	To clean cutting board where badly scored/discolored/ replace when necessary											
45												
			st control and grease tra	ap info								
	Soda nozzles WRS											
		-	•									
D			l n : .		1	Trul D Y C'						
Received (signature)	•		Colton (	Cride	er	Title: Person In Charge Manage						
Inspected	l by:		RS Christy Co									