Follow-up fee of \$50.00 is required after 1st Retail Food Establishment Inspection Report Image: First aid kit Followup City of Rockwall Image: Time in: Time out: License/Permit # Est. Type Risk Category											ing						
1:	12/15/2021 10:25 11:26 FS 80												Dining Med Page 1 of	2			
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N									atio	n	5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:	TOTAL/SCORE				
	Chipotle Mexican grill Chipotle Physical Address: Pest control :							Но	ad		G	roog	✓ Number of Violations COS: Q/Q1/	Ά			
	Ic -30 Rockwall Texas Orkin							Octo	ober 2		Sc	outhv	waste - No COS				
М									ropr	iate b	ox fo	r IN	, NO	pplicable $COS = corrected on site R = repeat violation W-Wa' D, NA, COS Mark an \sqrt[4]{} in appropriate box for R$	tch		
C	Priority Items (3 Points) violations I Compliance Status								C	Compl	liance	tive Action not to exceed 3 days	R				
O U T	I N N C N O A O Time and Temperature for Food Safety (E. degrees Educated)					R	O U T	UN	N O	N A							
	 Proper cooling time and temperature Discussed cool down 											12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	2. Proper Cold Holding temperature(41°F/ 45°F)								_		13. Proper use of restriction and exclusion; No discharge from	+					
	~	See							~	eyes, nose, and mouth Policy upon entering / new code requires at hand sink	:						
	/				3. Proper Hot Holding temp See								_	Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly			
	~				 Proper cooking time and See hot holding may be high Proper reheating procedu 		65°E in 2			/				 14. Hands cleaned and property washed. Gloves used property 15. No bare hand contact with ready to eat foods or approved 			
		~			Hours)	are for not notating (1	05 1 11 2			~				alternate method properly followed (APPROVED Y. N) Gloves			
w	~		6. Time as a Public Health Control; procedures & records Using for cilantro - labels on product / moved cilantro at insp							<u> </u>				Highly Susceptible Populations			
					Approved Source							~		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction QCD									<u> </u>	Chemicals					
	~				8. Food Received at proper Checking	temperature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
_	•				Ŭ	om Contamination				-				Veggie wash within range 18. Toxic substances properly identified, stored and used	+		
_	-				9. Food Separated & protect		g food								+		
3				~	preparation, storage, display, and tasting Raw storied low / see cilantro / moved at insp									Water/ Plumbing 19. Water from approved source; Plumbing installed; proper			
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>100</u> ppm/temperature 200							V	Air gap under ice machine -watch pipe				
		~			11. Proper disposition of ret reconditioned Discare	ded				~				20. Approved Sewage/Wastewater Disposal System, proper disposal			
O U	I N	N O	N A	C O		ty Foundation It Knowledge/ Person	·	ints) vi R	iolat 0 U	I	Req N O		_		R		
T		0	А	s	21. Person in charge present	0			T			А	s	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to			
	~	and perform duties/ Certified Food Manager (CFM)					~				Maintain Product Temperature Discussed						
	22. Food Handler/ no unauthorized persons/ personnel All employees on duty					~				28. Proper Date Marking and disposition Great labeling							
	Safe Water, Recordkeeping and Food Package Labeling						~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips						
	~				23. Hot and Cold Water ava See attached	ailable; adequate pres	sure, safe			<u> </u>				Permit Requirement, Prerequisite for Operation			
	·				24. Required records availad destruction); Packaged Food		parasite							30. Food Establishment Permit (Current/ insp sign posted)	T		
					Per order				_					Posting			
					25. Compliance with Variar HACCP plan; Variance obta	Approved Procedu nce, Specialized Proc	ess, and							Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly cumuliad used			
	~				processing methods; manuf Logs kept					~				supplied, used Equipped			
					Consum	ner Advisory			w			_		32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used			
	~				26. Posting of Consumer Ad foods (Disclosure/Reminder By request						~			Watch condition 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided			
						Violations Require	Corrective	-						ays or Next Inspection , Whichever Comes First			
O U T	I N	N O	N A	C O S	Prevention of F	ood Contamination		R	O U T	N	N O	N A	C O S		R		
W	~				34. No Evidence of Insect c animals Watch for flies	contamination, roden	/other			~				41.Original container labeling (Bulk Food)			
	~				35. Personal Cleanliness/eat		acco use							Physical Facilities			
	~				36. Wiping Cloths; properly In buckets					~				42. Non-Food Contact surfaces clean			
1					37. Environmental contamin See attached					~				43. Adequate ventilation and lighting; designated areas used Watch in coolers etc			
		~			38. Approved thawing meth Pull	hod				~				44. Garbage and Refuse properly disposed; facilities maintained Watch dumpster area			
						Use of Utensils			1					45. Physical facilities installed, maintained, and clean See attached / ice machine too			
1					39. Utensils, equipment, & dried, & handled/ In use ute Watch handles / see	tensils; properly used	I, stored,			~				46. Toilet Facilities; properly constructed, supplied, and clean Equipped			
F	~				40. Single-service & single- and used		y stored			Î	~			47. Other Violations	1		
	~									1							

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Dianna Colindres	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: otle Mexican	Physical A		City/State: Rockwal	I	License/Permit # Page 2 of FS 8675		2 of 2				
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA Item/Location	TIONS Temp F	Item/Location		Temp F					
Front I		<u>remp r</u>	Under counter coole		_	e steam table		<u>remp r</u>				
S	team table		Bev cooler	33	Rice /beans			140/145				
	Rice	142	Cook line		Chicken / barb			184/146				
	Beans	182/185	Under counter hot holdin	g 186	Cold wells							
	Steak	186	Rice	187	Cut	lettuce / pic	0	41/38				
	Carnitas	183	Chicken	178	Below cold unit			39				
(Cold wells		Under counter cooler borderlin	е	Hot unit			142				
Sou	r cream / pico	35/36	Chicken / steak	41/40								
OBSERVATIONS AND CORRECTIVE ACTIONS												
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Restroom equipped hot water 113F											
	Hot water at front counter sink 118											
	Sanitizer in bucket 200 ppm											
	Under counter cooler in cooking area was borderline ambient - turned down slightly and will check and monitor so as not to freeze either											
07	Veggie wash within ra	•	•	r								
37	Under counter cooler at on line station is frozen up - holding good temps now BUT ice needs to be addressed - defrost unit											
	Wic salsa 37/beans 37/ beef 35/ ambient 35/36											
	Good date marking											
45	Keep and etc on condition of shelving											
45	Ice machine rusty parts on top - watch and address											
	Haccp book - taking and recording temps four times per day / Dishmachine 100'ppm											
	Three comp sink 200											
45	Grout issues various I											
W			nning to rust to address									
		· ·	shallow pans with light pa	per in. Wi	0							
Cos /19	¥	•			•							
COS / 09	•		hind over with exhaust air l	plowing ar	ound it -	COS						
39	•		n of ice machine onto floor									
09 / w												
Received (signature)	by:		Print:			Title: Person In Charge/ (Owner					
	See abov	/e										
(signature) See above Inspected by: (signature) Kelly Kirkpatrick RS Samples: V. N. # collected												
Samples: Y N # collected												