r e c Foll	l u i owi	re			of \$50.00 is after 1st	Reta		od Esta	Ro	ckw			ns	spe	ecti	ion Report	st. Type	First aid I Allergy po Vomit clea Employee Risk Category	olicy/trainir an up	ng
	Date: Time in: Time out: License/Pe 10/09/2020 12:27 1:04 FS 87														$\begin{array}{c c} \text{Low} \\ \text{Ice cream} \\ \text{Low} \\ \end{array} \xrightarrow{\text{Page } 1 & \text{of}} \\ \end{array}$			2		
		e of l hme			tion: 1-Routine	2-Follow U		3-Compla act/Owner			4-In ⁻	vesti	iga	tion		5-CO/Constru * Number of R		6-Other	TOTAL/SCO	RE
	-				3	Dec		ro Pertuz	Z	11	ood	1		C		✓ Number of V	iolations C	COS: Follow-up: Yes	13/87/	ΈB
	Physical Address: Pest control : 10/08/2020 ecolab Compliance Status: Out = not in compliance IN = in compliance							Na	۱ <u> </u>		Greas To pro		prov	vide	No		_			
Ma					points in the OUT box for	each numbered ite	em	Mark	🗸 in		priat	te boz	x fo	r IN	, NC	D, NA, COS		rk an 🗸 in appropri	olation W-Wate ate box for R	:h
Co	mplia	nce S	Stat	us	Prior	rity Items (3	Points	s) violation:	s Req			<i>iedia</i> ipliai				tive Action not to ex	ceed 3 da	ys		T
O U T	I N		N A	C O S		perature for Fo egrees Fahrenhei		ety	R	1				N A	C O S		Empl	loyee Health		R
_	T S (F = degrees Fairement) I Proper cooling time and temperature												5	employees;	Γ					
	2. Proper Cold Holding temperature(41°F/45°F)							+		-		_					nd exclusion; No dis	charge from	-	
										V					eyes, nose, and mouth Policy posted					
	3. Proper Hot Holding temperature(135°F)										Preventing Contamination by Hand									
		ŀ	/		4. Proper cooking time a	-	1.1. (1	LC50E: 0			V		14. Hands cleaned and properly washed/ Gloves used p. Gloves 15. No bare hand contact with ready to eat foods or appr							
		·	/		5. Proper reheating proc Hours)	cedure for hot ho	lding (165°F in 2				v	/					owed (APPROVED		
	6. Time as a Public Health Control; procedures & records Prep										Highly Susceptible Population						eptible Populations			
					Арг	proved Source										16. Pasteurized foo Pasteurized eggs us		ohibited food not of	fered	Γ
	 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction 													Chemicals						
	~				8. Food Received at pro	per temperature					V					& Vegetables		and properly stored;	Washing Fruits	T
	_				Protection	from Contamir	nation				v						es properly	identified, stored an	nd used	T
	~				9. Food Separated & pro preparation, storage, dis			ig food	T							Watch storage		r/ Plumbing		Ī
3					10. Food contact surface Sanitized at Less	ppm/temperature	To be 15	50 min per label		٧	۸v					backflow device Have drain	check			
					11. Proper disposition of reconditioned Disca		ously s	erved or			v					20. Approved Sewa disposal	age/ Wastev	water Disposal Syste	m, proper	
0	I	N	N	С	Prio	ority Founda	tion I	tems (2 Po	oints) R	_	ation		-	_	Cor C	rrective Action with	in 10 days	5		F
Ŭ T	N		A	Ö S		of Knowledge/				1		N (A	Ö S	Food To	emperatur	e Control/ Identific	cation	
W					21. Person in charge pre and perform duties/ Cert Need one on duty 22. Food Handler/ no ur	tified Food Man y at all times	ager (C S	FM)		_	v		-			27. Proper cooling Maintain Product T28. Proper Date Ma	Temperatur		quate to	_
w					Employees have 60	days						V				Usina milk wit	hin 24 h		ed: Chemical/	-
					Safe Water, Recor	Labeling		-		2	2					Thermal test strips		d have access		
	~				23. Hot and Cold Water See	available; adequ	iate pre	essure, safe										, Prerequisite for O		
w	~				24. Required records av destruction); Packaged I Employees ha	Food labeled and to cu	ston	<u>.</u> ner / as	ŀ		V							mit (Current/ insp s		
		L			Conformance w 25. Compliance with Va HACCP plan; Variance processing methods; ma	ariance, Specializ obtained for spe	zed Pro cialized	cess, and			ŀ							ipment, and Vendin cilities: Accessible a		
						sumer Advisory		don		2	2				_	designed, construct	ted, and use ards	ed nstalled, maintained,		
					26. Posting of Consume foods (Disclosure/Remin Posting					۷	Ν					Service sink or cur See 10			u3CU/	
	- I	N	N	0	Core Items (1 Poin	t) Violations I	Requir	e Corrective							Da C		on , Whic	hever Comes First		R
O U T	I N		N A	C O S		of Food Contam			R	1				N A	o s			Identification		F
1				[34. No Evidence of Inse animals See		,					r				41.Original contain	ner labeling	g (Bulk Food)		
	/				35. Personal Cleanliness Own area in	cooler		acco use					-			40 No. 7 10	-	cal Facilities		
	~			_	36. Wiping Cloths; prop	5	ored			1	1					42. Non-Food Cont See			1	
1					37. Environmental conta See attached 38. Approved thawing n					_	V					WAtch inside	Wif	lighting; designated a erly disposed; faciliti		_
					50. Approved mawing n	neurou				1	1		1				cruse prope	iny uisposed, faciliti	es mannameu	1
												_				See 45 Physical faciliti	ies installer	1 maintained and a	ean	+
4					39. Utensils, equipment,	er Use of Utensil , & linens; prope	rly use			1	1					45. Physical facilitiSee46. Toilet Facilities	s; properly	d, maintained, and cl		+
1					-	er Use of Utensil , & linens; prope e utensils; prope agle-use articles;	erly use rly used	1		1	1	/				45. Physical faciliti See	s; properly Ied			

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Karen Landrum	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 Address: Ridge road			ty/State: lockwal		License/Permit # FS 8720	Page	<u>2</u> of <u>2</u>			
Duoin		TEMPERATURE OBSERVA										
Item/Loc	ation	Temp F Item/Location			<u>Temp F</u>	Item/Location		<u>Temp</u> F				
Ice cre	eam freezer	-13	Upright cake cas	e	-15							
Ur	nder counter	31/32	WIF									
C	oldTop unit	37/38										
Co	ookie dough	41										
		OB	SERVATIONS AND CORRECT	IVI	E ACTION	IS						
Item Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
44	Complaint about dumpster area - advise to just do your part of keeping it clean											
	No dining inside at this time											
	Restrooms closed to public											
	Asking for assistance sticker On cake case											
	Restrooms equipped / hot water 124 F											
34	Fruit flies observed in prep area											
42/45 45	Detailed cleaning of floor etc an sunder behind and around equipment t etc Clean drains where needed											
37/45			Cases - when opening watch	n dr	innina int	o ice crea	m - use lids if need	ot he	protect			
57745												
39	(unit just repaired today) Store dipper well running when utensils are in there											
45	Pay attention to Maint where needed to finishes etc											
32	Time to sand or replace	e small c	utting board									
32	Keep an eye on gaskets in coolers and address where needed											
45	Reminder to move water hose to allow floor to be cleaned under shelving											
42/39	Store cart clean											
45/37	Clean inside Wif and address condensation around door and on pipes											
47	Always best to hang mop to dry											
10/39												
W	Odor from drain when running three compartment sink water											
!!	Will have to hand mix or some other way of mixing sanitizer until company can service unti to be at required 150-											
Received (signature)	by:		Print:				Title: Person In Charge/ (Owner				
	See abov	<u>'e</u>										
Inspected (signature)	See abov ^{Thy:} Kelly Kirkpo	ıtríck	\mathcal{RS} Print:									
Form EH-06	6 (Revised 09-2015)						Samples: Y N #	collecte	ed			