Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health																				
Date:Time in:Time out:License/Permit #1/30/20253:004:00need to								·					rra	Est. Type Risk Category	2					
1/30/2023 3.00 4.00 ITEEC Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla						_	to post current					_	5-CO/Construction 6-Other TOTAL/SCOF	₹E						
Establishment Name: Contact/Owner Name:												<u>8</u> -		* Number of Repeat Violations:						
Physical Address: Pest control :										Hoc				se trap : Follow-up: Yes / 9/91/A	9/91/A					
206 Storrs St Rockwall, TX to provide GL Kitchen/10-7-2024 city has info No Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch												h								
Ma	Mark the appropriate points in the OUT box for each numbered item Mark '\$\circ\$' a checkmark in appropriate box for IN, NO, NA, COS Mark an \$\circ\$' in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																			
	Compliance Status Compliance Status 0 I N N C Image: Compliance Status Image: Compliance Status												R							
U T	N O A O S (F = degrees Fahrenheit)						K		U T	N	0	A	o s	Employee Health	ĸ					
	~	1. Proper cooling time and temperature								~		12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting								
	2. Proper Cold Holding temperature(41°F/ 45°F)						ŀ		13. Proper use of restriction and exclusion; No discharge from											
	~	2 Dropes Het Halding to second (1050D)								~				eyes, nose, and mouth	<u> </u>					
	~													Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly						
		 4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 						-		~				GIOVES USED 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														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 good condition, safe, and unadulterated; parasite destruction							only pasteurized eggs Chemicals								
	destruction BeneKeith 8. Food Received at proper temperature					-	1			1		17. Food additives; approved and properly stored; Washing Fruits								
	~				check at recei	ipt				-		~				& Vegetables				
						from Contar						~				18. Toxic substances properly identified, stored and used				
	~				 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and 					Water/ Plumbing						Water/ Plumbing 19. Water from approved source; Plumbing installed; proper				
3				~	Sanitized at 200 j	ppm/temperat	ure				3					backflow device				
	~				11. Proper disposition of returned, previously served or reconditioned discarded						W					20. Approved Sewage/Wastewater Disposal System, proper disposal				
0	I	N	N	С	Prio	ority Found	lation 1	Items (2 Po	nts) R) vio	0	Ι	Ν	Ν	С		R			
U T	N	0	A	O S	Demonstration 21. Person in charge pre						U T	N	0	Α	O S					
	~				and perform duties/ Cer							~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	~	22. Food Handler/ no unauthorized persons/ personnel							~				28. Proper Date Marking and disposition							
	Safe Water, Recordkeeping and Food Package Labeling							~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital								
	~				23. Hot and Cold Water											Permit Requirement, Prerequisite for Operation				
	~				24. Required records available destruction); Packaged I		tock tags	; parasite			W					30. Food Establishment Permit (Current/insp report sign posted) need to post current				
					Conformance w											Utensils, Equipment, and Vending				
	~				25. Compliance with Va HACCP plan; Variance processing methods; ma	obtained for s	pecialize	ed			W					31. Adequate handwashing facilities: Accessible and properly supplied, used				
					Cons	sumer Adviso	ry					~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
	~				26. Posting of Consume foods (Disclosure/Remin							~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	I	N	N	C	Core Items (1 Poin	t) Violation	s Requi	re Corrective	Acti R	ion I	Not o	to E:	xcee N	ed 90 N) Da C	ays or Next Inspection , Whichever Comes First	R			
U T	N N	0	A	o s		of Food Cont			n		U T	N	0	A	o s	Food Identification				
	~				34. No Evidence of Inse animals		-					~				41.Original container labeling (Bulk Food)				
	~				35. Personal Cleanliness	-	-	Dacco use					_			Physical Facilities 42. Non-Food Contact surfaces clean				
1					36. Wiping Cloths; prop37. Environmental conta	-	stored				1					42. Non-Food Contact surfaces clean43. Adequate ventilation and lighting; designated areas used				
	•				38. Approved thawing n							~				44. Garbage and Refuse properly disposed; facilities maintained				
	~						.,				4	~				45. Physical facilities installed, maintained, and clean				
			_		Prope 39. Utensils, equipment,	r Use of Uter		ed, stored.			1	-				46. Toilet Facilities; properly constructed, supplied, and clean				
	~				dried, & handled/ In use	e utensils; pro	perly use	ed				•								
	~				40. Single-service & sin and used	gle-use article	es; prope	rly stored				~				47. Other Violations				

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Received by: (signature) Donald Cornelius	Print: Donald Cornelius	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: all Nursing Care Center	Physical A 206 S	ddress: torrs St	City/State: Rockwa	all, TX	License/Permit # Paneed to post current	age <u>2</u> of <u>2</u>				
T4	- 1 •	TE	TEMPERATURE OBSERVA		T	•	TF				
Item/Loc		Temp F	Item/Location	Temp F	Item/Locat	tion	Temp F				
	erve milk dispenser	35	reach in freeze								
on sto	ove/cooked broccoli	170	reach in freeze								
precod	oked hamburger patties	141	white freezer	10							
2 doo	r cooler/raw chicken	41									
ra	aw chicken	41									
3 doc	or cooler/tomatoes	41									
br	occoli salad	41									
3 door	cooler/shredded cheese	41									
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NUMBER NOTED BELOW:										
	Warewash hand sink 139F equipped										
19	Hand sink very slow draining and leaking under/need to repair										
	Will need to use other hand sink until repaired										
36	Need to store wiping in sani buckets or in container designated for dirty rags/not in dish pit area										
	3 comp sink dispenser at 200ppm quats										
40	Quat and chlorine test strips current										
42	Need to clean fan guards on fan over clean dishes										
	Nozzles on milk bags are discarded at every change of bag Cereal dispensers (twist per serving), non TCS										
		-									
	Creamer dispensers for powered creamers Sugar in individual packets										
	Prep hand sink 102										
	Will need soap and pa	aper towe	els for this sink to be used	as a han	id sink u	ntil other is repaired					
10	Need sanitizer buck	tet setu	o during prep and servi	се							
45			nt over door to dining ro								
45			led and set aside for re								
45	To clean air vent in dry storage/replace as is moldy										
W	Cannot dump mop water outside back door/must use approved drain										
	Menus posted on bulletin outside kitchen Allergy policy on file per client										
	Only using pasteurized eggs										
	Digital thermo										
	Gloves used for all prep/RTE										
45	Various maintenance needed to floors, baseboards, walls throughout										
Received	bv:		Print:		<u> </u>	Title: Person In Charge/ Own	ner				
(signature)	2	2		ornel	ius	Manager	-				
Inspected (signature)	Donald Cornelius ^{Iby:} Chrísty Cor	tor	Print: Chriety C	ortoz		~					
Form EH 06	(Revised 09-2015)	iez, l	RS Christy C		NO	Samples: Y N # coll	ected				