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

2/4/25						FS-9							3	13 Page 1		of <u>2</u>	
Purpose of Inspec				ction: 1-Routine		llow Up	3-Compla	int	4	-Inv	estiga	ation	ı [5-CO/Construction	6-Other	TOTAL/S	CORE
Establishment Name: Contact/Owner N Jersey Mike's Subs Jeremy						Name	me:				Number of Repeat Violations: ✓ Number of Violations COS:			0/04	01/1		
Phys 3035							ontrol : ix Monthly			ood as 12	/2024				Follow-up: Yes V	9/91	/A
	Con	mplia	nce	Status: Out = not in co	ompliance I	IN = in com	npliance N		ot obse	rved	N	A = n	ot ap	plicable COS = corrected on s		olation W= V	Watch
Mark	the a	ippro	priate	e points in the OUT box for Price										ox for IN, NO, NA, COS Mar ive Action not to exceed 3 day		e box for R	
Com O 1	N	N	C	Time and Ter	mnerature	for Food	Safety	R) I		N	tus C				R
U I	1 0	A	S	(F = c)	degrees Fal	hrenheit)	Surcey			J N Γ	0	A	o s		oyee Health	1	
	~			Proper cooling time	and tempe	rature				~				12. Management, food employ knowledge, responsibilities, ar		employees,	
				2. Proper Cold Holding	g temperati	ure(41°F/ 4	45°F)			-	,			13. Proper use of restriction are eyes, nose, and mouth	nd exclusion; No disc	charge from	
	+			3. Proper Hot Holding	temperatu	re(135°F)								State hand sink form		_	
	<i>V</i>			4. Proper cooking time						T. 2	,			14. Hands cleaned and proper	ntamination by Han		
	~			5. Proper reheating pro			ng (165°F in 2			~				15. No bare hand contact with	•	1 1 2	
	1			Hours)						•				alternate method properly follo Gloves & utensils			1
v	1			6. Time as a Public He	alth Contro	ol; procedu	ires & records							Highly Susce	eptible Populations		
				Ар	proved S	ource				/				16. Pasteurized foods used; pr Pasteurized eggs used when re		fered	
T			l	7. Food and ice obtained													
·				good condition, safe, a destruction Sysco/k	nd unadult brother	terated; par	rasite							CI	hemicals		
	,			8. Food Received at pr						Τ				17. Food additives; approved a	and properly stored;	Washing Frui	ts
r				Checking						~				& Vegetables Water			
					n from Co					/	'			18. Toxic substances properly Stored low	identified, stored an	d used	\perp
3				9. Food Separated & pr preparation, storage, di See			uring food							Water	r/ Plumbing		
				10. Food contact surfact Sanitized at 200			Cleaned and				,		-	19. Water from approved sour backflow device	ce; Plumbing installe	ed; proper	
_				11. Proper disposition			ly served or			~			1	City approved 20. Approved Sewage/Wastev	vater Dienocal System	m proper	
·				reconditioned Disc	card	i, previous	ly served of			~	'			disposal	vater Disposar Syster	iii, proper	
	N	N	- C	<u>L</u>		oundatio	n Items (2 Po	_		_	_			rective Action within 10 days	S		D
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Angel Hernandez	Print: Angel Hernandez	Title: Person In Charge/ Owner Asst Manager
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: ey Mike's Subs	Physical A		ty/State: Rockwal	l. Tx	License/Permit # Pa	ge <u>2</u> of <u>2</u>			
00100	y winte e edice	1 0000 1	TEMPERATURE OBSERVATI		, 17	. 0 000 .				
Item/Loc		Temp	Item/Location	Temp	Item/Locat		Temp			
WIF h	tt	33	Meat Case amb	35	Fro					
	WIC amb	34	Roast beef / cheese	38/39		37				
Slic	ed Tomatoes		Tunafish salad	34	Sliced Tomato		40			
Ch	eese/Lettuce		Ham/turkey	39/40	Beverage cooler		43			
H	Ham/turkey	38/38	Prep cooler		Back line wells					
	Tuna fish	38	Guacamole	40	Slice Tom/lettuce		38/38			
Slice 7	Tom/ lettuce prepping	46/43	Slice Cheese	39						
S	lice cheese	38								
		OB	SERVATIONS AND CORRECTIVE	E ACTION	IS					
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 equipped and greater than 100 in each room									
	Hand sinks equipped greater than 103, throughout kitchen									
	3 comp sink setup, 117, using quat sani 200ppm									
45/34	<u> </u>		ervice door, air curtain inope	ratable						
43	Observed light bulb out in WIF									
9			tion dripping from WIF ceiling	onto bre	ead not p	rotect in 2 open boxes	s on floor			
	2 open cases of bread discarded during inspection									
	Soda and tea nozzles cleaned daily									
	Slicers are cleaned every 2-3 sandwiches Using second line slicer in back for gluten free meat / cheese allergens									
32/42	Using second line slicer in back for gluten free meat / cheese allergens Observed oxidized shelves on the prep tables near dish area, to make cleanable									
02/12	Using gloves to touch Rte foods									
	Digital thermo available, test strips current									
	Chips are prepackaged with manufacturer labels on back									
	No cookies or brownies available during inspection									
W	To renew health permit and post asap									
D	<u></u>		Delina		ı	Tide Description (C)				
Received (signature)	See abou	e	See abo	ve		Title: Person In Charge/ Own	ief			
Inspected (signature)	11/9:\	<u> </u>	Print: Richard							
\	(K_{-})	21	TI DICHAIU	1 11111		Samples: Y N # colle	ected			