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

11/17/25	10:00	11:45	,	FS-8							5	25	Page 1 of	2	
Purpose of Inspe	ection: 1-Routine	2-Follow	v Up	3-Complai	int	4	l-Inv	vestig	atio	n	5-CO/Construction	6-Other	TOTAL/SCC	RE	
Establishment Na Texas Health	_{me:} Hospital Coffee Ba	ır		ct/Owner Nole Angu							Number of Repeat Number of Violation	Violations: ons COS:	0 / 4 0 0	, .	
Physical Address:			Pest contro	ol:		Hood G					e trap :/ waste oil	Follow-up: Yes No	 0/100/A		
Compliance	Status: Out = not in co	ompliance IN =	Refer to Caf in complian) = no	ot obse		N			o cafe report pplicable COS = correcte		olation W= Wat	tch	
	te points in the OUT box for	r each numbere	ed item	Mark '	√' a c	checki	nark	in app	ropri	ate bo	ox for IN, NO, NA, COS ive Action not to exceed	d on site R = repeat vio	te box for R		
Compliance Status					R			pliano		itus	Live Action not to exceed	3 uuys		R	
U N O A O	Time and Tel	mperature for degrees Fahren		ty	K		U N		A	os	1	Employee Health		K	
	1. Proper cooling time	and temperatu	ire				V	1			12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	2. Proper Cold Holding See	g temperature(4	(41°F/ 45°F)				V	1			13. Proper use of restriction eyes, nose, and mouth Employee health		scharge from		
	3. Proper Hot Holding	temperature(1	35°F)								Preventing	g Contamination by Har	nds		
/	4. Proper cooking time	and temperatu	ure				7	/			14. Hands cleaned and p	properly washed/ Gloves	used properly		
	5. Proper reheating pro Hours)						V				15. No bare hand contact alternate method properly Gloves & utensils				
	6. Time as a Public He	ealth Control; p	procedures d	& records							Highly 8	Susceptible Populations			
	Ap	oproved Sour	ce				V				16. Pasteurized foods use Pasteurized eggs used wh	/ I	fered		
	7. Food and ice obtained good condition, safe, a destruction US Food	nd unadulterat ods	ted; parasite									Chemicals			
	8. Food Received at pr Checking	oper temperatu	ure						•		17. Food additives; appro & Vegetables N/a		-		
	Protection	n from Contai	mination				V	/			18. Toxic substances pro Stored low in bask		nd used		
	9. Food Separated & pr preparation, storage, di	isplay, and tast	ting								Ţ	Water/ Plumbing			
	10. Food contact surfact Sanitized at _200_			ned and			V				19. Water from approved backflow device City approved				
	11. Proper disposition	of returned, pr	reviously ser	ved or							20. Approved Sewage/W	astewater Disposal Syste	em, proper		
	reconditioned Disc	ard									disposal				
	Pri		dation Ite	ems (2 Po			_	_	_	_	disposal rective Action within 10	days		R	
O I N N O A O S	Pri Demonstration	iority Found	ge/ Personn	iel	ints)		ution O I U N	N	uire N A	C C O S	rective Action within 10	days rature Control/ Identifie	cation	R	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Oebbie Odom	Print: Debbie Odom	Title: Person In Charge/ Owner Employee
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Texas Health Hospital Coffee Bar		Physical Address: 2091 Summer Lee Dr		City/State: Rockwa	Ty	License/Permit # Pa		age <u>2</u> of <u>2</u>		
		2091	TEMPERATURE OBSE		11, 1 ^	1 3-0010				
Item/Loc	eation	Temp	Item/Location	Temp	Item/Loc	ation	Т	Temp		
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Item	AN INSPECTION OF VOLUE FO		BSERVATIONS AND CORRI ENT HAS BEEN MADE. YOUR AT			THE CONDITIONS OPER	RVED AN	D		
Number	NOTED BELOW: all temperature			TENTION 15 DIKI	<u></u>	THE CONDITIONS OBSE	AN ED AN			
	Restrooms refer to Ca	fe report	<u> </u>							
	Hand sink equipped gr	eater th	an 105, plexiglass sepa	ration betwee	en hand	sink and 3 comp				
	3 comp sink set up, 13					·				
W	·		· · · · · · · · · · · · · · · · · · ·	nt strips at m	ain 3 cc	mp in Cafe				
	Digital thermo available, strips expired 11/2023, current strips at main 3 comp in Cafe Sani bucket filled at coffee 3 comp									
	Use sani towel to wipe wand between drinks on espresso machine									
	Ice machine air gap confirmed									
	Cabinets very clean and organized									
	Casmoto very elean al	ia organ								
Received (signature)			Print:	b a a a		Title: Person In Charg	e/ Owner			
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