Retail Food Establishment Inspection Report																	
Date: Time in: Time out: License/Per															n	Est. Type Risk Category	 2
3/24/2025 8:20 9:37 need Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain												<u> </u>	5-CO/Construction 6-Other TOTAL/SCO				
Establishment Name: Contact/Owner N RHS 9th Grade Center North Cafeteria													11101		* Number of Repeat Violations:		
Physical Address: Pest control :									Hood Grease trap : Follow-up					reas	Ise trap : Follow-up: Yes	1	
2852 FM 1141 Rockwall, TX internal not due yet not due yet/district to send/refer to Teddy 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					
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	N 0 A 0 Finde and Temperature for Food Safety $ N 0 A 0 $ Employee Health											R					
T	N	0	A	s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature					-	T	IN	0	A	s		
•	/										~				knowledge, responsibilities, and reporting		
	2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No dischargeyes, nose, and mouth										
H,	/	3. Proper Hot Holding temperature(135°F)						Ī						Preventing Contamination by Hands			
	,	4. Proper cooking time and temperature					Ī		~				14. Hands cleaned and properly washed/ Gloves used properly QIOVES USED				
			5. Proper reheating procedure for hot holding (165°F in 2 Hours)					5°F in 2		Ī		~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_N_)	
	/				6. Time as a Public Health Control; procedures & records					ł						Highly Susceptible Populations	
					A							~				16. Pasteurized foods used; prohibited food not offered	-
						proved Source	source.	Food in				•				Pasteurized eggs used when required Commercially precooked eggs only	
•					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction LaBatt/Brothers/Oak Farms										Chemicals		
					8. Food Received at pro					Ī		~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	Checked at receipt Protection from Contamination							ŀ		~				Water only 18. Toxic substances properly identified, stored and used			
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting							Water/ Plumbing						Water/ Plumbing			
					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature										19. Water from approved source; Plumbing installed; proper		
\square					11. Proper disposition o	of returned, previo		ved or		-		י ר				20. Approved Sewage/Wastewater Disposal System, proper disposal	
	reconditioned discarded Priority Foundation Items (2 Po										Require		0		L		
	I N	N O	N A	C O		of Knowledge/ I			R) VIO	O U U	I N	N O	N A	Col C O		R
Т				S	21. Person in charge pre	esent, demonstrati	ion of k	nowledge,			Т				S	27. Proper cooling method used; Equipment Adequate to	-
Ľ	1				and perform duties/ Certified Food Manager/ Posted 22 Food Hendler/ no unauthorized persons/ personal						~				Maintain Product Temperature 28. Proper Date Marking and disposition		
•	22. Food Handler/ no unauthorized persons/ personnel							~				29. Thermometers provided, accurate, and calibrated; Chemical/					
			Labeling				_	~					Thermal test strips digital				
۱					23. Hot and Cold Water 24. Required records av	-	Ŷ				-			-		Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted)	
•	1				destruction); Packaged l						W					need current/to post	
					Conformance w 25. Compliance with Va	with Approved Pr										Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	
•					HACCP plan; Variance processing methods; ma	obtained for spec	cialized	233, and			2					supplied, used	
					Cons	sumer Advisory						~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
					26. Posting of Consume foods (Disclosure/Remi							~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	
					Core Items (1 Poin	t) Violations R	equire	Corrective		on I						ays or Next Inspection , Whichever Comes First	-
O U T	I N	N O	N A	C O S	Prevention of	of Food Contami	ination		R		O U T	I N	N O	N A	C O S	Food Identification	R
ļ	/				34. No Evidence of Inse animals	-	-					~				41.Original container labeling (Bulk Food)	
۱	/				35. Personal Cleanliness	0. 0		cco use								Physical Facilities	
	/				36. Wiping Cloths; prop37. Environmental conta		rea					~				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	
<u> </u> '						er Use of Utensils	,					~ ~				45. Physical facilities installed, maintained, and clean	
	Ţ				39. Utensils, equipment	t, & linens; proper	ly used.	, stored,								46. Toilet Facilities; properly constructed, supplied, and clean	
۱	1				dried, & handled/ In use	, i i i i i i i i i i i i i i i i i i i	,	stored				~				47. Other Violations	
•	/				and used	.Sie use articles, j	populy	5.0100				~					

Г

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

Form EH-06 (Revised 09-2015)

Establishment RHS 9th	Name: Grade Center North	Physical A 2852	^{ddress:} FM 1141	City/State: Rockwa	all, TX	License/Permit # Page need current/to post	e <u>2</u> of <u>2</u>				
Itom/Logotion	-	Tomp F	TEMPERATURE OBSERVA		Itom/Logot	ion	Town E				
Item/Location		Temp F	Item/Location	Temp F	Item/Locat	1011	Temp F				
WIC amb		30	line 2 pass thru hot/empt								
VVIF	ambient	-17	line 2 pass thru cooler emp								
Milk	c ambient	31	line 2 pass thru cooler/sala	d 42							
pizza prep	reach in cooler ambient	30	line 2 milk cooler	· 35							
line 4pa	ass thru hot/rice	170	line 1 milk coole	r 31							
line 4 p	bass thru/salad	41	line 1 pass thru hot/empt	/ 180							
line 4pas	s thru cooler/ambient	30	line 1 pass thru cooler/sala	d 41							
line 4	milk cooler	30	line 1 pass thru cooler/emp	у 35							
OBSERVATIONS AND CORRECTIVE ACTIONS											
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
31 Si	Sink adjacent to 3 comp sink at 84F then drops, needs to be 100F/to use hand sink by dishwasher										
Di	Dishwasher sanitizing per temp strips										
3	3 comp sink 115F										
Di	ishwasher hand si	ink 103F	equipped								
31 Pi	rep hand sinks bot	th under	100F/needs to be 100)F							
Ha	and sink by reach	in coole	ers 99-103F/temp fluctu	uates whi	le runni	ng					
0	One insta hot water heater is only on standby at 89F/will put in a work order										
2	2 hand sinks in kitchen at 100+F										
Sa	ani buckets at 200	ppm qu	ats								
	est strips on site/c										
Sa	Sani buckets logs kept daily										
Di	igital thermos and	dial (ca	librated daily and reco	rds kept)							
R	eceiving logs for L	aBatt and Brothers and milk									
C	ooking temp logs	•									
	atch cooking per lu										
N	o leftovers for coo										
Μ	enus posted on th	e webs	ite								
	llergy records on f										
	Employee hand posters at hand sinks										
	Allergen poster posted										
	Dented cans separated										
	Line 4 steam wells just filled for lunch										
	Line 3/4 hand sink 100F equipped										
	Line 3 not being used										
	Line 2 steam wells just filled										
	Line 1/2 hand sink 100F equipped Line 1 steam wells just filled										
	ne i steam wells j		L Contraction of the second se								
Received by: Print: Title: Person In Charge/ Owner											
/· / \		ų		Guille	ory	Manager					
Inspected by: (signature)	Bethany Guillory Chrísty Cort	- 0π, 1	Christy C	ortez	RS	-					
F 511 06 (P		<i>Cy</i> , 1				Samples: Y N # collect	ted				