Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Da 1/		3/2	202	25	Time in: 1:20	Time out: 2:05		License/P need cu			scus	sse	ed v	v/m	nanager	Est. Type	Risk Category	Page 1	of <u>2</u>
Purpose of Inspection: 1-Routine 2-Follow					2-Follow U						1 [5-CO/Construction 6-Other TOTAL/SC			ORE				
Establishment Name: Subway #4159 (Ridge)							Contact/Owner Name:						* Number of Repeat Violations: Vumber of Violations COS:			6/94	/Δ		
2850 Ridge Rockwall, TX						AP					se trap : Follow-up: Yes No No								
Ma					Status: Out = not in co points in the OUT box for	ompliance IN = in r each numbered it	complian tem	ce No Mark	$\mathbf{O} = \text{not}$						plicable COS = ox for IN, NO, NA,	corrected on s	site \mathbf{R} = repeat vio \mathbf{k} an \mathbf{X} in appropriate	lation W-W e box for R	⁷ atch
Co	mnli	iance	Sto	tue	Prio	ority Items (3	Points)	violations	Requi	_	nmea ompl				ive Action not to				
O U	I N	N O	N A	C		nperature for Fo		ty	R	O U	I N	N O	N A	C		Emplo	oyee Health		R
Т	_			S	1. Proper cooling time	and temperature	11)			Т				S			yees and conditional	employees;	
	~						OF (450F)				~				knowledge, respo				
	~				2. Proper Cold Holding	g temperature(41°	°F/ 45°F))			~				13. Proper use of eyes, nose, and r		nd exclusion; No disc	charge from	
	/				3. Proper Hot Holding	temperature(135	°F)		\Box						Pre	eventing Con	ntamination by Han	ds	
		~			4. Proper cooking time	and temperature	;				~				14. Hands cleane		ly washed/ Gloves u	sed properly	
		~			5. Proper reheating pro	cedure for hot ho	olding (16	55°F in 2			~				15. No bare hand	contact with	ready to eat foods or		
	_				6. Time as a Public He	alth Control; prod	cedures	& records									`		
	'																eptible Populations ohibited food not off	ered	
					ΑĮ	proved Source					~				Pasteurized eggs				
	~				7. Food and ice obtaine good condition, safe, a	* *										Cl	hemicals		
	•				destruction corpor	rate										Ci	itemicais		
	~				8. Food Received at pr	oper temperature	:				~				17. Food additive& Vegetables	es; approved a	and properly stored;	Washing Fruit	S
					Protection	n from Contami	nation				~				18. Toxic substar	nces properly	identified, stored an	d used	
	_				9. Food Separated & preparation, storage, di			g food								Water	r/ Plumbing		
					10. Food contact surface		-	ned and							19. Water from a		ce; Plumbing installe	ed: proper	
3				~	Sanitized at						~				backflow device	FF	,	, p	
	~				11. Proper disposition reconditioned	of returned, previ	iously ser	rved or			~				20. Approved Ser disposal	wage/Wastew	vater Disposal Syster	n, proper	
												ш							
					Pr	iority Founda	tion Ite	ems (2 Po	ints) v						rective Action wi	ithin 10 days	1		
O U T	I N	N O	N A	C O S		iority Founda n of Knowledge/			ints) v	O U	I N	Req N O	N A	C O			e Control/ Identific	ation	R
O U T					Demonstration 21. Person in charge pand perform duties/ Ce	n of Knowledge/	/ Personr	nel mowledge,		0	I N	N	N	С	Food 27. Proper coolin	Temperature	e Control/ Identific		R
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

	ment Name: Vay #4159 (Ridge)	Physical A	ddress: Ridge	City/State: Rockwa	all. TX	License/Permit #	Page <u>2</u> of <u>2</u>					
<u> </u>	ray // 1100 (1 llago)	2000	TEMPERATURE OBSERVA		411, 170							
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp					
WIC/chicken		40	turkey	41								
chicken		39	tuna salad	40								
•	tomatoes	39	chicken salad	41								
WIF ambient		1	veggie cold table/cut tomatoes	42								
under counter cooler/cut tomatoes		40	lettuce	41								
steam v	wells/chicken noodle soup	187										
	meatballs	165										
CO	ld table/ham	41										
Item	AN INCRECTION OF YOUR DO		SERVATIONS AND CORRECTIONS AND CORRECTIONS AND CORRECTIONS AND COLUMN ATTENUATIONS ATTENUATIONS AND COLUMN ATTENUATIONS AND COLUMN ATTENUATIONS AND COLUMN ATTENUATIONS ATTENUATI			HE CONDITIONS OF ST	EDVED AND					
item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Back hand sink 120 F equipped											
	3 comp sink 120 F											
	Sani sink setup to 2		quats									
	Current test strips on site											
	Floors, walls, prep surfaces much cleaner/think due to current manager/keep her/good											
	Slicers cleaned after use/stored clean at inspection											
	Front line hand sink 110F equipped											
	Front hand sink slow draining/to watch											
10	Gloves used for all prep and RTE Need sani bucket in front during prep and service/COS to 200ppm quats											
			<u> </u>			•						
45	Some maintenance need	ed to wall:	s, ceiling tiles (when replacing	replace w	ith clean	able tiles, not acou	stic)					
Received	by:		Print:			Title: Person In Charg	ge/ Owner					
	•			do Da	\rr\/							
(signature)	LaShanda Perry 1 by: Christy Cor	•	LaShan	Ja P	ziiy	Manage	r					