Follow-up fee of \$50.00 is required after 1st Followup

## Retail Food Establishment Inspection Report City of Rockwall

✓ First aid kit
Allergy policy/training
Vomit clean up Employee health
☐ Employee health

	ate:	C "	22	^~		ense/Permi		<b>.</b>				<u> </u>	Food handle	Food managers	Page 1 of 2		
					<u> </u>	S 922			) p			_	)22 3	6-Other	TOTAL/SCORE		
E	stabli	shm	ent i	Nan	ne: Contact/C	Omplaint Owner Name		4-1	nves	uga	11101	1	* Number of Repeat Vio ✓ Number of Violations	lations:	TOTAL/SCORE		
-	eiev				' Goliad / yellow jacket Mesay  Pest control:		]	Ноо	od				e trap :	Follow-up: Yes	14/86/B		
Go	liad y		Ť		Rentokil 01/25/2  Value: Out = not in compliance $IN = in compliance$	NO = n	ot ob	corv	red.	N/	<u> </u>		$\frac{16}{22}$ 1000 COS = corrected or	No D = rapest vis	lation W-Watch		
М	ark tl	ne ap	prop	riate	points in the <b>OUT</b> box for each numbered item	Mark √ ii	n appi	ropri	iate b	ox fo	or IN	, NC	D, NA, COS M	ark an Vin appropris	olation W-Watch ate box for R		
	ompli				Priority Items (3 Points) vio		juire	Co	mpli	ance	Stat	tus	ive Action not to exceed 3 d	ays			
U T	I N	N O	N A	C O S	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R		O U T	I N	N O	N A	C O S	Em	ployee Health	R		
		/		~	1. Proper cooling time and temperature				_				12. Management, food empl knowledge, responsibilities,		employees;		
					2. Proper Cold Holding temperature(41°F/45°F)		=						13. Proper use of restriction		charge from		
3				~	See pulled product				~				eyes, nose, and mouth To post poster at hand sink now				
3				/	3. Proper Hot Holding temperature(135°F) See returned to reheat			Preventing Contamination by Ha							nds		
		<b>/</b>			4. Proper cooking time and temperature				~				14. Hands cleaned and prop	erly washed/ Gloves t	ised properly		
		•			5. Proper reheating procedure for hot holding (165°F Hours) In WOrkS				~				15. No bare hand contact wi alternate method properly fo Gloves				
W	/				6. Time as a Public Health Control; procedures & relf using must keep documentation.	cords								ceptible Populations			
					Approved Source						~		16. Pasteurized foods used; pasteurized eggs used when		fered		
	•				7. Food and ice obtained from approved source; Food good condition, safe, and unadulterated; parasite destruction	d in								Chemicals			
	~				8. Food Received at proper temperature To always check						~		17. Food additives; approved & Vegetables	d and properly stored;	Washing Fruits		
					Protection from Contamination			3				~	18. Toxic substances proper Spray bottles	ly identified, stored an	nd used		
٧					Food Separated & protected, prevented during foo preparation, storage, display, and tasting     Removed eggs today	d								ter/ Plumbing			
	~				10. Food contact surfaces and Returnables; Cleaned Sanitized at <u>200</u> ppm/temperature	and			~			i	19. Water from approved so backflow device See	urce; Plumbing install	ed; proper		
		~			11. Proper disposition of returned, previously served reconditioned	or			~				20. Approved Sewage/Waste disposal	ewater Disposal Syste	m, proper		
0	I	N	N	С	Priority Foundation Items	(2 Points	) vio	lati 0	ons	Req	uire N	Cor	rective Action within 10 da	ys	R		
U T	N	Ö	A	o s	Demonstration of Knowledge/ Personnel			U T	N	ö	A	o s	Food Temperatu	ire Control/ Identific			
	•				21. Person in charge present, demonstration of know and perform duties/ Certified Food Manager (CFM)				~				27. Proper cooling method u Maintain Product Temperatu	ire	quate to		
	/				22. Food Handler/ no unauthorized persons/ personno New within 30 days	el		W					28. Proper Date Marking and Check on labels as sh	nould reflect 7 tot	al days not 8		
					Safe Water, Recordkeeping and Food Packag Labeling				~				29. Thermometers provided, Thermal test strips <b>Digital</b>	accurate, and calibrat	ed; Chemical/		
	/				23. Hot and Cold Water available; adequate pressure									nt, Prerequisite for O			
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			site		(	~				30. Food Establishment Pe Need to post ne	, -	ign posted )			
					Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process,	and							Utensils, Equal 31. Adequate handwashing f	uipment, and Vendin	0		
	~				HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions  Logging some temps	and			~				supplied, used	actimes. Accessible a	на рюрену		
					Consumer Advisory			W	~				32. Food and Non-food Condesigned, constructed, and u		e, properly		
	~				26. Posting of Consumer Advisories; raw or under confoods (Disclosure/Reminder/Buffet Plate)/ Allergen Posting				~				33. Warewashing Facilities; Service sink or curb cleaning		used/		
.0	I	N	N	С	Core Items (1 Point) Violations Require Cor	rective Act	ion I	Vot i	to Ex	xcee N	ed 90 N	Da C	ys or Next Inspection , Whi	chever Comes First	R		
U T	N	O	A	o s	Prevention of Food Contamination			U T	N	0	A	o s		Identification	K		
٧	~				34. No Evidence of Insect contamination, rodent/othe animals		] [			<b>/</b>			41.Original container labeling	ng (Bulk Food)			
٧					35. Personal Cleanliness/eating, drinking or tobacco <b>Store low</b>	use								sical Facilities			
	<b>/</b>				36. Wiping Cloths; properly used and stored Using spray bottles		] [	1					42. Non-Food Contact surface See				
		<b>/</b>			37. Environmental contamination Watch floor storage				•	_]			43. Adequate ventilation and				
	/				38. Approved thawing method Cooking cooler				<b>/</b>	_]			44. Garbage and Refuse pro Watch				
					Proper Use of Utensils			1		$ \  \  \  \  \  \  \  \  \  \  \  \  \ $			45. Physical facilities install See				
1					39. Utensils, equipment, & linens; properly used, sto dried, & handled/ In use utensils; properly used See	red,		1	Ī	1			46. Toilet Facilities; properly Both need pape				
1				~	40. Single-service & single-use articles; properly storand used Reminder to invert bo	red oats			~				47. Other Violations				

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: Dawit woldegiorgis	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

1 :CICV	nent Name: Ven 35677	Physical A  Goliac		City/State: <b>Rockwal</b>	ty/State: License/Permit # Park							
			TEMPERATURE OBSERVAT	IONS								
Item/Loca		Temp F	<u>Item/Location</u>	Temp F Item/Location								
Wall u		35/39	Hot dog cooler		Rollers hot dogs							
<u>lc</u>	ce latte unit	46-47	<u> </u>	40/40	All over 135 except 1 cheese burger roll 12							
Chille	ed creamer unit	32	Cold top unit		Taquitos							
Ice (	cream freezer	.8	Pico/ ambient	37/36	All over 150 F							
Fo	ood Freezer	-3.3	Under counter freezer	9.8	Back freezer -2							
Ве	everage wic		Hot food unit		Upright freezer 4.							
	36/37/38		Wings / tacos	135/122/125/157								
	Chili unit	143	Hamburgers / pizza	146/136								
_		OB	SERVATIONS AND CORRECTIV	E ACTION	NS							
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATTENT	ION IS DIRE	CCTED TO THE CONDITIONS OBSERVED	AND						
46	Restrooms need clean	ing and r	paper towels									
02	latte unit currently 46-	48 F and	up to 50 to address!									
W	Milk dated 02/17/22 to be pulled											
42/45												
45/42	Floor storage is better in wic - still need to clean floor and shelving where needed for spills etc											
W	Always store eggs on lowest shelf inside wic - several old packages on shelving over Dr Pepper need to discard											
	Allergy posting on pastry case											
	Hot water 110											
18	Avoid storing spray bottles around hand sink facing outward											
W	Reminder to date oper	ned pack	ages of hot dogs etc if not u	sing with	nin 24 hrs							
W	Kolache date marking	is today	plus 6 not 7 - confirm with o	company	as this is a printed label							
18	Store sanitizer spray b	ottle belo	w pizza containers									
3	A few of the Tacos and wing	s in hot ho	lding unit are not at 135 or higher -	using with	nin 2 hrs but times not listed/ to docu	ment times						
3	One cheese burger do	g moved	back to reheat to 165 f as	only 122	F							
	Tongs are w r s every	2 hrs and	I rollers every night									
	Sanitizer at three comp sink 200Ppm											
39	Need to hang mops to	•										
45	45 Seal wood where needed on shelving											
45	Clean drain pipes from three comp sink											
	Sink sanitizer 200 ppm											
W			ce watch chemicals being									
42/45												
	Remove what is not needed in office back room											
	Manager is checking to see why date is 8 days total and not 7 days on preprinted label											
Received	by:		Print:		Title: Person In Charge/ Ow	ner						
(signature)	See abov	'e										
Inspected (signature)	See abov Kelly kirkpa	, , 4	Print:									
(orginature)	Kelly kirkpa	tríck	$\gamma \mathcal{RS}$		Samples: Y N # col	lected						