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: 6/20/25			Time in: Time out: 9:34			License/Permit # FS-0002748							CPFM	Food hand	dlers	Page 1	of <u>2</u>		
Purpose of Inspect								3-Complaint 4-Investigation				n	5-CO/Construction	6-Oth	ier	TOTAL/S	CORE		
Establishment Name: Conta						act/Owner Name: ongstreet							Number of Repeat Violations: Vnumber of Violations COS:						
Physical Address: Pest control:						ι	Н	ood		G	reas	e trap :/ waste oil	Follow-up:	Yes 🗸	16/8	4/B			
225 E Ralph Hall Pkwy Ecolab monthly Compliance Status: Out = not in compliance IN = in compliance							2		5/7/		-		orings 5/18/25 1500g	No D		3377	XX7 . 1		
Marl					points in the OUT box for	r each numbered ite	em	Mark '	√' a		mark i	n app	ropri	ate bo	plicable COS = corrected ox for IN, NO, NA, COS	Mark an X in a		lation W=	Watch
Com	plia	nce	Stat	tus	Prio	ority Items (3	Points)	violations	Req		<i>Imme</i> Comp				ive Action not to exceed 3	3 days			
O Î N N C Time and Temperature for Food Safety T S (F = degrees Fahrenheit)					R		O I U N T		N A	C O S	F	Employee Health	1		R				
1. Proper cooling time and temperature See										3	12. Management, food en knowledge, responsibiliti			employees;					
•	2. Proper Cold Holding temperature(41°F/45°F)						_	~				13. Proper use of restricti			charge from	_			
ı	2. Proper Cold Holding temperature(41°F/ 45°F) See							V	1			eyes, nose, and mouth Need Employee h			charge from				
	3. Proper Hot Holding temperature(135°F)								1	ı	<u> </u>	1		Contamination		ds			
	•				4. Proper cooking time See	and temperature					~	1			14. Hands cleaned and pr	roperly washed/	Gloves u	sed properly	
					5. Proper reheating procedure for hot holding (165°F in 2 Hours)						V	•			15. No bare hand contact alternate method properly Gloves & utensils				.)
	/				6. Time as a Public Hea	alth Control; proc	cedures &	records								Susceptible Popu	ulations		
					An	proved Source						,			16. Pasteurized foods use Pasteurized eggs used wh		d not off	ered	
							source: E	lood in							Eggs	en required			
·		7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction US Foods				ood iii							Chemicals						
·					8. Food Received at pro Checking	oper temperature					-	•			17. Food additives; appro & Vegetables Water	ved and properly	stored;	Washing Fru	iits
					Protection	n from Contamir	nation				~	,			18. Toxic substances prop Stored low and sep		stored an	d used	
					9. Food Separated & preparation, storage, di			food							•	Vater/ Plumbing	3		
ı					10. Food contact surfact Sanitized at 200			ed and		3	3				19. Water from approved backflow device See	source; Plumbin	g installe	ed; proper	Т
					11. Proper disposition or reconditioned	of returned, previo	ously serv	ed or			V	•			20. Approved Sewage/Wadisposal	astewater Dispos	al Syster	n, proper	
·															uisposai				
	1						tion Ite	ms (2 Po	ints) viol	<u> </u>	s Red	uire	Cor		davs			
		N O	N A	C O S	Pri	iority Foundate of Knowledge/	Personne	el	ints)		<u> </u>	N	uire N A	C C O S	rective Action within 10	<i>days</i> ature Control/ I	dentific	ation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Jay Longstreet	Print: Jay Longstreet	Title: Person In Charge/ Owner Head Chef
Inspected by: Richard Hill (signature)	Print: Richard Hill SIT	Business Email:

Form EH-06 (Revised 09-2015)

Fetablichr	ment Name:	Physical A	ddraec.	City/State:		License/Permit #	age 2 of 2				
	nial Oaks of Rockwal		Ralph Hall Pkwy	Rockwa	II, Tx	FS-0002748	age <u>z</u> 01 <u>z</u>				
T. /T		m	TEMPERATURE OBSERVA		T. 77		T				
Item/Loc	freezer htt	Temp	Item/Location	Temp	Item/Loca	ation	Temp				
		8.9	Veggie stew	40							
3 do	or refrigerator	36									
	Milk	39									
	Butter	39									
Che	eddar Cheese	38									
Ray	w hamburger	38									
	Mac salad	39									
Marin	nade turkey legs	39									
T ₄ .			SERVATIONS AND CORRECT								
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 temp greater than 104										
	Hand sinks equipped,	greater t	han 107 throughout kitcher	1							
	3comp sink not setup, 125, quat sani 200ppm										
33	Dishwasher not confir										
	Steam table inoperative		ed and set aside								
	Tea urn nozzles clean										
	Installed prep sink with soap / papertowels in place of server station										
43	Light bulb burned out under hood										
40	Tin foil lined stove drip trays not changed change daily, uncleanable										
28	Red sani buckets filled at 3 comp sink										
20	No date labels on slice cheeses, lunch meat, graded cheeses, macaroni salad, veggie stew Using sleeved jumbo straws, outbreak of inflection will move to all disposable plateware, cutlery										
19	3 comp sink faucet lea			ve to an c	iisposab	ne plateware, cutiery					
32	•		s blue and yellow , code re	nuires sm	ooth tin	ne to resurface or rer	nlace				
42/45			•		no to roodinado or rop	naoo					
38	General detail cleaning of floors and equipment underneath and between Thawing chicken at room temp, temps 52-56, discarded during inspection										
	3	<u> </u>	,	<u>. 5 - [-</u>							
Received (signature)		/e	See ab	ove		Title: Person In Charge/ Ow	ner				
Inspected (signature)	l by:	~	Print:		CIT						
	K IVI B	187			<u> </u>	Samples: Y N # col	lected				