Followup Fee of \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

## City of Rockwall

| Date: <b>2/5/24</b>  |        |        | 4      |             | Time in: Time out: 2:25  |   |  | License/Permit # FS-9457  |        |        |   |                               |                               |                   | CPFM <b>2</b>  | Food handlers Page 1 of  |  | 2       |
|--|--------|--------|--------|-------------|--|---|--|---|--------|--------|---|-------------------------------|-------------------------------|-------------------|--|--|--|---------|
|  |        |        |        | spec        | tion: 1-Routine  | 2-Follow Up 3-Compla  |  |   |        |        |   |                               | atio                          | n [               | 5-CO/Construction 6-Other  |  | TOTAL/SCORE  |         |
| Es   | tabli  | ishm   | ent :  | Nan         |  |   |  | ct/Owner N<br>Nguyen  | Vame   | :      |   |                               |                               |                   | XNumber of Repeat Viola ✓ Number of Violations C   |  |  |         |
| Ph   | ysic   | al A   | ddre   | ess:        |  |   | st contro  |   |        |        | ood   |                               |                               |                   |  | Follow-up: Yes   | 12/88/   | /B      |
|  |        |        |        |             |  |   | 0 = nc   | N/A   |        | N      | 4-  |                               | plicable COS = corrected on s | No P = repeat via | olation W/ Wat   | t o b  |  |         |
| Ma   |        |        |        |             | points in the OUT box for  | r each numbered ite   | em   | Mark '  | √' a c | checkr | nark i  | in app                        | ropri                         | ate bo            | ox for IN, NO, NA, COS Man   | k an 🗙 in appropriat   |  | .CII    |
| Priority Items (3 Points) violations  Compliance Status  O   I   N   N   C   Time and Temperature for Earl Sector. |        |        |        |             |  |   | (  | Comp  | oliano | e Sta  | itus  | we Action not to exceed 3 day | VS                            |                   |  |  |  |         |
| U<br>T   | I<br>N | N<br>O | N<br>A | C<br>O<br>S |  | nperature for Fo<br>legrees Fahrenhei   |  | ty  | R      | 1      | O I<br>U N<br>T   |                               | N<br>A                        | C<br>O<br>S       | Empl   | oyee Health  |  | R       |
|  |        | /      |        |             | 1. Proper cooling time   | and temperature   |  |   |        |        | V   |                               |                               |                   | 12. Management, food employ knowledge, responsibilities, at  |  | employees;   |         |
|  | /      |        |        |             | 2. Proper Cold Holding   | g temperature(41°   | F/ 45°F)   |   |        |        | V   | •                             |                               |                   | 13. Proper use of restriction at eyes, nose, and mouth   | nd exclusion; No dise  | charge from  |         |
|  |        | /      |        |             | 3. Proper Hot Holding  | temperature(135°  | °F)  |   |        |        |   |                               |                               | l                 | Preventing Con   | itamination by Han   | nds  |         |
|  |        | · /    |        |             | 4. Proper cooking time   | and temperature   |  |   |        |        | V   | 1                             |                               |                   | 14. Hands cleaned and proper   | -  |  |         |
|  |        | /      |        |             | 5. Proper reheating pro<br>Hours)  | cedure for hot ho   | lding (16  | 55°F in 2   |        |        | V   |                               |                               |                   | 15. No bare hand contact with alternate method properly following  |  |  |         |
|  | /      |        |        |             | 6. Time as a Public He   | alth Control; proc  | edures &   | & records   |        |        |   |                               |                               |                   | Gloves Highly Susce  | eptible Populations  |  |         |
|  |        |        |        |             |  |   |  |   |        |        | T   |                               |                               |                   | 16. Pasteurized foods used; pr   | ohibited food not off  |  |         |
|  |        |        |        |             |  | oproved Source  |  |   |        |        | •   |                               |                               |                   | Pasteurized eggs used when re N/a  | equired  |  |         |
|  | ~      |        |        |             | 7. Food and ice obtained good condition, safe, and destruction GAC / I   | nd unadulterated;   |  | Food in   |        |        |   |                               |                               |                   | Cl   | hemicals   |  |         |
|  | /      |        |        |             | 8. Food Received at pro  | oper temperature  |  |   |        |        | ~   |                               |                               |                   | 17. Food additives; approved a & Vegetables N/a  | and properly stored;   | Washing Fruits   |         |
|  |        |        |        |             | Protection   | n from Contamir   | nation   |   |        |        | V   | 1                             |                               |                   | 18. Toxic substances properly Stored low   | identified, stored an  | nd used  |         |
|  | /      |        |        |             | 9. Food Separated & preparation, storage, di   |   |  | food  |        |        |   |                               |                               |                   |  | r/ Plumbing  |  |         |
| 3  |        |        |        | /           | 10. Food contact surfact Sanitized at100_  |   |  | ned and   |        |        | V   |                               |                               |                   | 19. Water from approved sour backflow device   | ce; Plumbing install   | ed; proper   |         |
|  | •      |        |        |             | 11. Proper disposition reconditioned   | of returned, previo   |  |   |        |        |   |                               |                               |                   | City approved  20. Approved Sewage/Wastev disposal   | vater Disposal System  | m, proper  |         |
|  |        |        |        |             | LASC   |   |  |   |        |        |   |                               |                               |                   |  |  |  |         |
|  |        |        |        |             |  |   |  |   | ints)  | viole  | ation   | s Rei                         | uire                          | . Cor             | •  | ,  |  | _       |
| O<br>U<br>T  | I<br>N | N<br>O | N<br>A | C<br>O<br>S | Pri  | iority Foundat  | tion Ite<br>Personn  | ems (2 Po   | ints)  | 1      | ation O I U N   | N                             | uire<br>N<br>A                | C C O S           | rective Action within 10 days  | e Control/ Identific   | eation   | R       |
| U  |        | N<br>O | N<br>A |             | Pri  | n of Knowledge/   | tion Ite Personn tion of kr  | ems (2 Po   |        | 1      | O I<br>U N  | N                             | N                             | C                 | Food Temperatur  27. Proper cooling method use Maintain Product Temperature  | ed; Equipment Adec   |  | R       |
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## Retail Food Establishment Inspection Report

## City of Rockwall

| Received by: Shaquita Johnson          | Print: Shaquita Johnson | Title: Person In Charge/ Owner |
|--|-------------------------|--------------------------------|
| Inspected by: Richard Hill (signature) | Print: Richard Hill     | Business Email:                |

Form EH-06 (Revised 09-2015)

| _   |   |  |  |                        |           |                          |                           |  |  |  |  |
|---|---|--|--|------------------------|-----------|--------------------------|---------------------------|--|--|--|--|
|   | ment Name:<br>t American Cookies  | Physical A                                       |  | City/State:<br>Rockwal | II Ty     | License/Permit # FS-9457 | Page <u>2</u> of <u>2</u> |  |  |  |  |
| Gica  | t / inchean cookies   | 2200   | TEMPERATURE OBSERVAT                                 |                        | ii, 1 A   | 100401                   |                           |  |  |  |  |
| Item/Loc  | cation  | Temp   | Item/Location  | Temp                   | Item/Loca | ntion                    | Temp                      |  |  |  |  |
| Lobby   | cake freezer  | 13.2   |  | 41                     |           |                          |                           |  |  |  |  |
|   | Freezer 1   | 18   | UC   |                        |           |                          |                           |  |  |  |  |
|   | Freezer 2   | 14   | Whip   | 41                     |           |                          |                           |  |  |  |  |
|   | WIC amb   | 27   | Icecream freezer                                     |                        |           |                          |                           |  |  |  |  |
| Ic  | e cream mix   | 39   | Cold stone   | 24                     |           |                          |                           |  |  |  |  |
| Wh  | ipped frosting  | 40   |  |                        |           |                          |                           |  |  |  |  |
| Wa  | affle cone mix  | 39   |  |                        |           |                          |                           |  |  |  |  |
|   |   |  |  |                        |           |                          |                           |  |  |  |  |
| Item  | AN INSPECTION OF VOLID ES   |  | SERVATIONS AND CORRECTIVE ATTENT OF THE SERVE ATTENT |                        |           | THE CONDITIONS OBSI      | ERVED AND                 |  |  |  |  |
| 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 equipped t  |  |  | t kitaban              |           |                          |                           |  |  |  |  |
|   | 1   |  | greater than 102 throughou                           | t kitchen              |           |                          |                           |  |  |  |  |
| 45  | 3comp sink set up, 12   | <u>_</u>   | •              |                        |           |                          |                           |  |  |  |  |
| 45  | Repair holes in Sheet   |  |  | t atarad :             |           | ink will attract fly     | des incosts               |  |  |  |  |
| 47  | •   |  | d to drip dry in mop sink, no                        |                        |           | ink, will attract fly    | ying insects              |  |  |  |  |
|   |   |  | re, in spray zone of 3 comp                          | wasning                | SINK      |                          |                           |  |  |  |  |
|   | Air curtain working on  |  |  |                        |           |                          |                           |  |  |  |  |
| 42  | See various holes in frp as needed  |  |  |                        |           |                          |                           |  |  |  |  |
| 42  | Freezer 1 detail cleaning inside shelves, bottom walls  Freezer 2 detail cleaning inside walls and bottom   |  |  |                        |           |                          |                           |  |  |  |  |
| 45  | Vents need to be cleaned in kitchen prep area   |  |  |                        |           |                          |                           |  |  |  |  |
|   | Gloves available, no thermometer  |  |  |                        |           |                          |                           |  |  |  |  |
| 35  | Employees food shoul  | ees food should be stored on lowest shelf in wic |  |                        |           |                          |                           |  |  |  |  |
| 42  | 42 General detail cleaning of shelves in wic  |  |  |                        |           |                          |                           |  |  |  |  |
| 45  | General detailed cleaning around corners in kitchen and front by oven   |  |  |                        |           |                          |                           |  |  |  |  |
| 10  | Sani bucket chlorine sani plus200ppm, dulote and retest 100ppm  |  |  |                        |           |                          |                           |  |  |  |  |
|   | Nuts and peanut topp  | ings are   | strategic placed to prevent of                       | cross cor              | ntaminat  | ion                      |                           |  |  |  |  |
| 38  | Observed thawing cookie dough sitting on counter at 1:53 since arrival, discard/cook within 4 hours   |  |  |                        |           |                          |                           |  |  |  |  |
| 37  | Address frozen condensation in freezer 2  |  |  |                        |           |                          |                           |  |  |  |  |
|   | According to MOD new owner took over November 2023  |  |  |                        |           |                          |                           |  |  |  |  |
| 44 Excess trash piled up in enclosure, illegal dumps items, contact landlord to be cleaned up imr |   |  |  |                        |           |                          | nmediately                |  |  |  |  |
| 34  | excess trash on ground is a pest control issue  |  |  |                        |           |                          |                           |  |  |  |  |
|   |   |  |  |                        |           |                          |                           |  |  |  |  |
|   |   |  |  |                        |           |                          |                           |  |  |  |  |
|   |   |  |  |                        |           |                          |                           |  |  |  |  |
|   |   |  |  |                        |           |                          |                           |  |  |  |  |
|   |   |  |  |                        |           |                          |                           |  |  |  |  |
| Received<br>(signature)   | lby:  |  | Print:   |                        |           | Title: Person In Charg   | ge/ Owner                 |  |  |  |  |
|   | See abov  | <u>'e</u>  | See abo  | υve                    |           |                          |                           |  |  |  |  |
| Inspected<br>(signature)  | 1. 1  | $\leq \tau$                                      | Richard Richard                                      | Hill                   |           | Samples: Y N             | # collected               |  |  |  |  |
| Form FU 0   | 6 (Revised 09-2015)   | <del></del>                                      |  |                        |           | Sumpres. 1 11            | conceted                  |  |  |  |  |