

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

|                            |                         |                          |                                    |                          |                             |                           |
|----------------------------|-------------------------|--------------------------|------------------------------------|--------------------------|-----------------------------|---------------------------|
| Date:<br><b>10/13/2021</b> | Time in:<br><b>2:01</b> | Time out:<br><b>2:39</b> | License/Permit #<br><b>FS 9173</b> | Est. Type<br><b>Full</b> | Risk Category<br><b>Med</b> | Page <u>1</u> of <u>2</u> |
|----------------------------|-------------------------|--------------------------|------------------------------------|--------------------------|-----------------------------|---------------------------|

**Purpose of Inspection:**  1-Routine  2-Follow Up  3-Complaint  4-Investigation  5-CO/Construction  6-Other  **TOTAL/SCORE**

|  |  |   |                                 |
|--|--|---|---------------------------------|
| Establishment Name:<br><b>Carmonas tacos</b>   | Contact/Owner Name:<br><b>Roberto Carmon</b> | * Number of Repeat Violations: _____<br>✓ Number of Violations COS: _____ | <b>2/98/A</b>                   |
| Physical Address:<br>411 Chris street  | Pest control :<br>Texas extreme 9/4/21       | Hood<br>Owner   | Grease trap :<br>We do 09/15/21 |
| Follow-up: Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> <b>Pic</b> |  |   |                                 |

**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch  
Mark the appropriate points in the OUT box for each numbered item Mark ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ in appropriate box for R

**Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days**

| Compliance Status   |    |    |    |     |   | Compliance Status                        |    |    |    |     |   |
|---|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT   | IN | NO | NA | COS | R | OUT                                      | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   |    |    |    |     |   |  |    | ✓  |    |     |   |
|   | ✓  |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
|   |    |    |    |     |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     | ★ |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |

**Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days**

| Compliance Status  |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT  | IN | NO | NA | COS | R | OUT   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |
|  |    |    |    | ✓   |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  |    |    |    | ✓   |   | ✓   |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | 2   |    |    |    |     |   |
|  | ✓  |    |    |     |   | ✓   |    |    |    |     |   |

**Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First**

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
| W                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | ✓                          |    |    |    |     |   |
| W                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓                          |    |    |    |     |   |

# Retail Food Establishment Inspection Report

## City of Rockwall

|  |        |                                |
|--|--------|--------------------------------|
| Received by:<br>(signature) <b>Roberto Carmona</b>       | Print: | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature) <i>Kelly Kirkpatrick RS</i> | Print: | Business Email:                |

Form EH-06 (Revised 09-2015)

|  |                                   |                                |                                    |             |
|--|-----------------------------------|--------------------------------|------------------------------------|-------------|
| Establishment Name:<br><b>Carmonas Tacos</b> | Physical Address:<br><b>Chris</b> | City/State:<br><b>Rockwall</b> | License/Permit #<br><b>FS 9173</b> | Page 2 of 2 |
|--|-----------------------------------|--------------------------------|------------------------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location              | Temp F       | Item/Location | Temp F | Item/Location | Temp F |
|----------------------------|--------------|---------------|--------|---------------|--------|
| Glass front cooler         | <b>38</b>    |               |        |               |        |
| <b>2 door cooler</b>       | <b>35/36</b> |               |        |               |        |
| No foods to check in above |              |               |        |               |        |
| <b>Upright freezer</b>     | <b>HTT</b>   |               |        |               |        |
| <b>(Residential)</b>       | <b>18</b>    |               |        |               |        |
| GlassFront cooler upstairs | <b>39</b>    |               |        |               |        |
| <b>Tomatoes</b>            | <b>41</b>    |               |        |               |        |
| <b>Salsa</b>               | <b>36</b>    |               |        |               |        |

### OBSERVATIONS AND CORRECTIVE ACTIONS

|             |   |
|-------------|---|
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: All temps F |
|             | Hot water - 118   |
|             | Non smoking facility  |
|             | Sanitizer 100 ppm chlorine in buckets   |
|             | Sprayer for hand sink is secure / hand sink secured   |
|             | Not using freezer at this point   |
|             | Sanitizing tables between customers   |
|             | Hand sink up stairs   |
|             | Sani buckets upstairs 100 ppm   |
|             | Reminder to store wiping cloths in buckets  |
|             | All meat on site with USDA stamp  |
|             | Using gloves to touch rte foods   |
|             | Not serving left overs so that eliminates the cool down step except when production cooking ans freezer is used to get cold           |
|             | Reminder watch type of food containers - always buy nsf easy to clean   |
|             | Watch interior of cabinets - appear smooth and easy to clean  |
|             | Watch use of fabric curtain - best to use plastic - in dry storage  |
|             | Painted over texture on walls to make washable  |
|             | Restroom - 110 F  |
|             | No food prep at insps   |
|             | When serving horchata - staff serves out of cooler / ice as ingredients as well   |
|             | All foods made in kitchen - including cheese cake etc   |
|             | AllMeats are cooked to required temps per owner - no consumer advisory  |
|             | Cooking and freezing and storing in   |
|             | Advised to send me cooking temp of various foods to confirm cooking and hot holding   |
|             | Meats are cooked / frozen / held cold (thawed in cooler 35 f ) when ordered taken to stove top and reheated and served                |
|             | No hot holding per owner.   |
| 32          | To address door interior of the 2 door unit down stairs   |
|             | Watch use of residential  |

|  |        |                                |
|--|--------|--------------------------------|
| Received by:<br>(signature) <b>See above</b>             | Print: | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature) <i>Kelly Kirkpatrick RS</i> | Print: | Samples: Y    N    # collected |

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