

Retail Food Establishment Inspection Report

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

| | | | | | | |
|---|-------------------|--|------------------------------------|-------------------------|---|---|
| Date: 8/19/2025 | Time in: 12:25 | Time out: 1:15 | License/Permit # FOOD5168 | 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: RISD Hartman Elementary | | | Contact/Owner Name: | | * Number of Repeat Violations: ____ ✓ Number of Violations COS: ____ | |
| Physical Address: 1325 Petaluma Rockwall, TX | | | Pest control : internal/monthly | Hood Guardian/5-2025 | Grease trap : district to send to Teddy w/city | 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 | | | | |
| 3 | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction several dented cans removed | |
| | ✓ | | | | 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 1 | |
| | ✓ | | | | 22. Food Handler/ no unauthorized persons/ personnel 2 | |
| | | 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 | |
| | ✓ | | | | 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 | | | | |
| | ✓ | | | | 42. Non-Food Contact surfaces clean | |
| | ✓ | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | ✓ | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| | ✓ | | | | 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>Dawn Roberts</i> | Print: Dawn Roberts | Title: Person In Charge/ Owner Manager |
| 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: RISD Hartman Elementary | | Physical Address: 1325 Petaluma | | City/State: Rockwall, TX | | License/Permit # FOOD5168 | | Page 2 of 2 | |
| TEMPERATURE OBSERVATIONS | | | | | | | | | |
| Item/Location | | Temp F | | Item/Location | | Temp F | | Item/Location | |
| steam wells/chile | | 169 | | | | | | | |
| chicken | | 168 | | | | | | | |
| reach in hot holding /chicken | | 145 | | | | | | | |
| reach in cooler/ambient | | 30 | | | | | | | |
| milk cooler ambient | | 32 | | | | | | | |
| WIC/shredded cheese | | 41 | | | | | | | |
| WIF ambient | | -10 | | | | | | | |
| | | | | | | | | | |
| 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: | | | | | | | | |
| | Warewash hand sink 123F equipped | | | | | | | | |
| | Prep hand sink 118F equipped | | | | | | | | |
| | Prep hand sink 125F equipped | | | | | | | | |
| | Dishwasher sanitizing per temp strips | | | | | | | | |
| | 3 comp sink 130 F | | | | | | | | |
| | Batch cooking | | | | | | | | |
| | Allergy records on file per student | | | | | | | | |
| | Menus posted online and outside kitchen | | | | | | | | |
| | Employee health per district policy | | | | | | | | |
| | No raw shelled eggs or raw meat | | | | | | | | |
| | HACCP records current | | | | | | | | |
| | Air curtain functioning at back door | | | | | | | | |
| | Digital thermos | | | | | | | | |
| | Line hand sink 118F equipped | | | | | | | | |
| | Gloves used for all prep and RTE | | | | | | | | |
| 10 | Line sani bucket setup to 0ppm/COS to 200ppm/to change every 2 hours to keep at required ppm | | | | | | | | |
| 7 | Removed several dented cans | | | | | | | | |
| | Temp logs on outside of coolers and hot holding units | | | | | | | | |
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| Received by: (signature) <i>Dawn Roberts</i> | | | | Print: Dawn Roberts | | | Title: Person In Charge/ Owner Manager | | |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | | | | Print: Christy Cortez, RS | | | Samples: Y N # collected | | |

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