	Followup Fee of																		
	\$50.00 afterRetail Food Establishment Inspection ReportImage: First aid kitFirst FollowupAllergy policy																		
Vomit clean up											ean up								
Date:     Time in:     Time out:     License/Permit #     CPFM     Food handlers																			
					-003301						3	All	Page $\underline{1}$ of	2					
				-	tion: 🖌 1-Routine	2-Follow Up		B-Complaint 4-Investigation 5-CO/Construction 6-Other				6-Other	TOTAL/SCO	RE					
Establishment Name: Contact/Owner N Primrose North Kali Hernande							Z V Number of Violations COS:						DS:	2/98/A					
	Physical Address:         Pest control :           3068 N Goliad St, Rockwall, TX 75087         Stealth Pest 7/20/24								Hood Grease trap :/ waste oil Follow-up: Yes							` <b>`</b>			
Compliance Status:Out = not in complianceIN = in complianceNO = not observedNA = not applicableCOS = corrected on siteR = repeat violationW= WatchMark the appropriate points in the OUT box for each numbered itemMark the appropriate box for IN, NO, NA, COSMark and X in appropriate box for R												ch							
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days Compliance Status Compliance Status												T							
O U T	Ν	N O	N A	C O S						O I U N T	N O	N A	C O S	Employee Health R					
	~			5	1. Proper cooling time and temperature No leftovers								2	12. Management, food employees and conditional employees knowledge, responsibilities, and reporting					
					2. Proper Cold Holding temperature(41°F/ 45°F)				-	-				13. Proper use of restriction and exclusion; No discharge from					
	~	See						V		eyes, nose, and mouth State hand sink form posted									
		3. Proper Hot Holding temperature(135°F)       4. Proper cooking time and temperature							_			Preventing Cont 14. Hands cleaned and properl	tamination by Han						
		~			5. Proper reheating pro	*	(165°F in 2		_	V				15. No bare hand contact with r	-		+		
		~			Hours)	6				V				alternate method properly follo Gloves					
	~				6. Time as a Public He	alth Control; procedure	s & records								ptible Populations				
					Approved Source					V	•			16. Pasteurized foods used; pro Pasteurized eggs used when rec Shell eggs	fered				
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction US Foods									Ch					
	~				8. Food Received at pro					~				17. Food additives; approved at & Vegetables Watwr	nd properly stored;	Washing Fruits	Γ		
	<u> </u>				Protection	n from Contamination				V	1			18. Toxic substances properly i	dentified, stored an	d used	1		
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									Water	/ Plumbing				
	~				10. Food contact surface Sanitized at <u>200</u>	ces and Returnables ; Cl ppm/temperature	eaned and			V	•			19. Water from approved source backflow device <b>City approved</b>	e; Plumbing install	ed; proper			
	<ul> <li>11. Proper disposition of returned, previously served or reconditioned No returns</li> </ul>						V	•			20. Approved Sewage/Wastewa disposal	ater Disposal System	m, proper	1					
				Items (2 Po	_				_		rrective Action within 10 days								
O U T		N O	N A	C O S	Demonstration	n of Knowledge/ Perso	nnel	R	τ	O I U N T	N O	N A	C O S	Food Temperature	Control/ Identific	ation	R		
	~				21. Person in charge pr and perform duties/ Ce 2	esent, demonstration of rtified Food Manager (				V				27. Proper cooling method used Maintain Product Temperature	d; Equipment Ade	quate to			
	~				22. Food Handler/ no u All teachers	nauthorized persons/ pe	ersonnel		2	2				28. Proper Date Marking and d Food dated more than	7 days				
					Safe Water, Reco			V				29. Thermometers provided, ac Thermal test strips <b>Digit thermo, strips</b>		ed; Chemical/					
					23. Hot and Cold Water available; adequate pressure, safe <b>122, good press</b>					_				Permit Requirement,		peration			
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled				~	•			30. Food Establishment Perm Posted and currel	•	ent/ insp posted							
	Ľ			_		with Approved Procee				ľ					ment, and Vendin	g	_		
	1				25. Compliance with V HACCP plan; Variance processing methods; m	e obtained for specialize	ed			v				31. Adequate handwashing faci supplied, used Equipped	ilities: Accessible a	nd properly			
					Con	sumer Advisory				V	•			32. Food and Non-food Contac designed, constructed, and used		e, properly			
	~				26. Posting of Consum foods (Disclosure/Rem Allergen list in kitch					V	•			33. Warewashing Facilities; ins Service sink or curb cleaning fa Confirmed 160st		used/			
0	I	N	N	С	Core Items (1 Poin	nt) Violations Requi	re Corrective	Actio		ot to 1		ed 90 N	) Da C	ys or Next Inspection , Which	ever Comes First		R		
U T	Ν	0	A	0 S		of Food Contaminatio				U N T		A	0 S		lentification				
	~				<ul><li>34. No Evidence of Ins animals</li><li>35. Personal Cleanlines</li></ul>			Щ		V	1			41.Original container labeling (					
					36. Wiping Cloths; pro	0. 0	caceo ase	$\parallel$	_		•			Physics 42. Non-Food Contact surfaces	al Facilities				
					37. Environmental com			$\vdash$	╞	レ レ	-			43. Adequate ventilation and light	ghting; designated a	areas used	+		
╞	~				38. Approved thawing Refrigerator	method		$\left  \right $	_	-	-			44. Garbage and Refuse proper	ly disposed; faciliti	es maintained	+		
	-					er Use of Utensils				V	-			45. Physical facilities installed,	maintained, and cl	ean	+		
					39. Utensils, equipmen dried, & handled/ In us				F	v				46. Toilet Facilities; properly c Equipped and cle		d, and clean	+		
╞					40. Single-service & si			$\left  \right $	-					47. Other Violations			+		
	~				and used						~			N/a					

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Kali Hernandez	<sup>Print:</sup> Kali Hernandez	Title: Person In Charge/ Owner Director
Inspected by: (signature) Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	<sup>nent Name:</sup> ose North	Physical A <b>3068</b>	N Goliad St	City/State: Rockwall, Tx		License/Permit # P DCO-003301	age <u>2</u> of <u>2</u>				
Item/Loc	ation	Temp	TEMPERATURE OBSERV	ATIONS Temp	Item/Loc	ation	Temp				
Freeze				Temp	Item/Loc		Тетр				
		14									
Ret	rigerator amb	38									
	Milk	40									
Gra	aded cheese	41									
		OB	SERVATIONS AND CORREC	TIVE ACTIO	NS						
Item Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
	Restrooms equipped, temp greater than 106 in each room										
	Handsink equipped, temp greater than 103										
	3 comp not setup, 122, using quat sani 200ppm										
	Gloves for Rte foods and strips are current Using yellow digital thermo										
			top can opener								
	No can food, not using countertop can opener Using ventless ovens, no need for good system										
	Ovens look great, very		• •								
	Dishwasher confirmed	160st									
28	Observed graded mozzarella cheese dated 7/15, more than 7 days opened										
<b>D</b>	h					Trades Designed A. C. (C.					
Received (signature)	See abov	/e	See at	ove		Title: Person In Charge/ Ow	ner				
Inspected (signature)		ST	<b>Richar</b>	d Hill		Samplasi V N # "	ootod				
Form EH-06	(Revised 09-2015)	سل (پ	( )			Samples: Y N # coll	celed				