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
Employee health

Date <b>04</b>		3/2	02	0	Time in: 2:00	Time out: <b>2:26</b>		FS 9							Full Risk Category Ned Page 1	of 2		
					ion: 1-Routine	2-Follow U	Up	3-Compla			Inve	stig	atio	n		L/SCORE		
Esta	Establishment Name: Contact						act/Owner l	t/Owner Name:						* Number of Repeat Violations:  Viumber of Violations COS:				
								Carmona  est control: Hood Grease					G	reas	e tran Follow-up: Yes 2/98			
Chris	Chris Street Texas extreme 02/17/20  Compliance Status: Out = not in compliance $IN = in compliance$ NO							-	Self			٠-		0 02/14/2020 No ☐ Pics				
Mark	C the	ompl appr	ianc opria	e St	points in the <b>OUT</b> box for	mpliance r each numbered i	item	Mark 1	O = not c $X in app$						pplicable $COS = corrected on site R = repeat violation W Mark an in appropriate box for R$	- Watch t		
Com	nlia	nce S	tatu	s	Prio	ority Items (3	Points	s) violations	Requir	_					tive Action not to exceed 3 days			
O U	U N O A O Time and Temperature for Food Safety						R	O U			C	Employee Health						
Т							Т	12. Management, food employees and condition				12. Management, food employees and conditional employees	s;					
	·								<b>'</b>				knowledge, responsibilities, and reporting					
	2. Proper Cold Holding temperature(41°F/ 45°F)							/				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	n					
H				-	3. Proper Hot Holding	temperature(135	5°F)								Posted on wall / checking health at arrival			
	·				4. Proper cooking time				+					1	Preventing Contamination by Hands  14. Hands cleaned and properly washed/ Gloves used properly			
	·				5. Proper reheating pro			165°F in 2	+		15. No bare hand contact with ready to eat foods or ap					Ť		
	·				Hours)	rectaire for not in	olding (1	103 1 111 2			/				alternate method properly followed (APPROVED Y. N. Gloves			
	L	/	t		6. Time as a Public Hea	alth Control; pro	ocedures	& records				<u>                                       </u>	<u>                                     </u>	l	Highly Susceptible Populations			
															16. Pasteurized foods used; prohibited food not offered			
					•	oproved Source							•		Pasteurized eggs used when required			
					7. Food and ice obtained good condition, safe, and										Chemicals			
					destruction													
					8. Food Received at pro		e				/				17. Food additives; approved and properly stored; Washing F & Vegetables	ruits		
						•	ination				•				Water  18. Toxic substances properly identified, stored and used			
	Protection from Contamination  9. Food Separated & protected, prevented during food						g food			•				Stored in hallway cabinet				
•					preparation, storage, di	splay, and tastin	ng								Water/ Plumbing			
·	/				10. Food contact surfact Sanitized at100_			eaned and			/				19. Water from approved source; Plumbing installed; proper backflow device  City approved			
					11. Proper disposition or reconditioned	of returned, prev	viously se	erved or							20. Approved Sewage/Wastewater Disposal System, proper			
Ц									Ш	L	_				disposal			
		N I		C					ints) vi	О	I	N	N	C	rrective Action within 10 days	R		
T	N	O A		0 8	21. Person in charge pr		ation of l	knowledge,		U T	N	0	A	O S	Food Temperature Control/ Identification  27. Proper cooling method used; Equipment Adequate to			
·					and perform duties/ Ce. 2		υ .	,			<b>'</b>				Maintain Product Temperature			
·	/				22. Food Handler/ no u Just managers	inauthorized per	sons/ per	rsonnel			/				28. Proper Date Marking and disposition  Good			
	Safe Water, Recordkeeping and Food Package Labeling			ackage			/				29. Thermometers provided, accurate, and calibrated; Chemic Thermal test strips Yes	cal/						
L	/		Τ		23. Hot and Cold Wate See attached	er available; adec	quate pre	essure, safe							Permit Requirement, Prerequisite for Operation			
					24. Required records a destruction); Packaged	vailable (shellsto	ock tags;	parasite			/				30. Food Establishment Permit (Current/ insp sign posted	)		
					Per order		D 1								Posted			
Т					25. Compliance with V		lized Pro	cess, and							Utensils, Equipment, and Vending  31. Adequate handwashing facilities: Accessible and properly	y		
		V			HACCP plan; Variance processing methods; m			1			/				supplied, used			
					Con	sumer Advisor	у			2					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Food containers			
			T		26. Posting of Consumer	er Advisories; ra	aw or und	der cooked				. /			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided			
Ľ					foods (Disclosure/Rem Ingredients by reques										Manager knows the flow			
		N I		C	,	,	•		Action R	О	I	N	N	C	ays or Next Inspection , Whichever Comes First	R		
Т		O A		0 8	Prevention  34. No Evidence of Ins	of Food Contai				U T	N	0	A	o s	Food Identification			
W	4				animals Watch for flie	es					~				41.Original container labeling (Bulk Food)			
L	1			1	35. Personal Cleanlines	Ç.	C	acco use							Physical Facilities			
L	/				36. Wiping Cloths; pro Store in sanitiz	zer	stored				~				42. Non-Food Contact surfaces clean			
	ı				37. Environmental con				Ш	W	~				43. Adequate ventilation and lighting; designated areas used Watch in kitchen upstairs			
L					38. Approved thawing <b>Pull thaw</b>	method				L	~				44. Garbage and Refuse properly disposed; facilities maintain Tues / Friday	ned		
					Prop	er Use of Utens	ils				/				45. Physical facilities installed, maintained, and clean Watch			
W				Ī	39. Utensils, equipmen dried, & handled/ In us Watch						~				46. Toilet Facilities; properly constructed, supplied, and clear <b>Equipped</b>	n		
				1	40. Single-service & si	ngle-use articles	s; properl	ly stored				_			47. Other Violations			
					and used Watch	1							İ					

## Retail Food Establishment Inspection Report

## City of Rockwall

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

Form EH-06 (Revised 09-2015)

_	ment Name:	Physical A	Address: Street		City/State: Rockwall	License/Permit # Page 2 of 2 FS 9173							
Jann				RE OBSERVA									
Item/Loc	eation	Temp F	Item/Location		Temp F Item/I	Location	<u>Temp</u>						
Freez	er	Na											
Uı	oright 2 door	38											
	Glass front	39											
'		33											
	Freezer												
Ra	w meats only	-3											
Gla	ss front cooler	31											
	Tomatoes	38											
		Ol	BSERVATIONS AN	D CORRECTI	VE ACTIONS								
Item Number	AN INSPECTION OF YOUR EST NOTED BELOW:	TABLISHMI	ENT HAS BEEN MAD	E. YOUR ATTEN	ΓΙΟΝ IS DIRECTED Τ	O THE CONDITIONS OBSE	ERVED AND						
	Social distancing posted on door to building / placemarka on floor for standing 6 ft / hand sanitizer and gloves at entry												
	All meals - to go / no dining/ plastic at pos / employees wearing masks												
	Hot water -110												
	Faucet secure												
		0 ppm -	test strips on si	te									
	Sanitizer in bucket -100 ppm - test strips on site  New thermo on site												
	Hot water upstairs-117												
	Ice machine clean												
	Meats USDA approved												
	Cooking day of and avoiding left overs - no chill down - left overs taken home												
	Good date marking - using within 2 days												
32	Avoid using thin plastic glad containers - replace with commercial grade NSF APPROVED												
	Lights to always be on when using knives to meet requirement												
	Using allTo go paper plates for now!												
	Using all to go paper plates for flow!  Using ice inside product for horchata												
	Dry storage looks good												
	Bath room set up! Using shower/ tub as mop sink -												
	Hand wash sign on Mirror												
	The state of the s												
	Opened for inspection												
	Topones is inspection												
Received (signature)	Coo obor	<u></u>	Print:			Title: Person In Charg	ge/ Owner						
	<u> </u>	<u>'</u>											
Inspected (signature)		. <del> </del>	Print:										
1	кешу кикра	urick	/ KS			Samples: Y N	# collected						