r e q ı Follov	i i NU	re			of \$50.00 is fter 1st		Ci	ty of I	Rock			In	sp	ecti	ion Report		 First aid I Allergy po Vomit clea Employee 	olicy/trainii In up	ng	
	Date: Time in: Time out: License/P 04/02/2021 11:38 12:45 FS 8													Est. Type Ice cream			2			
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain							int 🗌		Inve	estig	atio	n	5-CO/Constru		6-Other	TOTAL/SCO	RE		
					e: 345793		Pertu	et/Owner N Z	Name:						★ Number of R✓ Number of V		COS:	9/91//	٨	
	Physical Address: Pest control : Ridge road Ecolab 04/01/21							Ho Na	od			reas	e trap : vide		Follow-up: Yes 🖌 No 🗌	9/91//	A			
Moult					tatus: Out = not in components in the OUT box for	$\frac{IN}{IN} = in contract iteration$	omplianc	e No	$\mathbf{O} = \text{not } \mathbf{c}$						COS = co	orrected on	site \mathbf{R} = repeat vio ark an \mathbf{X} in appropriate	lation W-Wat	ch	
WAIK	une	appro	орга	ate						-					, NA, COS tive Action not to ex			e box 101 K		
O I U N	Compliance Status Time and Temperature for Food Safety 0 I N N C U N O A O					R	C O U		lianco N O	N A	C O	Employee Health				R				
Т							T	~			S	S 12. Management, food employees and conditional employees knowledge, responsibilities, and reporting								
					2. Proper Cold Holding	temperature(41°F	F/ 45°F)				•				13. Proper use of re	charge from	+			
	3. Proper Hot Holding temperature(135°F)							~				eyes, nose, and mouth Self screening at home / thermo on site / po								
	•				4. Proper cooking time a	-	-)							Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used p						
	•		_		5. Proper reheating proc	Å	ding (16	5°F in 2			~						h ready to eat foods o		+	
	•				Hours)							~			alternate method pr Gloves	roperly fol	llowed (APPROVED	Y <u>N</u>)		
	•				6. Time as a Public Hea	Ith Control; proce	edures &	z records			1	_		T	H					
	Approved Source					proved Source										16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
•					7. Food and ice obtained good condition, safe, an destruction Dean fo			<u>ı</u>		<u>.</u>			Chemicals							
V	/				8. Food Received at pro Checking at a								~		17. Food additives; & Vegetables	; approved	and properly stored;	Washing Fruits	Γ	
						n from Contamina	ation				~				18. Toxic substance Stored in. Cal	es properl	y identified, stored an	d used	+	
~					9. Food Separated & propreparation, storage, dis			<u> </u>	Water/ Plumbing					er/ Plumbing						
3			L	/	10. Food contact surface Sanitized at	es and Returnables ppm/temperature	es ; Clear Less th	ned and			~				19. Water from app backflow device Watch	proved sou	rce; Plumbing install	ed; proper		
	•	/			11. Proper disposition o reconditioned Disca	of returned, previou arded	usly ser	ved or			~				20. Approved Sewa disposal	age/Waste	water Disposal System	m, proper		
0 1	-	NN	J	c	Prie	ority Foundati	ion Ite	ms (2 Po	ints) vi	olat 0		Req N		_	rrective Action with	in 10 day	28		R	
O I U N T		0 A	x (o s		n of Knowledge/ F			ĸ	U T	Ν	0	A	o s	Food To	emperatu	re Control/ Identific	ation		
					21. Person in charge pre and perform duties/ Cer 1						~				27. Proper cooling Maintain Product T		sed; Equipment Ade	quate to		
~	/				22. Food Handler/ no ur New one in works	nauthorized person	ns/ perso	onnel				~			28. Proper Date Ma Discussed	arking and	disposition		\uparrow	
					Safe Water, Recor	rdkeeping and Fo Labeling	ood Pac	kage		2					29. Thermometers Thermal test strips	provided,	accurate, and calibrat	ed; Chemical/		
	/				23. Hot and Cold Water See attached	0	ate press	ure, safe			I		<u> </u>		Test strips Permit Rec	quiremen	t, Prerequisite for O	peration		
w					24. Required records av destruction); Packaged 1		k tags; p	arasite								nment Pe	rmit (Current/ insp s	ign posted)	Т	
~					Will review w	with Approved Pr			(Posted	neile Fau	upment, and Vendin	a	_	
r					25. Compliance with Va HACCP plan; Variance processing methods; ma	ariance, Specialize	ed Proce ialized				~						acilities: Accessible a			
					Cons	sumer Advisory				W	V				designed, construct	ted, and us				
			T		26. Posting of Consume foods (Disclosure/Remi	inder/Buffet Plate)				w	~				33. Warewashing F Service sink or cur	Facilities;	Of containers installed, maintained, facility provided	etc used/		
	_	_	_	_	Allergen statement p Core Items (1 Poin	-	equire	Corrective	Action	Not	to E	Exce	ed 9	0 Da	Set up ays or Next Inspecti	on , Whic	chever Comes First		_	
O I U N T		N N O A	1	C O S		of Food Contami			R	O U	I N	N O	N A	C O	Ť		Identification		R	
Ŵ			,	5	34. No Evidence of Inse animals WAtch Clean		, rodent/	other		Т		~		S	41.Original contain	er labelin	g (Bulk Food)			
V	1				35. Personal Cleanliness Watch for ha	ss/eating, drinking	or tobac I ts	co use								Phys	ical Facilities			
V	1				36. Wiping Cloths; prop Store inside bu	perly used and stor JCKetS				1					42. Non-Food Cont See	tact surfac	es clean		Τ	
1					37. Environmental conta See						~				*		lighting; designated a			
	•				38. Approved thawing n	method				W	~				Watch dumps	ster	erly disposed; faciliti			
					•	er Use of Utensils				1					See		ed, maintained, and cl			
-					 39. Utensils, equipment dried, & handled/ In use Watch 40. Single-service & sin 	se utensils; properl	ly used				~				46. Toilet Facilities Equipped 47. Other Violation		v constructed, supplied	1, and clean		
~					and used	. _Б ю изе инстез, р	ropeny			1					See attach					

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Printed /covid Theresa Rasmus	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: n Robbins	Physical A Ridge		City/State: Rockwal		License/Permit # Page 2 of 2 FS 8720		2 of 2			
			TEMPERATURE OBSERVA								
Item/Loc		Temp F	Item/Location	Temp F	Item/Locat	ion		<u>Temp F</u>			
Ice cre	am customer case	-3	Cake freezer	-18							
3 c	loor reach in	28/31									
	oldTop unit	30's									
Co	okie dough	39									
	Snickers	39									
Ice	cream units										
	8–11										
Item	AN INSPECTION OF YOUR PS		SERVATIONS AND CORRECT			E CONDITIONS ODSI		JD			
Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CIED IO IH	E CONDITIONS OBSE	ERVED AN	ND.			
	Currently placing ask for assistance on glass as cakes made on site do not have ingredients list -										
	These could be self serve and will need to be labeled!										
40/45	Hot water in restroomsAnd kitchen 120 F										
42/45											
	Milk and coffee mix is using within in 24 hrs										
42	Discussed handling nuts Minor cleaning inside coolers and cabinets etc.										
72	Minor cleaning inside coolers and cabinets etc Confirmed air gaps at dipper well faucets										
37	Rotating weeks on defrosting ice creamUnits - unit on rt is in need of defrosting										
10	Sanitizer in sinknot at 100 ppm to hand mix until unit repaired ASAP										
29	Need new test strips ASAP										
45	Seal holes in walls wh		ed / around mop sink								
45	Clean under shelving	in back ro	oom								
47/37	Small amount of ice a	ccumulat	ion on pipe behind fan bo	x in wif to a	address						
	Sink sanitizer was har	nd mixed	at inspection - tested to be	e - 150-200) ppm						
	Faalah aan isa malin										
	Ecolab service - no indications										
<u> </u>											
D • -	1					mu n - ~-	10				
Received (signature)	^{by:} See abov Kelly Kirkpo	/e	Print:			Title: Person In Charg	ge/ Owner				
Inspected	by:	-	Print:								
(signature)	Kelly Kírkpo	ıtríck	\mathcal{RS}			Samples: Y N	# collecte	ed			
	(Payicad 00 2015)					Sampies. I IN		м			