

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: 07/15/2020	Time in: 9:05	Time out: 10:48	License/Permit # FS ?	Est. Type Breakfast	Risk Category Med	Page <u>1</u> of <u>2</u>
----------------------------	-------------------------	---------------------------	---------------------------------	-------------------------------	-----------------------------	---------------------------

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
--	--------------------------------------	--------------------------------------	--	--	----------------------------------	--------------------

Establishment Name: Best western	Contact/Owner Name: Himmat	* Number of Repeat Violations: _____	12/88/B
Physical Address: I-30	Pest control : Prime pest biweekly	✓ Number of Violations COS: _____	
Hood: Na		Grease trap :	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					
		✓				✓					
		✓					✓				
W						Highly Susceptible Populations					
						✓					
W	✓					Chemicals					
		✓				✓					
						✓					
						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					
		✓				2					
		✓				2					
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
		✓				✓					
		✓				✓					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
				✓		2					
Consumer Advisory						Physical Facilities					
		✓				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					
		✓						✓			
		✓				Physical Facilities					
W						1					
1						✓					
		✓				✓					
Proper Use of Utensils						Physical Facilities					
W						1					
		✓				✓					
								✓			

Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establishment Name: Best western	Physical Address: I-30	City/State: Rockwall	License/Permit # FS	Page 2 of 3
--	----------------------------------	--------------------------------	-------------------------------	-------------

TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Cooler in office for yogurt	54				
Milk	54				
Upright cooler					
Eggs	40				
Freezers in back room					
-11/2		Defrosting cooler			
		At exit to insp			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Breakfast bags ,Currently serving fruit , granola bars, danishes , juice, cereal boxes, milk and yogurt
	Sausage egg sandwich is heated in kitchen then wrapped and held in warmer for 2 hrs and then discarded
	No buffet , no self service, all handed out to guests based on numbers in hotel
	Coffee served by employees as well
02/27	Small milk and yogurt cooler is holding danger zone temps of 54 F - to discard all Tcs foods in unit
	Owner will have unit defrosted and serviced
	Advised to only use for meal with limited amount of yogurt and milk in unit until fixed
	Kitchen - hot water is 111 F
31	Make hand sink and three comp accessible when needed
31	Hand sink with fan in it today - this is to be used when preparing meals before donning gloves
31	To provide paper towels to hand sink
W	Odor when running sink
W	To set up sanitizer and sinks when using as well for pans used daily . Using quats sanitizer at 200 ppm
42	Clean inside cabinets where needed
45	Seal any exposed wood
W	Provide thermo to small milk cooler
NOTE	All Tcs product used for sandwiches to be date marked when opening not to exceed 6 days out for discarding
	Ex: eggs and cheese and sausage (once thawed and opened)
	Yogurt dated July 10th to be discarded
	Discussed only thawing eggs what you need in 6 days that way you are not discarding excess
42	Clean inside upright cooler
	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 by: (signature) See above	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Samples: Y N # collected

Form EH-06 (Revised 09-2015)