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

Date: <b>6/20/24</b>			24	L				License/Permit # Need permit							CPFM <b>1</b>	Food handlers	Page 1 of 2	2_
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla												1	5-CO/Construction 6-Other		TOTAL/SCORE			
Establishment Name: Contact/Owner I Sugar de Vida Mel Morgan								Name:						Number of Repeat Violat ✓ Number of Violations CC				
Physical Address: Pest control:							111		Но	od		Gı	rease		Follow-up: Yes	0/100/	Α	
1201 N Goliad Rockwall, Tx  Landlord - Terminex  IN = in compliance										N/a		N	N/a		_	No 🔽	1 NV W	1
Ma					points in the OUT box for	each numbered ite	em M	ark '✓'	a ch		ark in	appı	opria	ite bo		an 🗙 in appropriat	e box for <b>R</b>	:n
Priority Items (3 Points) violations  Compliance Status							ions R	equi	_	<i>nmea</i> Compl				ive Action not to exceed 3 days	S			
O U T	Time and Temperature for Food Safety					]	R	O I N N C U N O A O Employee Health						yee Health		R		
			/	5	(F = degrees Fahrenheit)  1. Proper cooling time and temperature										12. Management, food employe knowledge, responsibilities, and	oyees and conditional employees; and reporting		
			•		2. Proper Cold Holding temperature(41°F/ 45°F)					W					13. Proper use of restriction and eyes, nose, and mouth	charge from		
					3. Proper Hot Holding temperature(135°F)					۷۱	<u> </u>				Need state handsink p			
			<u> </u>		Proper Hot Holding temperature(135°F)      Proper cooking time and temperature										14. Hands cleaned and properly	y washed/ Gloves u		
			•		<ul><li>4. Proper cooking time and temperature</li><li>5. Proper reheating procedure for hot holding (165°F in 2</li></ul>						•				Hand sanitizer avai	ready to eat foods o		
			<b>/</b>		Hours)										alternate method properly follor Gloves available	wed (APPROVED	YN)	
		6. Time as a Public Health Control; procedures & records					us					ı		Highly Suscep	ptible Populations	fered		
					Ap	proved Source							/		Pasteurized eggs used when rec N/a			
	•	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction City of Rockwall					1							Che	emicals			
	~				8. Food Received at pro	Food Received at proper temperature 17. Food additives; approved and properly stored						-						
					Protection from Contamination						/				18. Toxic substances properly i Clean chemicals stored			
	~				<ol><li>Food Separated &amp; pr preparation, storage, dis</li></ol>		_								Water			
	~					od contact surfaces and Returnables ; Cleaned and zed at ppm/temperature   19. Water from approved source; Plumbing installed backflow device City approved												
	~				11. Proper disposition of returned, previously served or reconditioned Cleaned using ozone						1				20. Approved Sewage/Wastewa disposal	ater Disposal System	m, proper	
0		N	N	C	Pri					_		_			rective Action within 10 days			l D
O U T	I N	N O	N A	C O S	Demonstration	ority Foundat	tion Items (2 Personnel	]	ts) v	violat O U T	I N	Req N O	nuire N A	Cor C O S	rective Action within 10 days Food Temperature	Control/ Identific	ation	R
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Mel Morgan	Print: Mel Morgan	Title: Person In Charge/ Owner OWNEr
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: De Vida	Physical Address:		(	City/State:		License/Permit # Page 2 0				
Aqua	De vida	TEMPERATURE OBSERVATIONS									
Item/Loc	ation	Temp	Item/Location	UKE ODSEKVAT	Temp	Item/Loc	ation		Temp		
									+		
									+		
		OE	SERVATIONS A	AND CORRECTIV	VE ACTIO	NS					
Item Number	AN INSPECTION OF YOUR ES			DE. YOUR ATTENT	ION IS DIR	ECTED TO	THE CONDITIONS OBS	ERVED A	ND		
1,4111001	NOTED BELOW: all temperatures are taken in F										
	Glass and plastic bottles purchased from Brio, wholesale distribution										
	Hand sanitizer available										
	70% Isopropyl alcohol labeled in spray bottle										
	Using Vivian oh and TDS meters, auto recalibration on/off switch										
	Rinsing bottle with Micro Ozone 325 before filling containers with filtered water										
	Customer may return	lid which	is sanitized b	y same above	method	, exterio	r bittle wiped with	n clean	towel		
	and 70% iso alcohol										
	New containers come	ustomer fails to	o bring li	d, new l	ds are available	for pur	chase				
	City water is tested daily using pH and TDS meter										
	All containers are BPA	A free									
	Towels are single use	and was	hed as neede	ed							
	Filters are changed every 6 months due to hard water, manf recommends every 9 months										
	Water tanks are disassembled removed, cleaned with power washer, soap water and use a food grade san										
	allowing tanks to air dry.										
	All plastic piping in filter room is replaced every 9 months during routine maintenance										
	Micro Ozone CD325 is a residential unit approved through building division										
	Discourage residential equipment usage, when unit needs replaced it will require a commercial unit to be installed										
	All equipment approved by Building Department										
	1 1 11	<u>, ,                                  </u>	<u> </u>								
Received	hv:		Print:				Title: Person In Char	ge/ Owner	•		
(signature)	"See ahou	<b>/</b>		See ah	<b>21/</b> 2		The Terson in Char	ea Owner			
T	OCE abou	<i>,</i>		See abo							
Inspected (signature)	See abou	<u> </u>	Print:	Richard							
\	( ) ( )	>7_	´(  <b>୮</b>	nichalo			Samples: Y N	# collect	ted		