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
Allergy policy/training Vomit clean up Employee health
Employee health

Date <b>07</b> /		20	20	Time in: 9:05	Time out: <b>10:48</b>		License/Pe FS ?	rmit #						Breakfast Ned Risk Category  Page 1 of 2		
				tion: 1-Routine	2-Follow U	Jp D	3-Complain	nt	4-1	Inves	stiga	ation		5-CO/Construction 6-Other TOTAL/SCOR		
Establishment Name: Best western						Contact/Owner Name: Himmat								* Number of Repeat Violations:  Vumber of Violations COS:		
J						Pest control : Prime pest biweekly			Hood Grea			Gı	rease	re trap : Follow-up: Yes 7		
Mark	Con	nplia	nce S	tatus: Out = not in corpoints in the OUT box for	прпансе	complia tem	110	= not o						pplicable COS = corrected on site R = repeat violation W-Watc.  NA, COS Mark an violation W = Watc.		
									e Im	med	iate	Cor	recti	tive Action not to exceed 3 days		
O I U N	N O A O Time and Temperature for Food Safety					R	Compliance O I N U N O			N A	C O S					
T	./		S	(F = degrees Fahrenheit)  1. Proper cooling time and temperature					Т	. /	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
				2. Proper Cold Holding temperature(41°F/ 45°F)										13. Proper use of restriction and exclusion; No discharge from		
3	See attached												eyes, nose, and mouth Poster emailed			
	/			3. Proper Hot Holding to									Preventing Contamination by Hands			
	/			Proper cooking time :     Proper reheating process.	*		165°F in 2			<b>/</b>			Hands cleaned and properly washed/ Gloves used properly      No bare hand contact with ready to eat foods or approved			
	/		5. Proper reheating procedure for hot hol Hours)				103 1 111 2				/			alternate method properly followed (APPROVED Y N )  Gloves		
W				6. Time as a Public Hea Sandwiches only have 4	lth Control; pro hrs if not held a	cedures at 135 F	& records min							Highly Susceptible Populations		
				Арј	proved Source					/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required All precooked		
w				7. Food and ice obtained good condition, safe, an	d unadulterated									Chemicals		
**				destruction Watch p  8. Food Received at pro												
V				To check	per temperature	;				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Using water		
,				Protection	from Contami	nation				<b>'</b>				18. Toxic substances properly identified, stored and used Watch storage in back room		
V	P. Food Separated & protected, prevented during food preparation, storage, display, and tasting					ng food							Water/ Plumbing			
V				10. Food contact surface Sanitized at Na	es and Returnab ppm/temperatur	les ; Cle e Set u	eaned and		W				-	19. Water from approved source; Plumbing installed; proper backflow device		
	11. Proper disposition of returned, previously served or reconditioned							•/			İ	City approved! Odor when running sink 20. Approved Sewage/Wastewater Disposal System, proper disposal				
				Pri	ority Founds	ntion It	tems (2 Poi	nts) vi	olati	ions	Rea	uire	Cor	rrective Action within 10 days		
O I U N T		N A	C O S	Demonstration				R	O U T	I N	N O	N A	C O S	Food Temperature Control/ Identification		
·			3	21. Person in charge pre and perform duties/ Cer					2				3	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature Milk cooler		
-				1 22. Food Handler/ no ur All other employees	nauthorized pers	sons/ per	rsonnel		2					28. Proper Date Marking and disposition		
				Safe Water, Recor		Food Pa	ackage		_	•				Reminder to date with 6 days out  29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips		
		l		23. Hot and Cold Water	Labeling available; adeq	uate pre	essure, safe							Added thermo		
_	111  24. Required records available (shellstock t											Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/ insp sign posted )				
~				destruction); Packaged I	or for serv									To post		
				25. Compliance with Va	ariance, Speciali	zed Pro	cess, and							Utensils, Equipment, and Vending  31. Adequate handwashing facilities: Accessible and properly		
		~		HACCP plan; Variance processing methods; ma			d		2					Keep accessible / and use before gloves		
				Cons	sumer Advisory	y			W					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used  Watch surfaces you cannot wash ex: wood		
V				26. Posting of Consume foods (Disclosure/Remi						~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided		
-				Ingredients  Core Items (1 Poin	t) Violations	Require	e Corrective 2	Action	Not	to E.	xcee	ed 90	) Da	ays or Next Inspection , Whichever Comes First		
O I U N T		N A	C O S	<u> </u>	of Food Contan			R	O U T	I N	N O	N A	C O	Food Identification		
1			3	34. No Evidence of Inse	ect contaminatio	n, roder	nt/other		1		/		S	41.Original container labeling (Bulk Food)		
V	1			35. Personal Cleanliness WAtxh	s/eating, drinkin	g or tob	pacco use					ı		Physical Facilities		
W				36. Wiping Cloths; prop Set up sanitize	perly used and stored to the contract of the c	tored ets			1					42. Non-Food Contact surfaces clean		
1				37. Environmental conta <b>See</b>	amination					<b>/</b>				43. Adequate ventilation and lighting; designated areas used		
	<b>'</b>			38. Approved thawing r						/				44. Garbage and Refuse properly disposed; facilities maintained		
				-	er Use of Utensi				1					45. Physical facilities installed, maintained, and clean		
W				39. Utensils, equipment dried, & handled/ In us Watch storage						/				46. Toilet Facilities; properly constructed, supplied, and clean Watch paper towel		
v				40. Single-service & sin and used	gle-use articles	; properl	ly stored				~			47. Other Violations		
- 1									1 1	1		- 1		1		

## Retail Food Establishment Inspection Report

## City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establishn	nent Name:	Physical A	ddress:	City/State:		License/Permit # Page 2 of 3				
	western	I-30	address.	Rockwa	all	FS Page 2 of 3				
T4 /T		T 15	TEMPERATURE OBSERVA		T4/T		T E			
Cooler		Temp F	Item/Location	Temp F	Item/Loc	ation_	Temp F			
Cooler	in office for yogurt	54								
	Milk	54								
Up	oright cooler									
	Eggs	40								
Freez	zers in back room									
	-11/2		Defrosting coole	er						
			At exit to insp							
			-							
		OH	 	TIVE ACTION	ONS					
Item Number	AN INSPECTION OF YOUR EST NOTED BELOW:	TABLISHMI	ENT HAS BEEN MADE. YOUR ATTE	NTION IS DIF	RECTED TO T	THE CONDITIONS OBSE	RVED AND			
		ntly servi	ng fruit , granola bars, dar	nishes ii	ice cere:	al hoxes milk and	1 voqurt			
	•		ed in kitchen then wrapped	-			_ · _ ·			
			anded out to guests base				<u> </u>			
	Coffee served by emp			<u> </u>	50.0					
02/27			holding danger zone tem	os of 54 F	- to disc	ard all Tcs foods i	n unit			
	Owner will have unit d									
			rith limited amount of yogu	ırt and mi	lk in unit	until fixed				
	Kitchen - hot water is									
31	Make hand sink and th	ree com	p accessible when neede	d						
31			this is to be used when pr		neals befo	ore donning glove	 :S			
31	To provide paper towe			1 5		33				
W	Odor when running sir									
W			hen using as well for pans	used dai	ly . Usino	g quats sanitizer a	at 200 ppm			
42	Clean inside cabinets		<u> </u>		, ,					
45	Seal any exposed woo	od								
W	Provide thermo to sma		poler							
NOTE	All Tcs product used for	r sandwid	ches to be date marked who	en openin	g not to e	xceed 6 days out	for discarding			
_	-		age (once thawed and op		<u> </u>					
	Yogurt dated July 10th		<u> </u>							
	Discussed only thawing eggs what you need in 6 days that way you are not discarding excess									
42	Clean inside upright co		,	<u>, , , , , , , , , , , , , , , , , , , </u>		<u>J</u>				
	Extra storage room :									
37	Time to defrost freezers									
	Will need to keep labels to provide ingredients if requested									
37	Upright freezer has layer of ice in bottom - check seals etc condensation									
W	Keep an eye on storage of nonfood related items in this area as you are storing food related in this room									
	No sanitizer set up at insp - using quats for kitchen.									
	Using yellow peroxide product- to use per labelonly approved for non food									
Received (signature)	bv:		Print:			Title: Person In Charg	e/ Owner			
Inspected (signature)	See abou	utríck	Print:			Samples: Y N	# collected			