

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

Date: 05/17/2021	Time in: 2:00	Time out: 3:08	License/Permit # FS 9097	Est. Type Conv/light prep	Risk Category Med	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other **TOTAL/SCORE**

Establishment Name: 7 eleven 34353 Horizon	Contact/Owner Name: Anthony Mikulski	* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	10/90/A
Physical Address: Horizon	Pest control : 04/22/22 rentokil	Hood NA	Grease trap : Les 3/323/21/ 1000 gallons
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 <input checked="" type="checkbox"/> in appropriate box for IN, NO, NA, COS Mark an <input checked="" type="checkbox"/> in appropriate box for R	

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
3						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>										
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
3				<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>										
						W					
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
						<input checked="" type="checkbox"/>					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
						<input checked="" type="checkbox"/>					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
1											
	<input checked="" type="checkbox"/>					1					
W						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
						1					
	<input checked="" type="checkbox"/>					1					
	<input checked="" type="checkbox"/>										

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Anthony Mikulski	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

New iced coffee / tea area is cleaned per manuf guidelines

Establishment Name: 7 eleven Horizon	Physical Address: Horizon	City/State: Rockwall	License/Permit # Fs 9097	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Wic in Tcs food area	38/40	Cold top unit defrost		Kolaches cooler	36/39
Wic in beverage non Tcs area	33/34	Pico / salsa	47/49	Under counter Freezer	-2
Ice cream unit	-27	Below hot dogs	41	Kolaches in cooler	38
Customer freezer for meals	-20	Hot dogs rollers		Under counter cooler	
New sandwich wall unit	32-38	138/146/148/151/157		Under counter cooler under hot holding g	38
Lunch meat wall unit		Taquito rollers		Upright freezer	-7
Chili	145	139/147/135/137		Pizza hot holding	157/183
New unit empty	155	New Wif	-3		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F
	Ice unit outside - block of ice in bottom
	Minor cleaning inside wic floor etc 31-38
	Observed original box for Kolaches etc in wic - with full ingredients to provide by request
	Keep an eye on ice build up in deep freezer for ice cream
42	Minor cleaning inside cabinets needed
07	Watch for dates on Tcs and also for package integrity... hot dog's
	Pastry case self serve again - allergen statement on glass
W	Avoid using front hand sink as damages sink - canned drinks ans hot dogs were placed into this using
02	Cold top unit is holding high temps in upper portion... 47 /49 Hot dogs below are 41 but taquitos 47 -
46	Restroom doors to self close / both equipped / hot water 102 an sup
	Using blue baggies to place items on rollers
	Using tongs etc for cooked foods
	These are w r s every 4 hrs or less
35	Watch employee drinks/ food stored in cooler with customer
42	Clean Spills in coolers where needed
	Yellow and black digital thermos provided
	Back room: minor detailed cleaning
W	Watch chemical rack next to clean dish side of three comp sink
45	Clean under three comp sink and around mop sink and hang mops to dry
	Sink sanitizer 200 ppm
W	Watch broom storage stored over chemicals on clean dish side of three compartment
02	Found cold top to have a block of ice in the back of the unit /
	Owner moved all Tcs foods to colder unit - the unit under hot holding
	Condiment station was unplugged to defrost and will confirm good temp before using again
W	Always to use chemicals including sanitizer as per label for use

Received by: (signature) See above	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Samples: Y N # collected

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