

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:<br><b>09/04/2020</b> | Time in:<br><b>1:45</b> | Time out:<br><b>2:39</b> | License/Permit #<br><b>FS 8305</b> | Est. Type<br>Beverages | Risk Category<br><b>Low</b> | Page <u>1</u> of <u>2</u> |
|----------------------------|-------------------------|--------------------------|------------------------------------|------------------------|-----------------------------|---------------------------|

|  |                                      |                                      |  |  |                                  |                    |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|--------------------|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine | <input type="checkbox"/> 2-Follow Up | <input type="checkbox"/> 3-Complaint | <input type="checkbox"/> 4-Investigation | <input type="checkbox"/> 5-CO/Construction | <input type="checkbox"/> 6-Other | <b>TOTAL/SCORE</b> |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|--------------------|

|  |                                    |                                      |  |
|--|------------------------------------|--------------------------------------|--|
| Establishment Name:<br><b>Bahama Bucks</b> | Contact/Owner Name:<br><b>Webb</b> | * Number of Repeat Violations: _____ | <b>3/97/A</b>  |
| Physical Address:<br>I-30                  | Pest control :<br>Spider-Man pest  | ✓ Number of Violations COS: _____    |  |
| Hood: Na                                   |                                    | Grease trap : Na                     | Follow-up: Yes <input type="checkbox"/><br>No <input type="checkbox"/> Pic |

**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 X in appropriate box for IN, NO, NA, COS Mark an X 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 |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   |    |    | ✓  |     |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|   |    |    | ✓  |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   |    |    | ✓  |     |   | ✓  |    |    |    |     |   |
|   |    |    | ✓  |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   |    |    |    |     |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|   |    |    |    |     |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|   |    |    |    |     |   | ✓  |    |    |    |     |   |

**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 |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
|  | ✓  |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | W   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |

**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 |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
| W                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| 1                                       |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   | 1                          |    |    |    |     |   |
| W                                       | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | 1                          |    |    |    |     |   |
| W                                       | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            |    | ✓  |    |     |   |

# Retail Food Establishment Inspection Report

## City of Rockwall

|  |        |                                |
|--|--------|--------------------------------|
| Received by:<br>(signature) <b>Ashley Webb</b>           | Print: | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature) <i>Kelly Kirkpatrick RS</i> | Print: | Business Email:                |

Form EH-06 (Revised 09-2015)

|  |                                  |                                |                                    |             |
|--|----------------------------------|--------------------------------|------------------------------------|-------------|
| Establishment Name:<br><b>Bahama Bucks</b> | Physical Address:<br><b>I-30</b> | City/State:<br><b>Rockwall</b> | License/Permit #<br><b>FS 8305</b> | Page 2 of 2 |
|--|----------------------------------|--------------------------------|------------------------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location             | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|---------------------------|--------|---------------|--------|---------------|--------|
| Whipped topping non dairy | 39     | Milk cooler   | 37     |               |        |
| WIF                       | -5     |               |        |               |        |
| Upright cooler            | 38     |               |        |               |        |
| Ice cream freezer         | -1     |               |        |               |        |
| Cold top                  |        |               |        |               |        |
| Yogurt                    | 38     |               |        |               |        |
| Below cream storage       | 35     |               |        |               |        |
|                           |        |               |        |               |        |

### OBSERVATIONS AND CORRECTIVE ACTIONS

|             |   |
|-------------|---|
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
|             | Hot water 119 F or higher at all sinks  |
| W           | Watch when defrosting - avoid at room temp -  |
| W           | Slightly dark in wif  |
|             | Galvanized ice block maker - no galvanized part touched ice   |
| W           | Watch floor storage   |
|             | Watch storage of mop bucket and mop handle - in front of ice machine  |
| 35          | Always best to store employees meals below customer items in coolers  |
|             | Knives stored in 41 water for cutting bananas ( used for non Tcs foods )  |
| W           | Watch use of green wiping cloths under drying items (dri Deck is used ) changed daily                                     |
| 42          | Cold top unit - cleaning of lid and areas nonfood such as metal frame etc   |
| W           | Watch condition of cutting board and keep sanded  |
| 45          | Seal holes in walls where needed  |
|             | Tcs foods used are cream and yogurt and milk  |
|             | Sanitizer bucket 100 ppm  |
| 42/45       | Minor cleaning under and around equipment in rear and front areas   |
|             | Machines are cleaned nightly  |
| W           | Pitchers are rinsed between and every 4 hrs are W R S - in three comp will reverse sink usage                             |
|             | Hot water at hand sink in restroom 128 F  |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
| Covid       | No dine in at this time only drive thru/ employees in masks / hand sanitizer at window                                    |

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

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