Followup Fee of \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

## City of Rockwall

12	te: <b>2</b> /2	21	12	23	Time in: 11:30	Time out: 12:59	License/P							CPFM	Food handlers	Page <u>1</u> of <u>2</u>	2_
					tion: 1-Routine	2-Follow Up	3-Compla	_		4-In	vestig	atio	n	5-CO/Construction	6-Other	TOTAL/SCOR	RE
		ishm			ne: nmer Ridge		Contact/Owner I Emily Whitso		:					Number of Repeat Violat ✓ Number of Violations CC			
Ph	ysic	al A	ddre	ess:		Pest c	control :			lood				e trap :/ waste oil	Follow-up: Yes	21/79/	C
302					kwall, Tx	empliance IN = in con	n 11/14/2023	O	-		an 9/202	1			No D	1.: W. W.	1
Ma					points in the OUT box for	each numbered item	Mark '		check	mark	in app	ropri	ate bo		k an 🗙 in appropriat	plation W= Watch	n
Co	mpli	ance	Sta	tus	Prio	rity Items (3 Po	oints) violations	Req	uire .		<i>ediate</i> plianc			ive Action not to exceed 3 days	S		
O U	I N	N O	N A	CO		nperature for Food egrees Fahrenheit)	l Safety	R		U	N O	N A	COO	Emplo	yee Health		R
Т				S	1. Proper cooling time a	,			ľ	T			S	12. Management, food employe		employees;	
		V								r				knowledge, responsibilities, an			
	/				2. Proper Cold Holding <b>See</b>	temperature(41°F/	45°F)			ı				13. Proper use of restriction and eyes, nose, and mouth	d exclusion; No dis	charge from	
	•				3. Proper Hot Holding t See	temperature(135°F)								Preventing Cont	tamination by Han	nde	
		•			4. Proper cooking time	and temperature			-					14. Hands cleaned and properl			
					5. Proper reheating pro-	cedure for hot holdi	ng (165°F in 2		-	•				15. No bare hand contact with	ready to eat foods o	or approved	
		•			Hours)					r				alternate method properly follo Gloves available	wed (APPROVED	Y N.V.)	
	~				6. Time as a Public Hea	alth Control; proced	ures & records							Highly Susce	ptible Populations		
					Ар	proved Source				·				16. Pasteurized foods used; pro Pasteurized eggs used when red Eggs		fered	
					7. Food and ice obtaine good condition, safe, ar												
3				<b>\</b>	destruction US Foo		ans	*						Cn	emicals		
	~				8. Food Received at pro Checking temp	-				ı				17. Food additives; approved a & Vegetables Water	nd properly stored;	Washing Fruits	
					Protection	n from Contaminat	tion			·	/			18. Toxic substances properly i	identified, stored an	nd used	
3					9. Food Separated & pr preparation, storage, dis	· *	during food							Water	/ Plumbing		
2					10. Food contact surface									19. Water from approved source	ce; Plumbing install	ed; proper	
3					Sanitized at 200  11. Proper disposition of		160			-				backflow device Approved by city 20. Approved Sewage/Wastew.	ater Disnosal System	m proper	
	<b>'</b>				10.	ard immed	•			ı	1			disposal	ater Disposar System	ш, ргорсі	
0	I	N	N	C			`	ints) R	viol	0 1	N	N	С	rective Action within 10 days			R
U T	N	0	A	o s	Demonstration  21. Person in charge pro-	n of Knowledge/ Pe				U I	0	A	O S	Food Temperature	· Control/ Identific	cation	
						eseni demonsiranoi				ı	/			27 Proper cooling method used			Į.
ı	~				and perform duties/ Cer 1	rtified Food Manage	er (CFM)			Ľ				Maintain Product Temperature		quate to	
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Cornelius Williams	Print: Cornelius Williams	Title: Person In Charge/ Owner
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A		city/State:		License/Permit #	Page <u>2</u> of <u>2</u>				
Brook	dale Senior Living	3020	Ridge Rd   F	Rockwal	I, Tx	FS-9123					
Item/Loca	ation	Temp	Item/Location	Temp	Item/Loca	tion	Temp				
WIF		-4	Butter	36		Beets	185				
Д	All items htt		Cream cheese	36							
	WIC	32	Steam table								
Resid	dential combo -4	/40	Chicken	193							
	WIC	32	Veal	142							
SI	helled eggs	39	Marinara	184							
Wh	ole tomatoes	36	Scallop potatoes	176							
S	lice cheese	36	Broccoli	170							
Item	AN INCRECTION OF YOUR PO		SERVATIONS AND CORRECTIVE HAS BEEN MADE VOLUE ATTENTS			HE CONDITIONS OPEN	DVED AND				
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F										
	Hand sinks all equippe	ed									
	3comp sink not setup										
	Dishwasher confirmed	•									
34			her, equipment under hood								
32/42			shwasher to wall, remove mo	old							
43	Light bulb replacement		oom, hood over fryer								
_	Restroom equipped temp 122										
9	Observe large bag of bread crumbs open in storage, need bulk storage containers with lid										
	Store papertowels on t Sticky floors in dry stor	•	•								
37	•										
32	WIF frozen condensation on ceiling towards back of unit Time to sand or replace cutting boards										
02	·		ep sink under cold running w	ater							
10	<u> </u>	•	ld on deflection plate, burn a		/B/S ice	honner and defle	ction plate				
			uipment underneath, between			<u> </u>	•				
			ed sign showing out of order		<u>.,</u>	<u></u>					
					ft, Cold	on Right					
32	Front hand sink, hot and cold handles switched, repair for hot of Left, Cold on Right  Base board tile broken or missing, repair/replace where needed										
44	General cleaning arou	nd dump	ster to keep pest away								
33	Sanitizer hooked up to h	ot water	only at 3 comp sink 136, opera	ational po	ster show	ws temp to test be	tween 65-75				
	please call ecolab to re	esolve									
Received (signature)		<b>'</b>	Print:	)\/C		Title: Person In Charge	e/ Owner				
Inspected	See abov	<u>'</u>	See abo	ve							
(signature)		$\subset \tau$	Richard	Hill	SIT	Samples: Y N	# collected				