

Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: 1/21/25	Time in: 11:30	Time out: 12:28	License/Permit # FOOD5149	CPFM 3	Food handlers 19	Page <u>1</u> of <u>2</u>
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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
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Establishment Name: Loves Travel Carl Junior	Contact/Owner Name: Brian Dalton	<input checked="" type="checkbox"/> Number of Repeat Violations: _____	10/90/A
<input checked="" type="checkbox"/> Number of Violations COS: _____			

Physical Address: 1990 INTERSTATE 30, Rockwall, TX 75087	Pest control : Orkin 1/20/25	Hood Commercial Fire 7/17/24	Grease trap / waste oil LES 11/20/24 1000g	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
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					
3							✓				
	✓						✓				

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

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	✓						✓				
	✓					2					
Safe Water, Recordkeeping and Food Package Labeling							✓				
	✓					Permit Requirement, Prerequisite for Operation					
	✓					W					
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					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Prevention of Food Contamination						Food Identification					
	✓						✓				
	✓					Physical Facilities					
	✓					1					
1							✓				
	✓						✓				
Proper Use of Utensils						1					
	✓						✓				
	✓								✓		

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Joe Little	Print: Joe Little	Title: Person In Charge/ Owner GM
Inspected by: (signature) <i>Richard Hill</i>	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Texas Health Hospital Coffee	Physical Address: 2091 Summer Lee Dr	City/State: Rockwall, Tx	License/Permit # FOOD5149	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chix breading station		Burger patties		Hot holding	
Chz strips / breast fridge	34/33	36, 36, 34, 31		Burger patties	166
Raw chix	36	Cheddar chz/ Monterey Jack	38/38	Chicken breast	171
Marinated chix	36	Shredded let	40	Chicken strips	148
Egg wash	34	Pico/slice Tom	34/36	French fries	172
WIC amb	35	Lettuce	38	Cold holding	
Steak prepped	36	Service line		tphc	
Chx prepped	35	Burger patties	36		

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: all temperatures are taken in F
	Restrooms refer to Loves report
	Hand sink equipped greater than 108 throughout kitchen
	3 comp sink set up, 155, Quats sani 200ppm
45	To seal FRP as needed through kitchen
W	To post current food health permit adap
45	Address gap at rear service door, air curtain operational
	Good practice hanging mop head to drip dry over mop sink
	Chemicals stored separately
45	Observed missing button covers in wic and wif
42/45	General detail cleaning of walls, floor and fan guards in wic & WIF
10	Observed mold and slime inside of ice chute at lobby soda machine
10	Observed mold on deflection plate in ice machine, burn ice w/r/s hopper before ice accumulates
	To repair tile missing behind behind drive thru Bev counter
45	To repair frp corners that have separated
32/42	To remove shipping liner inside door of new UC cooler in DT
45/32	To repair corner frp under menu boards, exposed wood not cleanable
	Using tphc for cold holding lettuce, tomatoes sliced cheese, discarded every 4 hrs with stickers
	Flat top grill drawers non operational
	Front UC cooler not operational during inspection
	Using digital thermo, strips current
37	Observe frozen condensation on condensation pipe in WIF
28	Observed date labels on slice chz prep date plus 7 days to discard. Food code address prep date plus 6 days to discard date
42/45	General detail cleaning of walls, floors underneath equipment and between equipment
	Breading flour sifted every 4 hours and replaced 2x daily
32	Cutting boards observed rough, code requires smooth and durable, to resurface or replace
W	Hand sink removed with health dept approval, will watch and address during kitchen renovations soon

Received by: (signature) See above	Print: See above	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Richard Hill</i>	Print: Richard Hill	Samples: Y N # collected

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