

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: 07/30/2020 | Time in: 10:08 | Time out: 11:08 | License/Permit # FS-9226 | Est. Type Medical | Risk Category Hsp | 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: Broadmoor medical lodge | Contact/Owner Name: New owners | * Number of Repeat Violations: _____ | 12/88/B |
| Physical Address: Messi al drive | | ✓ Number of Violations COS: _____ | |
| Pest control : Monthly | Hood 02/2020 | Grease trap : 06/25/2020 stericycle | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pics |

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 | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| 1. Proper cooling time and temperature Avoid using left overs | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| 2. Proper Cold Holding temperature(41°F/ 45°F) Good | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Screening at arrival | | | | | |
| | | | | | | Preventing Contamination by Hands | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| 3. Proper Hot Holding temperature(135°F) | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | | |
| | | | | | | ✓ | | | | | |
| 4. Proper cooking time and temperature Cooking raw meats to required temps | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Gloves | | | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| | | | | ✓ | | ✓ | | | | | |
| 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Using P eggs | | | | | |
| | | | | | | Chemicals | | | | | |
| | 3 | | | ✓ | | ✓ | | | | | |
| 6. Time as a Public Health Control; procedures & records Hsp group | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only | | | | | |
| Approved Source | | | | | | 3 | | | | | |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Discarded chili / and dented can | | | | | | 18. Toxic substances properly identified, stored and used Label spray bottles | | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| 8. Food Received at proper temperature Sysco / always take temps | | | | | | ✓ | | | | | |
| Protection from Contamination | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | |
| | | | | | | ✓ | | | | | |
| 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature 100 | | | | | | | | | | | |
| | | | | | | ✓ | | | | | |
| 11. Proper disposition of returned, previously served or reconditioned Discarded | | | | | | | | | | | |

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 | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 1 | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature Avoid left overs | | | | | |
| | ✓ | | | | | 2 | | | ✓ | | |
| 22. Food Handler/ no unauthorized persons/ personnel 6 | | | | | | 28. Proper Date Marking and disposition Only 6 days out | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Dials | | | | | |
| | ✓ | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| 23. Hot and Cold Water available; adequate pressure, safe 134 F watch | | | | | | 30. Food Establishment Permit (Current/ insp sign posted) At front to post 2020 | | | | | |
| | | | | ✓ | | Utensils, Equipment, and Vending | | | | | |
| 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | ✓ | | | | | |
| Conformance with Approved Procedures | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used Yes | | | | | |
| | ✓ | | | | | W | | | ✓ | | |
| 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Keeping logs | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Utensils etc / watch for Maint | | | | | |
| Consumer Advisory | | | | | | ✓ | | | | | |
| | ✓ | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | |
| 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label | | | | | | | | | | | |

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 | | | | | |
| 1 | | | | | | ✓ | | | | | |
| 34. No Evidence of Insect contamination, rodent/other animals Gap at back door | | | | | | 41. Original container labeling (Bulk Food) | | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | W | ✓ | | | | |
| | ✓ | | | | | 42. Non-Food Contact surfaces clean Watch and clean as needed | | | | | |
| 36. Wiping Cloths; properly used and stored Store in buckets | | | | | | ✓ | | | | | |
| 1 | | | | | | 43. Adequate ventilation and lighting; designated areas used Watch Inside wic | | | | | |
| 37. Environmental contamination | | | | | | ✓ | | | | | |
| | ✓ | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | |
| 38. Approved thawing method Wic | | | | | | 1 | | | | | |
| Proper Use of Utensils | | | | | | 45. Physical facilities installed, maintained, and clean Dust air vents / grout | | | | | |
| | 1 | | | | | W | | | ✓ | | |
| 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used Store clean on magnet | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean Discarded napkins used as toilet paper | | | | | |
| | ✓ | | | | | 47. Other Violations | | | | | |
| 40. Single-service & single-use articles; properly stored and used | | | | | | | | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|--|--------|--------------------------------|
| Received by: (signature) Ed Clemons | 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: Broadmoor | Physical Address: Medical drive | City/State: Rockwall | License/Permit # FS 9226 | Page 2 of 2 |
|---|---|--------------------------------|------------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|----------------------|--------|---------------|--------|---------------|--------|
| Steam tables ambient | 160 up | | | | |
| Wic | 37 | | | | |
| Pudding | 39 | | | | |
| Chili | 39 | | | | |
| Tomato | 40 | | | | |
| Wif | -7 | | | | |
| 2 door reach in | 31/32 | | | | |
| | | | | | |

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: |
| | All employees/ visitors fill out form and have temp taken Then are ordered to wash hands in restroom |
| | Hot water at 114 F |
| | Sanitizer in buckets 200 ppm |
| | Small gap at bottom of back door |
| | Replace clip board with washable one |
| | Store knives clean on magnets |
| | Using dial thermos - calibrated |
| | Allergy policy - notice from medical staff |
| | Not using tea room / bistro / meals are taken to the rooms / |
| 28/07 | Must adhere to date marking - chili dates 7/21 - 2 moldy and one at 38 - appears to have been heated |
| | Using both washable and styro containers |
| | Watch date again as once opened you only have 6 more days |
| W | Avoid placing anything hot in plastic deep containers with lids |
| 37 | Address condensation in wif and clean floor etc |
| | Dry storage - looks good - watch dates for quality |
| 07 | Found one dented can of green beans |
| | Watch for dented and rusty cans |
| | Using gloves to follow hand washing |
| W | Discard any utensils with melted handles / on line -COS |
| W | Clean inside Dishmachine - and indicator basket as well |
| 45 | Grout issues around warewashing area |
| | Using bleach product for dining room only |
| | Dining room minimally inspected at insp - addressed previous issues on reports and anything new |
| 18 | To label bleach spray bottles - reminder kitchen manager that they must be careful with using bleach and quats and avoid using in same area. Using bleach for dining room and quats for kitchen |
| W | Bleach product is over 200 ppm and should not be used on food contact surfaces |
| Covid | Not using dining room/ cleaning and sanitizing anyway with bleach / employees in masks etc |
| | Minor detailed cleaning - kitchen looks good |

| | | |
|--|--------|--------------------------------|
| 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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