

Retail Food Establishment Inspection Report

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

| | | | | | | |
|---------------------------|-------------------------|--------------------------|---|-----------|---------------|---------------------------|
| Date: 1/29/2025 | Time in: 3:55 | Time out: 4:43 | License/Permit # FS-9301/to post copy | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|---------------------------|-------------------------|--------------------------|---|-----------|---------------|---------------------------|

| | | | | | | |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| Purpose of Inspection: <input checked="" 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: Little Caesars | Contact/Owner Name: | * Number of Repeat Violations: _____ | 5/95/A |
| Physical Address: 2135 Ridge Rd Rockwall, TX | | ✓ Number of Violations COS: _____ | |
| Pest control : Orkin/1-3-2025 | Hood HOODZ/ | Grease trap : Fatboy/1-2025 | Follow-up: Yes <input type="checkbox"/> No <input checked="" 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 | | | | | |
| | | ✓ | | | | | ✓ | | | | |
| Approved Source | | | | | | Chemicals | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Protection from Contamination | | | | | | Water/ Plumbing | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

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 | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

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 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 1 | | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

