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: 010/04/2022 2:43			Time out: 3:22	FS 9							Food Managers Food Handlers Page 1 of	2						
Purpose of Inspection: 1-Routine 2-Follo			2-Follow U				ation		5-CO/Construction 6-Other TOTAL/SCO	ORE								
Esta	Establishment Name: Carmona's Tavoa						Contact/Owner Name: Carmona							* Number of Repeat Violations: ✓ Number of Violations COS:	/ ^			
	411 Chris Texa										se trap / waste oil : Follow-up: Yes 740 gals 09/20/22 Follow-Up: Yes 75 PiCS	5/95/A						
Mark	the	comp e app	plia: prop	ice S riate	tatus: Out = not in co	r each numbered i		Mark		propri	iate b	ox fo	or IN	, NO	pplicable COS = corrected on site R = repeat violation W-War O, NA, COS Mark an vin appropriate box for R	tch		
Com	plia	nce	Sta	tus	Pric	ority Items (3	Points) violations	Requir	_	medi mpli				tive Action not to exceed 3 days			
0 1	$\begin{bmatrix} U & N & O & A & O \\ T & S & & & & & & & & & & & & & & & & &$						R	O U T	I N	N O	Employee Health	R						
	•				1. Proper cooling time No left overs	and temperature					~	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting						
	2. Proper Cold Holding temperature(41°F/ 45°F) See					()							Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	+				
					3. Proper Hot Holding None to check - to conf	temperature(135	5°F)								Posted at hand sinks Preventing Contamination by Hands			
	•				4. Proper cooking time										14. Hands cleaned and properly washed/ Gloves used properly			
					5. Proper reheating pro	ocedure for hot he	olding (1	65°F in 2			/				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.)	+		
w	6. Time as a Public Health Control: p					ealth Control; pro	cedures	& records							Using gloves Highly Susceptible Populations	+		
W						oproved Source	ерріпід				•/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
		1			7. Food and ice obtained		d source;	Food in							Cooking			
•	good condition, safe, and unadulterated; parasite destruction						e							Chemicals				
V	8. Food Received at proper temperatur To check and transport a													17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only				
						n from Contami					/				18. Toxic substances properly identified, stored and used Stored low			
·	1				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting Good organization.										Water/ Plumbing			
3				~	Sanitized at 10 ppm/temperature Cos 100					Water from approved source; Plumbing installed; proper backflow device Was approved by city								
	•			11. Proper disposition of returned, previously served or reconditioned Discard 20. Approved Sewage/Wastewater Disposal System disposal														
		NT.	NT	C	Pr	iority Founda	ation It	ems (2 Po	ints) vi	iolati O	ons I	Requ	uire N	Cor	rrective Action within 10 days	R		
O I U I T	N	N O	N A	C O S		n of Knowledge			K	U T	N	0	A	o s	Food Temperature Control/ Identification	K		
V					21. Person in charge prand perform duties/ Ce						~			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
V	1				22. Food Handler/ no u	anauthorized pers	sons/ per	sonnel			~				28. Proper Date Marking and disposition Good			
	Safe Water, Recordkeeping and Food Labeling			Food Pa	ıckage			~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital						
V	23. Hot and Cold Water available; adequate press				ssure, safe							Permit Requirement, Prerequisite for Operation						
l	24. Required records available (shellstock tags; par destruction); Packaged Food labeled			parasite			~				30. Food Establishment Permit (Current/ insp sign posted) Posted							
					Conformance 25. Compliance with \	with Approved									Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly			
			/		HACCP plan; Varianc processing methods; m	e obtained for sp	ecialized				~				supplied, used Equipped			
					Cor	nsumer Advisor	y			W					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Watch galvanized metal and food containers	s		
V					26. Posting of Consum foods (Disclosure/Rem AllCooked / ingredi	ninder/Buffet Pla	te)/ Allei	rgen Label			~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped			
					Core Items (1 Poi	nt) Violations	Require	Corrective		_			_		ys or Next Inspection , Whichever Comes First			
O I U I T		N O	N A	C O S		of Food Contar			R	O U T	I N	N O	N A	C O S	Food Identification	R		
1					34. No Evidence of Insanimals Flies					Ш		/			41.Original container labeling (Bulk Food)			
V	1				35. Personal Cleanline			acco use							Physical Facilities			
V	1				36. Wiping Cloths; pro Store in bucke	ets	tored				~				42. Non-Food Contact surfaces clean			
	37. Environmental contamination Watch for					W	~				43. Adequate ventilation and lighting; designated areas used Watch lighting around knives							
	•	/			38. Approved thawing Cooler per own					П	/				44. Garbage and Refuse properly disposed; facilities maintained City account	\top		
	ľ				-	er Use of Utensi	ils			H	/				45. Physical facilities installed, maintained, and clean	+		
1					39. Utensils, equipmendried, & handled/ In u	nt, & linens; prop	erly used				·				Watch finishes 46. Toilet Facilities; properly constructed, supplied, and clean Equipped	+		
					Reach in cooler 40. Single-service & si	ingle-use articles	; properl	y stored		H	+				47. Other Violations	+		
V					and used Off gro	ound					1							

Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

	nent Name: Onas tacos	Physical A	ddress: hris drive	City/S Roo	State: Ckwa l	l	License/Permit # Page 2 of 2 Page 3 of 2					
			TEMPERATURE OBSERVA									
Item/Loc		Temp F Item/Location			emp F	Item/Loc	Location <u>Te</u>					
Bevera	age cooler	30	Upright freezer	•	11							
Uprigh	nt 2 door downstairs	33	HTT									
Not u	sed deep freezer											
2	door cooler											
	Tomatoes	41	To send pics	VD HOT								
	Salsa	40	HOLDING									
	Cheese	41										
Item	AN INCRECTION OF VOLIDER		SERVATIONS AND CORRECT				THE COMPUTIONS ODS	EDVED AND				
Number	NOTED BELOW: temps in F	TABLISHME	ENT HAS BEEN MADE. YOUR ATTEN	NIION	IS DIKE	CIED IO	THE CONDITIONS OBS	ERVED AND				
	Hot water 116 and up											
39 /w	 											
	Faucet is protected fro	m pulling	g out past over flow									
	Hand sink equipped											
	Signage employee he	alth post	ed									
10 /cos	Sanitizer bucket red -	less than	10 / corrected to 100 ppm	n duri	ing ins	sp						
34	Flies present downstairs											
	Using digital thermo and test strips on site											
	Not using slide top bev											
Horchata is served with ice and stored inside Bev cooler and served by staff Dry storage no curtains. Good												
										All off floor good Restroom is equipped and bath tub is used as mop sink all plumbing		
	Hot water 104 F Kitchen: upstairs											
Hot water 116												
Sanitizer bucket 100Ppm tested								-				
Test strips and thermo on site								-				
Grease trap - cleaned by accessing side door that is usually blocked with shelving												
Discussed date marking when opening packages of hot dogs etc -												
	Meats are purchased	from cor	nmercial grocer and frozer	n and	thaw	in the c	cooler and used	 within				
	·		g left overs using for far					-				
	Gloves on site		5					-				
W	Watch condition of gal	vanized	shelving									
	Keep an eye on closing inside cabinets etc											
Reminder	· · · · ·											
	Using chlorox product		-									
	<u> </u>											
Received (signature)	See abov	/e	Print:				Title: Person In Char	ge/ Owner				
Inspected	l by:		Print:									
(signature)	See abou Kelly kirkpo	ıtríck	RS				Samples: Y N	# collected				