## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 1125/2025		25				FS-8945							Est. Type Risk Category Page 1 o	of <u>2</u>		
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Compl Establishment Name: Contact/Owner					3-Compla		4-	Inve	stiga	atior	ı	5-CO/Construction 6-Other TOTAL/SO	CORE		
Bin 303						Name:						* Number of Repeat Violations: ✓ Number of Violations COS:	٦/٨			
Pł 10	iysic 5 C	al A	ddre	ess:	wall, TX	Pes	st contro	l : n/11-27-2	2025			reas	e trap : Follow-up: Yes V	J/A		
		Com	plia	nce S	Status: Out = not in com	npliance IN = in	complianc	e N	O = not	obser	ved	N/	$\mathbf{A} = \mathbf{n}$	ot ap	oplicable COS = corrected on site R = repeat violation W-W	7atch
M	ark t	he ap	prop	riate	points in the <b>OUT</b> box for e	each numbered it	tem	Mark '					_		ox for IN, NO, NA, COS Mark an in appropriate box for R ive Action not to exceed 3 days	
Co	mpl	iance N	Sta N	tus					R	_	ompl	iance N				R
U T	N	0	A	O S		grees Fahrenhei		y		U T		O	A	o s	Employee Health	
	~				Proper cooling time ar	nd temperature					~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
					2. Proper Cold Holding t	temperature(41°	°F/ 45°F)			-					13. Proper use of restriction and exclusion; No discharge from	_
	~										~				eyes, nose, and mouth	
	~				3. Proper Hot Holding te	emperature(135°	°F)								Preventing Contamination by Hands	
		~			4. Proper cooking time a	and temperature					~				14. Hands cleaned and properly washed/ Gloves used properly <b>QIOVES USEO</b>	
		~			<ol><li>Proper reheating proce Hours)</li></ol>	edure for hot ho	olding (16	5°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N.)	
					6. Time as a Public Heal	th Control; proc	cedures &	k records							Highly Concentible Deputations	
		<b>V</b>				_					1				Highly Susceptible Populations  16. Pasteurized foods used; prohibited food not offered	
					Арр	oroved Source					~				Pasteurized eggs used when required eggs cooked	
					7. Food and ice obtained good condition, safe, and			Food in								
	~				destruction Chef's F			Keith							Chemicals	
	~				8. Food Received at prop	•					_				17. Food additives; approved and properly stored; Washing Fruit & Vegetables	s
	L				check at recei						Ĺ				18. Toxic substances properly identified, stored and used	_
					9. Food Separated & pro	from Contamin		food			~					
	~				preparation, storage, disp										Water/ Plumbing	
!					10. Food contact surface Sanitized at 100 p			ned and			~				19. Water from approved source; Plumbing installed; proper backflow device	
	_				11. Proper disposition of			ved or							20. Approved Sewage/Wastewater Disposal System, proper	_
	_				reconditioned disca						_				disposal	
					D! a											
О	I	N	N	C					ints) 1	О	I	N	N	C	rrective Action within 10 days	R
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge/	Personn	el			I N				rective Action within 10 days  Food Temperature Control/ Identification	R
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Received by: (signature) Matt Nagent	Print: Matt Nugent	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishm	nent Name:	Physical A	ddress:	City/State:	Lice	nse/Permit #_	Page 2 of					
Bin 3	03	105 C		Rockwall, TX	(   F	S-8945	0 ==					
Item/Loca	otion	Temp F	TEMPERATURE OBSERVATION		ocation		Ten					
				1 1	ocation		Ten					
	d top/ambient/no food	34	steak	38								
right s	ide cold top/not setup		twice stuffed potatoes	38/37/38								
cre	eam cheese	36	sauce	38								
small co	old top/not setup ambient	53	Outside WIC/mushrooms cooked	49								
read	ch in freezer	-5	shrimp	38								
W	/IC/chicken	39	roasted corn	39								
	pasta	40	chicken	37								
raw	hamburgers	37	Official	01								
Iaw	Hamburgers		ACEDIA MANDA CARDECTE	LIE A CITYONIC								
Item	AN INSPECTION OF YOUR EST		SERVATIONS AND CORRECTIONS AND CORRECTIONS HAS BEEN MADE. YOUR ATTENT		THE CO	NDITIONS OBSE	ERVED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	warewash hand sink 113. Need paper towels at hand sink											
	3 comp sink 113F	:4::/	النبي والمراد ومسوم في ومور الأرب	.:								
			will use 3 comp sink unt	ii repaired								
			nind dishwasher on wall		.1							
			wash hand sink/ to call p									
	Various areas throughout kitchen needing maintenance walls, ceiling											
	Confirmed air curtain working at back door											
	Do not store dirty wiping cloths in hand sinks overnight/could attract pests/needs to be used only for hand washing											
	, ,											
	Sani bucket setup at inspection at 100ppm chlorine											
	4 Need to clean inside floor drains/lots of grease buildup/could attract pests  NEED TO REPAIR line hand sink! Handles broken and water turned off! need for cookline/will use warewash sink until repaired											
	Gloves used for pre			sed for cookiirie/wiii i	use ware	wasii siiik uiilii	Терапец					
	Need secondary the	•										
	,		at time of inspection but cannot use	to cold hold as is no	t cold hal	ding at 11E or l	nolow.					
	Bar hand sink 74F a			to cold floid as is flo	t cold floi	ding at 411 of i	Delow					
			Guori									
	Bar 3 comp sink 74F  Owner flipped GFI switch/tank heating/left when water was 103F/owner to confirm reaches 110F for warewashing											
34			<u> </u>			. IOI WAIGWA	y					
	Fruit flies under bar/to address drains and breeding sites Using Steramine tabs for sanitizer											
	Sushi is not raw fish, using pork belly											
	Flies in kitchen/to address											
J <del> T</del>	I NOO III MICHOLII IO GGGICOO											
Received (signature)			Matt Nu	igent		Person In Charg	ge/ Owner					
Inspected	Matt Nugent  Oby:  Christy Cor		Print:	190111		7 7 1 1 0 1						
(signature)	Christy Cov	tez. 1	RS Christy Co	ortez. RS								