Followup Fee of																			
•	\$50.00 after Retail Food Establishment Inspection Report Image: First aid kit First Followup Image: Allergy policy																		
					F			• ••	_	_							Vomit cle		
								City		Rc) C	۶kv	Na	all			Employe		
Date 1 /		12	25		Time in: 8:15	Time out: 8:47	License/								CPFM		Food handlers	Page <u>1</u> of _	2
					tion: 🖌 1-Routine	2-Follow Up	3-Compl		_	nvesti	igat	tion		5-CO/Cons	truction		6-Other	TOTAL/SCO	RE
Establishment Name: Contact/Owner N Best Western Plus Himmat							Name:	Vame: XNumber					×Number o ✓Number o	of Repeat Vi of Violation	eat Violations: 2			^	
Physical Address: Pest control : 996 E I30 Rockwall, Tx T-Rex Pest biweekly							Hood Grease trap :/ waste oil N/a N/a					e trap :/ waste oi	1	Follow-up: Yes 1/99/			A		
	Compliance Status: Out = not in compliance IN = in compliance NO								= not observed NA = not applicable COS = corrected on site R = repeat vi						\mathbf{R} = repeat vio		ch		
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																			
0	Compliance Status Time and Temperature for Food Safety 0 I N N C								0	mpliar I N	N	Ν	С						R
U T	N (0	A	O S		legrees Fahrenheit)	•		U T	N (, 		0 S	12. Managemen			ee Health	employees:	
	L				No leftovers	I				~				knowledge, responsibilities, and reporting					
	/				2. Proper Cold Holding	g 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)					•				Émployee health form posted Preventing Contamination by Hands					
		/			4. Proper cooking time	and temperature			Image: Containing Con				-						
					5. Proper reheating pro		H					15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_N_N_							
	V				Hours)	11.0 . 1 . 1	0 1							Gloves & u	Y)				
ŀ					6. Time as a Public He				_			Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered							
					Ар	proved Source				~				Pasteurized egg				lered	
					7. Food and ice obtaine good condition, safe, and						_	_		Lggs					
					destruction US Foc	ods										Che	micals		
					8. Food Received at pro	oper temperature				~				& Vegetables	es; approv	ed an	d properly stored;	Washing Fruits	
						n from Contaminatio	n				+	-					entified, stored an	d used	
					9. Food Separated & pr				_			Stored low							
Ľ					preparation, storage, di		1				_			10 Water from			Plumbing ; Plumbing install	. d	
•					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>100</u> ppm/temperature					~				backflow device	2	ource	; Plumbing install	ed; proper	
		11. Proper disposition of returned, previously served or reconditioned Discard							~				20. Approved S disposal	ewage/Was	stewa	ter Disposal System	m, proper		
						iority Foundation	Items (2 P	oints) v	iolatia	ons R	0 11	ire (Cor	*	ithin 10 d	avs			<u> </u>
O U	I I N (N A	C O		n of Knowledge/ Pers	``	R	O U		N	Ν	C O				Control/ Identific	ation	R
Т				S	21. Person in charge pr				Т				S	27. Proper cooli	ng method	used:	Equipment Ade	quate to	
Ľ					and perform duties/ Ce 1 22. Food Handler/ no u	Ũ	· ,							Maintain Produce 28. Proper Date	ct Tempera	ture v	Yes	•	
ŀ					3	maumorized persons/ p	bersonner			~				Good date	marking		urate, and calibrat	ed: Chemical/	
					Safe Water, Reco			~				Thermal test str Digital the	rips			ed, enemieur			
•	/				23. Hot and Cold Wate 111, Good pres	er available; adequate p SUIE	oressure, safe							-		•	rerequisite for O	peration	
					24. Required records a destruction); Packaged	vailable (shellstock tag	s; parasite							30. Food Estab Posted a			t/Inspection Curr	ent/ insp posted	
					Conformance	with Approved Proce	dures										nent, and Vendin	g	
					25. Compliance with V HACCP plan; Variance									supplied, used	-	facil	ities: Accessible a	nd properly	
					processing methods; m		IS		'					Equipped					
					Con	sumer Advisory				~				32. Food and No designed, constr			surfaces cleanable	e, properly	
			Τ		26. Posting of Consum foods (Disclosure/Rem				H		T			33. Warewashin Service sink or			alled, maintained,	used/	
					Sign is available	,						1.00	D	Equipped		-	• •		
			N A	C O	Core Items (1 Poin	of Food Contaminati		R R	O U	I	N	Ν	C O	ys or Next Inspe			entification		R
Ť				š	34. No Evidence of Ins				Т		<i>.</i>		š	41.Original con					
┝┤					animals 35. Personal Cleanlines	ss/eating, drinking or t	obacco use	+							Ph	vsicel	l Facilities		
					36. Wiping Cloths; pro	perly used and stored		+		~				42. Non-Food C					
					Stored in solut 37. Environmental cont			+	H	- /				43. Adequate ve	entilation ar	nd lig	hting; designated a	areas used	-
					38. Approved thawing Refrigerator	method		+	H	- -				44. Garbage and	l Refuse pro	operly	y disposed; faciliti	es maintained	
						er Use of Utensils				~				45. Physical fac	ilities insta	lled, 1	naintained, and cl	ean	
					39. Utensils, equipmen dried, & handled/ In us					~						rly co	nstructed, supplied	l, and clean	1
┝┤╹		-			40. Single-service & sin				$\left \right $	•				Equipped 47. Other Violat					
					and used	5, r- °P	•		1					Towels fr					\star

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Melissa	Print: Melissa	Title: Person In Charge/ Owner Front Desk
Inspected by: (signature) Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: Western Plus	Physical A 996 E	130	City/State: Rockwal		License/Permit # Page FS-9083		<u>2</u> of <u>2</u>					
Item/Loc	ation	Temp	TEMPERATURE OBSERVA	TIONS Temp Item/Lo		cation							
Refrig		Temp	Hot holding	Temp	_	freezer H	ТΤ	^{тетр}					
	Milk	39	Potatos	139	2 Doo	r Freezer H	ΤT	10.1					
Cr	eam cheese	39	Eggs	155									
E	ggs thawing	33	Sausage links	158									
			Gravy	163									
			Cold holding										
			Milk	39									
			Cream cheese	38									
OBSERVATIONS AND CORRECTIVE ACTIONS													
Number													
	Restrooms equipped temp greater than 104 Hand Sink equipped temp greater than 101												
	Hand Sink equipped temp greater than 101												
	3comp sink set up, 111, quat sani 200ppm Breakfast served 6:30-9:30 daily												
	Discard waffle mix daily at close of breakfast 9:30am every day												
	Buffet sign requiring new plate for each visit												
	Hot foods discarded at 9:30a, no leftovers												
	Purchased new comm	ercial ref	rigerator and freezer, both	look great	t!								
	Chest freezer looks gr	eat											
47	Observed towels with	fray edge	es, to be trimmed as neede	d or disca	rd								
	Using digital thermo a	nd glove:	S										
	All foods received frozen	and fully c	cooked, rethermalized onsite a	ccording to	manf direc	tions and hot held	135 o	r higher					
	Market center foods a	re all con	nmercially prepackaged and	d all have	manufact	urers labels on b	ack						
Received (signature)	See abov	/e	See ab	ove]	`itle: Person In Charge/	Owner						
Inspected (signature)	~	ST	^{Print:} Richard		5	amples: Y N #	collecte	ed					
Form EH-06	6 (Revised 09-2015)			-	· · · ·								