

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: 07/19/2021	Time in: 8:50	Time out: 10:30	License/Permit # FS 9083	Est. Type Buffet	Risk Category Med	Page <u>1</u> of <u>2</u>
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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	TOTAL/SCORE
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Establishment Name: Best western plus	Contact/Owner Name: Himmat	* Number of Repeat Violations: _____	10/90/A
Physical Address: I-30		✓ Number of Violations COS: _____	
Pest control : To provide	Hood Na	Grease trap : To provide info	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ 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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		✓					✓				
3				✓			✓				
	✓					Preventing Contamination by Hands					
		✓					✓				
		✓					✓				
	✓					Highly Susceptible Populations					
Approved Source							✓				
	✓					Chemicals					
	✓						✓				
Protection from Contamination						W	✓				
	✓					Water/ Plumbing					
W	✓						✓				
		✓					✓				

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
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	✓					W	✓				
	✓					W	✓				
Safe Water, Recordkeeping and Food Package Labeling						2					
	✓					Permit Requirement, Prerequisite for Operation					
	✓						✓				
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
			✓			2					
Consumer Advisory						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
Prevention of Food Contamination						Food Identification					
	✓						✓				
W						Physical Facilities					
W	✓					W					
1							✓				
	✓						✓				
Proper Use of Utensils						1					
	✓						✓				
1							✓				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Laura Hager	Print:	Title: Person In Charge/ Owner Breakfast staff
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Best western plus	Physical Address: I-30	City/State: Rockwall	License/Permit # FS 9083	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Milk unit	35/40	Hot holding unit	167		
Upright unit					
Eggs frozen thawed in unit	30				
Milk	48				
Yogurt	46				
Freezer	-11				
Upright freezer	14				
Deep	-21				

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:
	Breakfast 6:30-9:30
	Sandwiches are placed into hot holding unit and will be discarded at end of meal not to exceed 4 hrs
	Apples are wrapped and all other items are prepackaged
	Staff assists with coffee and milk
	Fruit cups not labeled - to provide if requested
	Odor when Running water at hand sink - okay and end of insp
	Hot water at 110
31	Need hand soap at hand sink
W	Clean minor inside cabinets
	Upright cooler is holding 46-48 F - removed all Tcs - unit is frozen at back and need to clean fan guard
40	Avoid reuse of cardboard boxes for butter etc (cream chees box)
	Gloves used to touch rte foods
37	Deep freezer in back room to be defrosted
40	Avoid reusing bread bags
45	Address shelving condition. in back storage
	Separating food boxes from non foods / only packaged items are stored in this room
	Back room could use some tlc
29	Need test strips for sanitizer for food contact to test at 200 ppm per label
	Digital thermo used
	All foods are precooked and rethermalized for service
	Hot water at three comp sink 110 F
W	Set up Sanitizer bucket when in use for wiping cloths
W	Store employees drinks and food low
37	Condensation in bottom of upright cooler keeping foods out of it on rack
	Reminder to wash hands prior to donning gloves when handling rte foods

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

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