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
Employee health

	Date: Time in: Time out: License/I 4:43 FS 9											Est. Type Limited Hsp  Risk Category Page 1 of _	2	
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain								_	-Inve	stiga	ation	1	5-CO/Construction 6-Other TOTAL/SCO	RE
Establishment Name: Contact/Owner N Baylor Emergency medical center of Rockwall Emerus							r Name:						* Number of Repeat Violations: ✓ Number of Violations COS:	_
<u> </u>		ıl Addr	<u> </u>	ncy medical center		st control :		Но	ood		Gı	rease	e trap : Follow-up: Yes 2/98//	4
Alpha Rentokil Na  Compliance Status: Out = not in compliance IN = in compliance NO = not observ										_		n teddy No		
Mari		C <b>omplia</b> e appro		Status: Out = not in co e points in the OUT box for	mpliance reach numbered ite	em Mar	NO = no						plicable $COS = corrected on site R = repeat violation W-Wate NA, COS Mark an In appropriate box for R$	ch
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days  Compliance Status  Compliance Status											ive Action not to exceed 3 days	_		
О	I N O A O Time and Temperature for Food Safety					R	C	O I N			C O	Employee Health	R	
T	(F = degrees Fahrenheit)  1. Proper cooling time and temperature						T			A	S	12. Management, food employees and conditional employees;		
	Cooked as needed							~				knowledge, responsibilities, and reporting		
•	2. Proper Cold Holding temperature(41°F/ 45°F)  Good							13. Proper use of restriction and exclusion; No di eyes, nose, and mouth  Screening at arrival						
	3. Proper Hot Holding temperature(135°F) Cook and serve								Preventing Contamination by Hands					
	4. Proper cooking time and temperature All to 165 F									14. Hands cleaned and properly washed/ Gloves used properly				
	5. Proper reheating procedure for hot holding (165°F in 2								15. No bare hand contact with ready to eat foods or approved	╁				
	Hours)							~			alternate method properly followed (APPROVED Y N ) Gloves			
		/	1	6. Time as a Public He	alth Control; proc	cedures & records							Highly Susceptible Populations	
		,		Ar	proved Source						_		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
						source Food in			Ш				Tustedized C <sub>BB</sub> used when required	_
•	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Schwanns									Chemicals				
				8. Food Received at pr	oper temperature								17. Food additives; approved and properly stored; Washing Fruits	
Ľ				Checking tem	ps						~		& Vegetables FrozEn	
	Protection from Contamination					/				18. Toxic substances properly identified, stored and used Stored low				
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting No raw					Water/ Plumbing			Water/ Plumbing					
•	10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature				backflow device			19. Water from approved source; Plumbing installed; proper backflow device Approved by city						
	11. Proper disposition of returned, previously served or reconditioned Discarded in rooms				20. Approved Sewage/Wastewater Disposal System, disposal			20. Approved Sewage/Wastewater Disposal System, proper						
	· ·													
			J				Points)			Req	uire	Cor	rective Action within 10 days	
U	I N	N N O A	CO	Pri		tion Items (2 I	Points)	U	J I J N	Req N O	uire N A	C 0	rective Action within 10 days  Food Temperature Control/ Identification	R
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U T		N N	S	Demonstration  21. Person in charge pri and perform duties/ Ce 1  22. Food Handler/ no the All employees  Safe Water, Reconstruction of the All employees  Safe Water, Reconstruction of the All employees  23. Hot and Cold Water Great  24. Required records a destruction); Packaged the Conformance  25. Compliance with Verification of the Verification of the ACCP plan; Variance processing methods; manual of the Acceptance of the Acceptance of Construction of the Acceptance of Construction of the Acceptance of Instantian	resent, demonstrat ritified Food Mana mauthorized person deeping and F Labeling ar available; adequivaliable (shellston Food labeled with Approved F Variance, Specialize obtained for speanufacturer instructurer in	Presonnel tion of knowledge ager (CFM) ons/ personnel Food Package that pressure, safe ock tags; parasite Procedures zed Process, and scialized actions who or under cooked by Allergen Label Require Correction in, rodent/other g or tobacco use ored	R,	2	V V V V V V V V V V V V V V V V V V V	N O	N A	C O S	Food Temperature Control/ Identification  27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature Cooking what is needed  28. Proper Date Marking and disposition Frozen or used in individual portions  29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital / test strips  Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/ insp sign posted)  Posted  Utensils, Equipment, and Vending  31. Adequate handwashing facilities: Accessible and properly supplied, used  2 equipped  32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used  33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided  Dishmachine  ys or Next Inspection, Whichever Comes First  Food Identification  41. Original container labeling (Bulk Food)  Physical Facilities  42. Non-Food Contact surfaces clean  43. Adequate ventilation and lighting; designated areas used  44. Garbage and Refuse properly disposed; facilities maintained Dumpster picked up regular	

## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: (signature) Rachael Stiver	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: or Scott and white	Physical A			City/State: Rockwall	License/Permit # FS 9271	Page <u>2</u> of <u>2</u>				
		<u> </u>		RE OBSERVAT							
Item/Loc	ation	Temp F	Item/Location		Temp F Item/I	ocation	Temp I				
Uprigh	nt										
	Eruit	40									
	Fruit	40									
Fre	eezer upright	-2									
		0	BSERVATIONS AN	D CORRECTIV	VE ACTIONS						
Item Number	AN INSPECTION OF YOUR ES	STABLISHM	ENT HAS BEEN MADE	E. YOUR ATTENT	TON IS DIRECTED TO	O THE CONDITIONS OBSE	ERVED AND				
	Hot water 135 F										
33	Dishmachine - not cap	able of c	onfirming that it i	s 50-100 ppr	n unit is not h	olding water- will us	se three comp				
- 00	ThreeComp sink quate			<u> </u>	11 41111 10 1101 11	olding water will at	<u>30 till 00 00111p</u>				
	2 hand sinks equippe		оо ррш								
	Using digital thermo /		1								
	AllFoods received frozen			al temp in micr	owave (allows to	stand for 2 min before	checking temp)				
	Gloves used to follow			<u></u>							
				ls							
	Using Schwanns - frozen and cooked per labels  All dish ware for patients at this time is disposable / only washing "cooking " plates										
	Using separate microwaves for different products (on washable plate) then meal is placed onto a to-go container with cover and taken to patien										
	Temps are taken and recorded before taking to patient										
	Checking dates daily						-				
	, ,										
							-				
	Facility is very clean!	!!					-				
Received (signature)	by:		Print:			Title: Person In Charg	ge/ Owner				
	<b>See abol</b>	<u>/e</u>									
Inspected (signature)	See abou	4 , 4	Print:								
( 3	Kelly Kirkpo	atrick	ンKS			Samples: Y N	# collected				