## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

5/		1/2	202	24	9:15		Time out: 10:30		need			en	t/t	0	po	OST   Risk Category   Page 1 of	2	
		<b>se o</b> i ishm				1-Routine	2-Follow U		3-Compla act/Owner N		4-	Inve	stiga	ation	1	5-CO/Construction   6-Other   TOTAL/SCO   * Number of Repeat Violations:	ORE	
Bi	n 3	303	}		ic.					vanie.						✓ Number of Violations COS:	/Δ	
Ph 10	ysic 5 O	al A Hive	ddre St	ss: Rc	ockwall,		ow		send		Ho J's (		2024	Gı OW	rease /nei	se trap : Follow-up: Yes rto send Follow-Up: Yes rto send	,,,	
Ma	nrk ti	Com	plia	ice S	Status: (	Out = not in come OUT box for e	npliance IN = in each numbered it	complia:	nce No	O = not						pplicable $COS$ = corrected on site $R$ = repeat violation $W$ - $W$ at ox for IN, NO, NA, $COS$ Mark an $X$ in appropriate box for $R$	tch	
					points in th						re In	nmed	liate	Cor	recti	tive Action not to exceed 3 days		
O U	mpli I N	iance N O	Sta N A	tus C O	7	Time and Temp	perature for Fo	ood Safe	ety	R	OU		iance N O	Stat N A	C O	Employee Heelth	R	
T	N	U	A	s	1 Proper	(F = de cooling time ar	grees Fahrenhei	it)			T		U	A	s	Employee Health  12. Management, food employees and conditional employees;		
	~				1. 11 opei	ecoming time un	ad temperature					~				knowledge, responsibilities, and reporting		
W					2. Proper	Cold Holding t	temperature(41°	F/ 45°F	)			7				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
V V					3 Proper	Hot Holding te	emperature(135°	°F)										
		~			,		nd temperature									Preventing Contamination by Hands  14. Hands cleaned and properly washed/ Gloves used properly		
		~			•		edure for hot ho		65°E in 2			~			_	15. No bare hand contact with ready to eat foods or approved		
		~			Hours)	reneating proce	edure for flot flo	nding (1	03 1 111 2			~				alternate method properly followed (APPROVED Y N. )		
	~				6. Time a	s a Public Heal	th Control; proc	cedures	& records			<u> </u>				Highly Susceptible Populations		
						A	16									16. Pasteurized foods used; prohibited food not offered		
					7 5 1 .		roved Source		Day 4 to			_				Pasteurized eggs used when required		
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite											Chemicals		
					8. Food Received at proper temperature													
	~					κ at recei	•					~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					Cricci		from Contamii	nation			3					18. Toxic substances properly identified, stored and used		
							tected, prevente		g food							W. (D. )		
	~						play, and tasting					1				Water/ Plumbing		
	~						s and Returnabl ppm/temperature		aned and			~				1 19. Water from approved source; Plumbing installed; proper backflow device		
	·						returned, previ					7				20. Approved Sewage/Wastewater Disposal System, proper disposal		
							arded			inta) -	.: - 1 4	<u> </u>	D		C	rrective Action within 10 days		
						Prio	riiv Founda				ากเสา	nons	Kea	me		rrective Action within 111 days		
0	I N	N	N A	C	D					R	О	I	N	N	C		R	
O U T	I N	N O	N A	C O S		emonstration	of Knowledge/	Person	nel			I N				Food Temperature Control/ Identification	R	
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## **Retail Food Establishment Inspection Report**

Received by: (signature) Ruben Lopez	Print: Ruben Lopez	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishr Bin 3	ment Name: 803	Physical A		City/State: Rockwa	II TX	License/Permit # need curre	Page <u>2</u> of <u>2</u>				
טוווט	<del>,00</del>	103 (	TEMPERATURE OBSERVAT		11, 17	Ticca carre					
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp				
WIC/h	namburger	41	reach in freezer ambient	7							
	shirt ribs	40	left side cold top/ambient	38							
	quinoa	40	right side cold top/tomato coulis	39							
	shrimp	40	small cold top/whipped topping	46							
	brisket	41	bar cooler	35							
outs	ide WIC/quinoa	39									
	ked potatoes	38									
	salmon	37									
			 	VE ACTION	S						
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:		ENT HAS BEEN MADE. YOUR ATTENT			HE CONDITIONS OBSI	ERVED AND				
	Back hand sink 100F equipped										
	3 comp sink 110F	· oquip	pou								
45	•	ls and o	eilings, to clean walls a	nd ceiling	as as w	/ell					
18			e low and separate ( in I								
W	To clean ice deflect				<u></u>						
32		-	where badly scored. Re	nlace w	hen ne	ressarv					
W			<b>/</b>	<u> </u>			at down				
34	Small cold top/only whipped cream at 46F/needs to cold hold at 41F and below/discarded, cooler was empty except for whipped topping, turned thermostat down										
	Live German roach/to call pest control today  Main cold tons not setup/mamt to monitor temps/ to cold hold at 41F or below										
V V	Main cold tops not setup/mgmt to monitor temps/ to cold hold at 41F or below  Steam wells not setup/to hot hold at 135+F										
45	To seal gaps in wal	-									
	•		o 165+F before placing i			ion to provone p					
	Line hand sink 100		· · · · · · · · · · · · · · · · · · ·	ii otoaiii	Wono						
39			ine glasses/use drainab	e har m	ate inet						
00	bar hand sink 100F			C Dai III	413 11131	Caa					
	bar 3 comp sink 11		<del>5</del> u								
	No specialized food		<u> </u>								
	Digital thermo and t	•									
28		-		ov 7							
	Date mark if not used within 24 hours, discard at day 7										
D • -			l n · .		1	mu p					
Received (signature)			Ruben I	Lope	z	Title: Person In Charge Manage					
Inspected			Print:	•			-				
(signature)	CharterCan	ton 1	RS Christy Co	ortoz	PS						