Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

				License/Permit # FOOD5018						Est. Type Risk Category	Page <u>1</u> of <u>2</u>	2_				
					tion: 1-Routine	2-Follow U ₁				l-Inve	stig	atior	,	5-CO/Construction 6-Other	TOTAL/SCOR	₹E
Es	tabli	ishm	ent	Nan	ne:		Contact/Owne		_		8			* Number of Repeat Violations:		
_		m's			5	Doo	st control :		I II.	ood		C	*****	✓ Number of Violations COS: e trap : Follow-up: Yes ☐	8/92/ <i>P</i>	1
					ockwall, TX	Ecol	lab/11-14-2023/m	onthly		oWash/10	-19-23			e trap : Follow-up: Yes vaste/11-3-2023/1000gal No 🗸	0.0	_
					Status: Out = not in co	ompliance IN = in c	compliance	NO = no						plicable $COS = corrected on site $		h
M	ark t	he ap	prop	rıate	points in the OUT box for Prio									ox for IN, NO, NA, COS Mark an in appropria ive Action not to exceed 3 days	te box for R	
		iance							(Compl	ianc	e Stat	tus	The Figure 1 and the cheese of unity		
O U T	I N	N O	N A	C O S		nperature for Fo legrees Fahrenheit		R	U		N O	N A	C O S	Employee Health		R
1				3	1. Proper cooling time	•	/		1	1			5	12. Management, food employees and conditional	l employees;	
	~									~				knowledge, responsibilities, and reporting		}
	~				2. Proper Cold Holding	g temperature(41°)	F/ 45°F)			~				13. Proper use of restriction and exclusion; No diseyes, nose, and mouth	scharge from	
	~				3. Proper Hot Holding	temperature(135°	°F)				<u> </u>			Preventing Contamination by Ha	nds	
	-				4. Proper cooking time	and temperature		+		Τ,				14. Hands cleaned and properly washed/ Gloves		
	~				5. Proper reheating pro		lding (165°E in 2		-	~				gloves used 15. No bare hand contact with ready to eat foods of		<u> </u>
	~				Hours)	cedure for flot flot	iding (105 1 iii 2			~				alternate method properly followed (APPROVEI		1
					6. Time as a Public Hea	alth Control; proc	cedures & records	+						W. I. G		
	~											-		Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not of		
					Ap	proved Source				~				Pasteurized eggs used when required pasteurized only for kitchen	nered	
2				ار	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite											
3				•	destruction corporate									Chemicals		
					8. Food Received at pro									17. Food additives; approved and properly stored;	; Washing Fruits	
	~				check at rece	eipt				~				& Vegetables water only		1
					Protection	n from Contamin	nation			~				18. Toxic substances properly identified, stored at	nd used	
	_				9. Food Separated & pr preparation, storage, di	· A								Water/ Plumbing		
	~				10. Food contact surfact Sanitized at _100_					~				19. Water from approved source; Plumbing instal backflow device	led; proper	
					11. Proper disposition of	of returned, previo	ously served or			~				20. Approved Sewage/Wastewater Disposal Syste	em, proper	
	~															1
	′				reconditioned disc									disposal		
0	I	N	N	С			tion Items (2 I	Points)			_	uire N	Cor	rective Action within 10 days		R
O U T		N O	N A	C O S	Pri					ations O I U N	Req N O				cation	R
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	ddress:	City/State:		License/Permit # Page	e <u>2</u> of <u>2</u>			
Brau	ım's #175	1820	Goliad	Rockwa	all, TX	FOOD5018				
Item/Loc	cation	Temp F	TEMPERATURE OBSERVA	Temp F	Item/Loca	tion	Temp F			
chicke	en freezer/ambient	11	hot holding/gravy/chi	•	front ice	e cream freezer ambient	6			
hamb	ourger freezer ambient	- 6	under counter cooler ambier	t 35	under o	34				
hot ho	olding sliders/hamburger	165	WIC/shredded chees	e 41	egg	wall/milk wall	34/34			
gr	illed chicken	141	cut tomatoes	41	Froz	-5				
fried	d chicken breast	166	whole tomatoes		fre	36				
under	counter cooler ambient	34	freezer doors ambien	+	ice cream freezers market		-9to6			
back	ice cream freezer	6	ice cream freezers front counte		<u>'</u>	ice cream sandwiches wall	-6			
Milk	cooler ambient	36	Frozen yogurt mi			Meat wall	34			
Itam	AN DIGDEOMAS - S		SERVATIONS AND CORRECT			THE COMPANYONS SECTION	ND.			
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:									
	Hand sink 100+F equipped									
	3 comp sink 119+F									
	3 comp sink setup to 100 ppm chlorine									
39	To clean shake noz	zles at	least every 4 hours							
42	To clean prep area	To clean prep area around Shake machines								
	Soda/tea nozzles WRS daily									
37	Lots of condensation	n in ma	in freezer /inside WIC							
	Gloves and napkins used for handling ice cream cones and paper sleeves on each cone									
	Sani buckets setup to 100 ppm chlorine sanitizer									
	Front hand sink 100+F									
	Ketchup cleaned and changed daily									
45	Need to clean floors, under equipment									
	Person cooking burgers only cooks using gloves then utensils to hot holding slider drawers									
	Food TCS toppings are on 4 hour to discard timer									
	Only raw shelled eggs for marker. Liquid pasteurized for restaurant.									
	Timer for cooking Hamburgers and frying chicken strips per corporate policy									
37										
42	To clean shelves in milk cooler									
7	Discarded one container of moldy strawberries									
	Running dipper wells for all ice cream scoops									
۱۸/	Brooks picks up and dispenses of spent grease									
W 24										
34	Some fruit flies									
Received (signature)			Print: Kylo R	ıtlad	an an	Title: Person In Charge/ Owner	r			
	Nyte Kutledge		Kyle R	uucu	ye	Manager				
(signature)	Kyle Rutledge d by: Chvisty Cov	tez, 1	RS Christy C	ortez,	RS	Samples: Y N # collec	ted			
	•		i .			- m collec				