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
Allergy policy/training Vomit clean up Employee health
Employee health

Date: Time in: Time out: License/P 12:20 1:30 FS n						ermit # eed 2021					Est. Type	Risk Category	Page 1 of	2				
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain										ı [5-CO/Construction 6-Other TOTAL		TOTAL/SCO	RE			
E	stabli	ishm	ent l	Nan				ontact/Owne chter / cit			ıall				* Number of Repeat Viol ✓ Number of Violations			
_	•	al Ac			ie lielu		Pest co		y or no	Ho			Gı	rease	e trap :	Follow-up: Yes	5/95/	Α
Air	port						City IN = in com	nliance		Na			Na		1	No 🗸		
M					Status: Out = not in co	ompliance r each num	bered item	Mar	NO = no			N/ box f	$\mathbf{A} = \mathbf{n}$ or \mathbf{IN}	ot ap	plicable COS = corrected on O, NA, COS Ma	ark an \mathbf{R} = repeat vio	olation W-Wat ate box for R	ch
			G.		Prio	ority Ite	ms (3 Poi	nts) violatio	ns Requ						ive Action not to exceed 3 da	ays		
O U	Î	iance N O	Stat N A	C O	Time and Ten	nperatur	e for Food S	Safety	R	C	O I N U N O			C O			R	
T		U	A	s	(F = d 1. Proper cooling time	legrees Fa				T		U	A	s	12. Management, food emplo		ampleyage	
		~			1. Froper cooling time	and tempe	erature				~				knowledge, responsibilities, a		employees,	
	2. Proper Cold Holding temperature(41°F/ 45°F)				+	-	+				13. Proper use of restriction a	and exclusion; No dis	scharge from	+				
	/				See						~				eyes, nose, and mouth Policy			
	3. Proper Hot Holding temperature(135°F)										Preventing Contamination by Hands							
		/			4. Proper cooking time	and temp	erature				1				14. Hands cleaned and prope	erly washed/ Gloves u	used properly	
					5. Proper reheating pro	cedure for	r hot holding	g (165°F in 2							15. No bare hand contact with			+
					Hours)							V			alternate method properly fol Gloves	llowed (APPROVED) Y N)	
		/			6. Time as a Public Hea	alth Contr	ol; procedu	res & records							Highly Suso	ceptible Populations		
					Ap	proved S	ource						/		16. Pasteurized foods used; p Pasteurized eggs used when i		fered	
					7. Food and ice obtaine			rce: Food in							Cooking			
	/				good condition, safe, ar	nd unadul	terated; para								C	Chemicals		
	Ĺ				destruction Comme						1				45.72		***	
	/				8. Food Received at pro		erature				1				17. Food additives; approved & Vegetables	and property stored;	wasning Fruits	
							ontaminatio	n .			1				Water 18. Toxic substances properly	y identified, stored an	nd used	+
					9. Food Separated & pr													
	•				preparation, storage, di											er/ Plumbing		
	/				10. Food contact surfact Sanitized at 200			Cleaned and			/			ı	19. Water from approved sou backflow device	arce; Plumbing install	led; proper	
					11. Proper disposition of reconditioned Disc	of returne	d, previousl	y served or			~				20. Approved Sewage/Waste disposal	ewater Disposal System	em, proper	
					DISC	arded	J											
	_							n Items (2 l	Points)	viola	tions	Req	uire	Cor	rective Action within 10 day	ys		
O U		N O	N A	COO		iority Fo	oundation		Points)	U	I	Req N O	uire N A	C O		ys are Control/ Identific	cation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Sunny Richter	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: en at turtle fields	Physical A	ddress: t road (Tuttle field)	City/State: Rockwall	License/Permit #	Page <u>2</u> of <u>2</u>				
Bain	on at tartio notao	7111701	TEMPERATURE OBSEI		1.0					
Item/Loc	cation	Temp F	<u>Item/Location</u>	Temp F Item/	Location	<u>Temp</u>				
Deep	freezer ice only									
N	New cooler	38								
	Cheese	39								
Be	verage cooler	34								
	Freezer	11								
Gla	ass front bev	25								
	pright cooler									
<u> </u>	Hot dogs	34/35								
	Tiot dogs		 SERVATIONS AND CORRE	CCTIVE ACTIONS						
Item Number	AN INSPECTION OF YOUR ENDOTED BELOW: All temps F		ENT HAS BEEN MADE. YOUR AT		TO THE CONDITIONS OBS	ERVED AND				
46	Need soap in restroor	ms								
45	To address standing v		ack room							
			mmercial grade and will be	placed into an area	to allow ease in move	ement in kitcher				
	Hot water - 112 F									
	Sink sanitizer - 200 pp	om								
	Hand sink equipped									
	Ingredients by reques	st								
	All foods cooked to required temps									
	Using digital thermo									
31	To repair hand sink upstairs to deliver hot water when needed to use									
42	Always store smoker clean non food part									
	- may o store ements seem non recur part									
Received (signature)	See abov	/e	Print:		Title: Person In Char	ge/ Owner				
Inspected (signature)		مرات زمار	Print:							
	newy Kurkpo	Mrick	ノバン		Samples: Y N	# collected				