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

Date: 12/11/23						License/Po						CPFM 4	Food handlers	Page 1	of <u>2</u>				
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner N							_	-Inv	estig	ation	n	5-CO/Construction	6-Other	TOTAL/S	CORE				
Buffalo Wind Wings 0119 Angela Patter								,				Number of Repeat Violations: Number of Violations COS:		7/93/A					
Physical Address: 951 E I30 Rockwall, Tx Pest control: Ecolab 11/14/23								Hood Grease Facilities 11/23 Southw					e trap :/ waste oil rest waste 9/23 1500g	511 101 <u>0 11</u> up. 105					
Mark the appropriate points in the OUT box for each numbered item Mark 's								not observed $NA = not$ applicable $COS = corrected$ on site $R = repeat$ violat checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate by							lation W= V e box for R	Vatch			
Priority Items (3 Points) violations Compliance Status						Requ				ate Correct		ctive Action not to exceed 3 days							
O U	Time and Temperature for Food Safety					R	Ū	O I N U N O T		N A	C								
T	s (F = degrees Fanrennett) 1. Proper cooling time and temperature							/	,		S	12. Management, food emplo knowledge, responsibilities, a		employees;					
	2. Proper Cold Holding temperature(41°F/ 45°F)					Н						13. Proper use of restriction a		charge from					
	~										~				eyes, nose, and mouth				
	/				3. Proper Hot Holding temperature(135°F) 4. Proper cooking time and temperature											ontamination by Han			
	/					<u> </u>		5°F in 2			~	1			14. Hands cleaned and prope15. No bare hand contact with				
		'			5. Proper reheating procedure for hot holding (165°F in 2 Hours) NO left overs						•	1			alternate method properly fol Gloves				
	6. Time as a Public Health Control; procedures & records												ceptible Populations						
					Ар	proved Source					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					fered			
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Ben E Keith						<u> </u>			N/a					
	•													Chemicals					
	•				8. Food Received at pro Marked in invo						~	,			17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water				
					Protection from Contamination						~	,			18. Toxic substances properly	y identified, stored an	d used		
	~				9. Food Separated & pr preparation, storage, dis			food							Wat	er/ Plumbing			
3					10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature						-	,			19. Water from approved sou backflow device City approved	rce; Plumbing install	ed; proper		
	11. Proper disposition of returned, previously served or reconditioned Discard						~	,			20. Approved Sewage/Waste disposal	water Disposal System	m, proper						
					Pri			ms (2 Po							rective Action within 10 day	rs.			
O U T	I N	N O	N A	C O S			tion Ite	`	ints)) I	N	nuire N A	C C O S	·	re Control/ Identific	ation	R	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Angela Patterson	Print: Angela Patterson	Title: Person In Charge/ Owner GM
Inspected by: Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: O Wild Wings 0119	Physical 2 951 13		City/State: Rockwall	Tv	License/Permit # FS - 7898	Page 2 of 2				
Dullai	o wiid wiings o i i s	95113	TEMPERATURE OBSERVAT		, 1 \	1 3 - 7030					
Item/Loc	ation	Temp	Item/Location	Temp	Item/Loc	cation	Temp				
WIF amb htt WIC amb39 WIC amb Chicken wings		-2	Grill 1 station		Hot holding						
			Chicken strip	38	Queso		174				
		38	Chicken breast	38	Chili Marinara		179				
			Hamburger patty	34			183				
	39, 28, 38 Chicken strips		Grill 2 station		Cooked wings		S				
			Pretzels	38	197, 184						
F	Hamburger patty	28	Southwest grill station			Prep cooler					
	Chip freezer htt	18	Mac & cheese	38	VIC.						
Item	AN INSPECTION OF YOUR F		BSERVATIONS AND CORRECTI ENT HAS BEEN MADE. YOUR ATTENT			THE CONDITIONS OBSER	VED 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										
	Restrooms equipped	d greater	than 105								
	Hand sink equipped	138, ser	ver stations equipped grea	ter than	104						
	3comp sink setup 13	6 using	eco sink & surface cleaner	sani 2.6	- 4.3 p	pm perfect					
	Dishwasher confirme				•	•					
	Tea urns cleaned nightly and nozzles soaked overnight Can & bottle cooler 38, 37										
	Bar dishwasher confirmed chlorine sani 100ppm										
				aft nluge							
	Alcohol spouts covering with rubber covers in using and draft plugs										
	Glass coolers 36, 34										
10	Keg wic, 30 floor very clean well organized Ice machine red slime in ceiling of hopper, burn ice and W/R/S all contract surfaces										
10			//R/S all C	A/S all contract surfaces							
37	•		and condensation pipe	L	1						
42/45			eaning behind underneath in								
45	-		s needed in prep/kitchen are		nown si	gns of rust					
34	Fruit flies observed dish machine, service line, bar, server station										
	Bar hot water greater than 120										
	Storage cabinet inter										
	Side server station hand sink/ dump station removed hand sink, relocated in server station										
	Flour in freezer protected with lid										
	Missing one dumpster lid										
	Interest of the dumpater ind										
	_										
Received	hv:		Print:			Title: Person In Charge/	Owner				
(signature)		ve	See ab	ove		ride. I cison in charge/					
Inspected (signature)		<u>"</u>	> Richard								