

Retail Food Establishment Inspection Report

- ☒ First aid kit
- ☒ Allergy policy
- ☒ Vomit clean up
- ☒ Employee health

| | | | | | | |
|---|------------------|--|--|----------------------|--|---|
| Date: 6/24/2025 | Time in: 2:55 | Time out: 3:50 | License/Permit # FOOD5072 | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other <input type="checkbox"/> TOTAL/SCORE | | | | | | |
| Establishment Name: Schlotzsky's | | | Contact/Owner Name: | | * Number of Repeat Violations: ____ ✓ Number of Violations COS: ____ | |
| Physical Address: 706 E I-30 Rockwall, TX | | | Pest control : Terminix/6-16-2025/monthly | Hood self cleaned | Grease trap : Southwaste/1000gal/5-28-2025 | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch 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 | | | | | | |
| Compliance Status | | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | R | |
| OUT | IN | NO | NA | COS | | |
| | ✓ | | | | 1. Proper cooling time and temperature | |
| | ✓ | | | | 2. Proper Cold Holding temperature(41 °F/ 45°F) | |
| | ✓ | | | | 3. Proper Hot Holding temperature(135°F) | |
| | | ✓ | | | 4. Proper cooking time and temperature | |
| | | ✓ | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | |
| | | ✓ | | | 6. Time as a Public Health Control; procedures & records | |
| | | Approved Source | | | | |
| | ✓ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction corporate/BeneKeith | |
| | ✓ | | | | 8. Food Received at proper temperature checked at receipt | |
| | | Protection from Contamination | | | | |
| | ✓ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | |
| 3 | | | | ✓ | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature | |
| | ✓ | | | | 11. Proper disposition of returned, previously served or reconditioned discarded | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | |
| OUT | IN | NO | NA | COS | R | |
| | ✓ | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 5 | |
| 2 | | | | | 22. Food Handler/ no unauthorized persons/ personnel | |
| | | Safe Water, Recordkeeping and Food Package Labeling | | | | |
| | ✓ | | | | 23. Hot and Cold Water available; adequate pressure, safe | |
| | ✓ | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | |
| | | Conformance with Approved Procedures | | | | |
| | ✓ | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | |
| | | Consumer Advisory | | | | |
| | ✓ | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | |
| OUT | IN | NO | NA | COS | R | |
| | ✓ | | | | 34. No Evidence of Insect contamination, rodent/other animals | |
| 1 | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | |
| | ✓ | | | | 36. Wiping Cloths; properly used and stored | |
| | ✓ | | | | 37. Environmental contamination | |
| | ✓ | | | | 38. Approved thawing method | |
| | | Proper Use of Utensils | | | | |
| | ✓ | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | |
| | ✓ | | | | 40. Single-service & single-use articles; properly stored and used | |
| Food Identification | | | | | | |
| OUT | IN | NO | NA | COS | R | |
| | ✓ | | | | 41.Original container labeling (Bulk Food) | |
| | | Physical Facilities | | | | |
| 1 | | | | | 42. Non-Food Contact surfaces clean | |
| | ✓ | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | ✓ | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| 1 | | | | | 45. Physical facilities installed, maintained, and clean | |
| | ✓ | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | ✓ | | | | 47. Other Violations | |

1st followup is free. Any additional followups will result in a \$50 fee.

Retail Food Establishment Inspection Report

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|--|---------------------------|--|
| Received by: (signature) <i>Mike Bam</i> | Print: Mike Bam | Title: Person In Charge/ Owner Owner |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

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|--|---|--|-----------------------------|------------------------------------|--------|-------------------------------------|--|---------------------------|--|
| Establishment Name: Schlotzsky's | | Physical Address: 706 E I-30 | | City/State: Rockwall, TX | | License/Permit # FOOD5072 | | Page <u>2</u> of <u>2</u> | |
| TEMPERATURE OBSERVATIONS | | | | | | | | | |
| Item/Location | | Temp F | Item/Location | | Temp F | Item/Location | | Temp F | |
| steam well/mac n cheese | | 186 | reach in freezer 2 door | | -2 | | | | |
| broccoli soup | | 181 | white reach in freezer | | -15 | | | | |
| cold top/cut tomatoes | | 41 | Pizza cold top/cut tomatoes | | 39 | | | | |
| cut lettuce | | 42 | msuhrooms | | 42 | | | | |
| under/blue cheese dressing | | 42 | WIC/ham | | 39 | | | | |
| meat cold top/turkey | | 41 | turkey | | 40 | | | | |
| ham | | 41 | diced chicken | | 39 | | | | |
| roast beef | | 41 | white freezer | | -9 | | | | |
| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | | | | | |
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: | | | | | | | | |
| | Front juice/lemonade dispensers emptied and cleaned nightly | | | | | | | | |
| 42 | Some cleaning front counter/some food debris | | | | | | | | |
| 22 | All employees to have food handler's license | | | | | | | | |
| | According to manufacturer's instructions, cinnabons are good for 36 hours/for sale, covered nightly | | | | | | | | |
| | warewash hand sink 108F equipped | | | | | | | | |
| | 3 comp sink 116F | | | | | | | | |
| 10 | Sani sink setup less than 150ppm/COS | | | | | | | | |
| | Sani dispenser dispensing at 200ppm quats | | | | | | | | |
| 10 | Sani bucket in front less than 150ppm quats | | | | | | | | |
| | Reminder to change buckets, spray bottles and sani sink as often as necessary to keep at 200ppm/every 2 hours or so | | | | | | | | |
| | Vent hood self cleaned | | | | | | | | |
| | Rolling oven clean/good | | | | | | | | |
| 45 | Maintenance to walls, flooring, chipped paint baseboards | | | | | | | | |
| | Bread making hand sink 108F equipped | | | | | | | | |
| 35 | For employee drinks, avoid screw tops, use a cup with lid and straw instead | | | | | | | | |
| 42 | To clean storage shelves throughout | | | | | | | | |
| | Gloves used for all prep and RTE | | | | | | | | |
| | Test strips current | | | | | | | | |
| | Using Ecolab Veggie wash w/test strips | | | | | | | | |
| | Soups discarded at end of day/no cooling down | | | | | | | | |
| | Receiving temp logs and testing soup temp logs/heated to manufacturer's instructions | | | | | | | | |
| | Soda/tea nozzles WRS daily | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Received by: (signature) <i>Mike Bam</i> | | | | | | | | | |
| Print: Mike Bam | | | | | | | | | |
| Title: Person In Charge/ Owner Owner | | | | | | | | | |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | | | | | | | | | |
| Print: Christy Cortez, RS | | | | | | | | | |
| Samples: Y N # collected | | | | | | | | | |

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