equ Follov	u i NL	re		of \$50.00 is after 1st	-	City of	Rock	<b>\</b>		In	spo	ecti	Alle	it clea	olicy/traini	ng	
	Date:         Time in:         Time out:         License/Pe           01/22/2021         12:44         1:20         DC 89												Est. Type Risk Ca	P P	Page $\underline{1}$ of _	2	
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain						aint		Inve	estig	atio	n	5-CO/Construction 6-O		TOTAL/SCO	RE	
				<sup>me:</sup> thouse		Contact/Owner Fernando	Name:						<ul> <li>* Number of Repeat Violations:</li> <li>✓ Number of Violations COS:</li> </ul>		4/96//	٨	
	Physical Address: Pest control : N Goliad Ameritech monthly ( tomo						morrow)	Ho Na	od		G Na		e trap : Follow-up No 🖌	: Yes	4/90//	Ч	
Mork	<b>Compliance Status:</b> Out = not in compliance <b>IN</b> = in compliance <b>NO</b>						$\mathbf{V} = \operatorname{not} \mathbf{O}$				NA = not app			= repeat vio	lation W-Wate	ch	
Mark the appropriate points in the OUT box for each numbered item Mark X Priority Items (3 Points) violations R								-						appropriate	e dox for K	_	
0 I	Compliance Status         Time and Temperature for Food Safety           0         I         N         N         C						R	C O U			Ν	С	Environmente Hard				
U N T	•	O A	s	$(\mathbf{E} - \mathbf{d} \mathbf{a} \mathbf{g} \mathbf{r} \mathbf{a} \mathbf{s} \mathbf{s} \mathbf{c} \mathbf{h} \mathbf{r} \mathbf{s} \mathbf{h} \mathbf{s} \mathbf{s} \mathbf{s} \mathbf{s} \mathbf{s} \mathbf{s} \mathbf{s} s$				T		0	A	s	Employee Health 12. Management, food employees and conditional employees;				
	•			Not using leftovers					~				knowledge, responsibilities, and reporting				
V				2. Proper Cold Holding temperature(41°F/45°F) See attached					~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth				
-							_	Posted and screening at arrival					a				
	3. Proper Hot Holding temperature(135°F) Rethermalizing for service only     4. Proper cooking time and temperature					Preventing Contamination by Ha							+				
				5. Proper reheating pro	cedure for hot hold	ling (165°F in 2	_		15. No bare hand contact with ready to eat foods or a						+		
	•			Hours)					~				alternate method properly followed (AF				
	6. Time as a Public Health Control; procedures & records						Highly Susceptible Population					pulations					
				Approved Source				Pas					16. Pasteurized foods used; prohibited for Pasteurized eggs used when required	ood not off	Fered		
V	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco								<u> </u>	No eggs Chemicals							
				8. Food Received at pro					<u> </u>				17. Food additives; approved and proper	rly stored;	Washing Fruits	t	
				To always che	ck						~		& Vegetables 18. Toxic substances properly identified		dd	_	
			_		n from Contamina			W					Watch sanitizer spray bottle	, stored and	a usea		
V				9. Food Separated & pr preparation, storage, di		during food							Water/ Plumbi	ng			
V	/			10. Food contact surface Sanitized at <u>200</u>	ppm/temperature				~				19. Water from approved source; Plumb backflow device <b>City</b>	C		Ī	
	•				arded	-			~		-		20. Approved Sewage/Wastewater Disp disposal	osal Syster	n, proper		
0 1		N N O A	C		•	· · · · · · · · · · · · · · · · · · ·	oints) v R	0	Ι	Req N O		С	rrective Action within 10 days			I	
		0 A	. O S	21. Person in charge pr and perform duties/ Ce		on of knowledge,		U T		0	A	O S	Food Temperature Control 27. Proper cooling method used; Equip Maintain Product Temperature			t	
~	/			2 22. Food Handler/ no u All teachers before	inauthorized person	ns/ personnel			-	~			28. Proper Date Marking and disposition	1		+	
					ordkeeping and Fo	od Package							If holding over 24 hrs 29. Thermometers provided, accurate, an	nd calibrate	ed; Chemical/	+	
					Labeling	_			~				Thermal test strips Three and test strips				
V	1			23. Hot and Cold Wate Good	-	-			T				Permit Requirement, Prerequi	-	•		
		V	-	24. Required records and destruction); Packaged		tags; parasite			~				30. Food Establishment Permit (Curr	ent/ insp si	ign posted )		
			-		with Approved Pr				<u> </u>				Utensils, Equipment, ar				
		r	•	25. Compliance with V HACCP plan; Variance processing methods; m	e obtained for spec	ialized			~				31. Adequate handwashing facilities: Ad supplied, used Equipped	cessible ar	nd properly		
				Con	sumer Advisory			2					32. Food and Non-food Contact surfaces designed, constructed, and used	s cleanable	, properly		
V				26. Posting of Consum foods (Disclosure/Rem Allergy policy					~				33. Warewashing Facilities; installed, m Service sink or curb cleaning facility pro Set up		used/	T	
0	-			Core Items (1 Poin	nt) Violations R	equire Correctiv							sys or Next Inspection , Whichever Con	nes First			
O I U N T		N N O A		Prevention	of Food Contami	nation	R	O U T	N	N O	N A	C O S	Food Identificat	ion		I	
V				34. No Evidence of Ins animals	sect contamination,	rodent/other				~			41.Original container labeling (Bulk Foo	od)		T	
V	1			35. Personal Cleanlines Store low an	nd away								Physical Facilit	ies			
V	1			36. Wiping Cloths; pro	perly used and stor Ottles	ed			~				42. Non-Food Contact surfaces clean Watch inside coolers			T	
1	T			37. Environmental com Delime sink	tamination				~				43. Adequate ventilation and lighting; de	esignated a	areas used	T	
		/	$\uparrow$	38. Approved thawing Cooking or cool	method er				~				44. Garbage and Refuse properly dispos	ed; facilitie	es maintained	$\dagger$	
	1		1		er Use of Utensils			1	Ť.				45. Physical facilities installed, maintain	ied, and cle	ean	+	
				39. Utensils, equipmen	it, & linens; proper			$\vdash$		$\left  \right $			See attached 46. Toilet Facilities; properly constructe	d, supplied	l, and clean	╉	
ľ				dried, & handled/ In us		•			~								
V				40. Single-service & si and used	ngie-use articles; p	roperly stored				~			47. Other Violations				

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Lanita Mapps	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: ren's lighthouse	Physical A N Gol		City/State: Rockwa	II	License/Permit #	Page <u>2</u> of <u>2</u>		
<u>ernia</u>		i doi	TEMPERATURE OBSERV			000002			
Item/Loc	ation	<u>Temp F</u>	Item/Location	<u>Temp F</u>	Item/Locat	tion	<u>Temp</u> F		
Uprigh	t freezer	-12							
Up	oright cooler	38							
Butter		40							
		 	SERVATIONS AND CORREC	ΓΙVΕ ΑCTION	NS				
Item Number			ENT HAS BEEN MADE. YOUR ATTE			E CONDITIONS OBSEI	RVED AND		
Inulliber	NOTED BELOW:								
	Hot water 120 F								
	Plans to go to full catering and not cook meals on site! No left overs used								
	All meats are precooked and rethermalized only								
45	Dust ceiling where needed								
	Gloves used to touch rte foods								
	Replacing sippee cups where needed and when needed								
32	Reminder that galvanized shelving will rust and has rusted in various locations								
	Ingredients by request - reminder that shelving is to be 6 inches from floor in back room								
W	Ceiling isn't washable - but will not be cooking or prepping								
	Gloves used to touch rte foods								
37	Only using canned items for fruits Time to delime three comp sink								
0,	Hands are always washed in kitchen								
							w into facility!		
	No visitors - after screening outside - entry/ exit through back door directly into kitchen. No entry into facility								
Received	bv:		Print:		[	Title: Person In Charge	e/ Owner		
(signature)	See abov	/e				rae, reison in Charge			
Inspected	See abov Kelly Kirkpo		Print:						
(signature)	Kelly Kirkpo	ıtríck	RS .				<i>u</i> <b>1</b>		
	<i>J i</i> 1					Samples: Y N	# collected		