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

07	te: 7/1	8/2	20	20	Time in: 9:14	Time out: 10:04		sense/Permit S 743						Pizza Risk Category Med Page 1 of	
					tion: 1-Routine	2-Follow U	7p 3-C	Complaint	4	-Inve	stiga	ation		5-CO/Construction 6-Other TOTAL/SCO)RE
		ishme pizz		Nam	e:		Contact/C Rogers	Owner Name	:					* Number of Repeat Violations: ✓ Number of Violations COS:	
	ysic	al Ac		ss:			st control :	2020	Ho 05/2	ood 202"				e trap : Follow-up: Yes 7/93/	А
	(Comp	plian	ice S	tatus: Out = not in con	npliance IN = in	compliance	NO = nc	ot obser	rved		$\lambda = nc$	ot app	plicable COS = corrected on site R = repeat violation W-Wat	tch
Ma	rK ti	ne app	orop	riate	points in the OUT box for e			Mark X in a plations Req						NA, COS Mark an in appropriate box for R ive Action not to exceed 3 days	
О	Î	iance N	N	C	Time and Tem	perature for F	ood Safety	R	C		N	N	С		R
U T	N	О	A	o s		grees Fahrenhe			T		0	A	O S	Employee Health 12. Management, food employees and conditional employees;	
	/				Pasta 40	na temperature				/				knowledge, responsibilities, and reporting	
	/				2. Proper Cold Holding to See	temperature(41°	°F/ 45°F)			/				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
					3. Proper Hot Holding to Ambient only	emperature(135)	°F)							Émployee policy / screening and taking temps when arriving	<u> </u>
		•			Ambient only 4. Proper cooking time a									Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
		V			5. Proper reheating proce	edure for hot ho	olding (165°F	7 in 2		V				15. No bare hand contact with ready to eat foods or approved	-
		'			Hours)						~			alternate method properly followed (APPROVED Y N.) Gloves and utensils	
	/				6. Time as a Public Heal Using for premade dough	Ith Control; produced set up - less that	cedures & re in hour after t	ecords opped						Highly Susceptible Populations	
					Арр	proved Source				/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
П					7. Food and ice obtained			d in							
	/				good condition, safe, and destruction	•	•							Chemicals	
	/				8. Food Received at prop To check	per temperature				/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
						from Contami	nation			/				Water if 18. Toxic substances properly identified, stored and used	
					9. Food Separated & propreparation, storage, disp			od						Stored on own shelving unit Water/ Plumbing	
					10 Food contact surface	ac and Paturnah	lec : Cleaned	and		ı				19. Water from approved source; Plumbing installed; proper	
W					Sanitized at 200 p	opm/temperature	e Ice machine	watch		/				backflow device Watch	
		/			11. Proper disposition of reconditioned Disca			or		/				20. Approved Sewage/Wastewater Disposal System, proper disposal	
														rective Action within 10 days	
U T	I N	N O	N A	C O S	Demonstration	of Knowledge/	Personnel	R	U T	J N	N O	N A	C O S	Food Temperature Control/ Identification	R
	- 1				21. Person in charge pres	sent, demonstra		ledge,		. ,				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	/				and perform duties/ Cert	tified Food Man	ager (CFM)			V					
	/							el		~				28. Proper Date Marking and disposition Good	
	\ \				and perform duties/ Ĉert 2 22. Food Handler/ no un 7 all	authorized pers	ons/ personn			\(\cdot\)					
	\ \ \				and perform duties/ Ĉert 2 22. Food Handler/ no un 7 all Safe Water, Recor 23. Hot and Cold Water 110 plus	dkeeping and l Labeling available; adeq	ons/ personn Food Packag uate pressure	ge e, safe		\(\frac{1}{2}\)				Good 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
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Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

	ment Name: S pizza	Physical A		ity/State: Rockwal	License/Permit # FS 7438	Page <u>2</u> of <u>2</u>						
	P	1 . 55	TEMPERATURE OBSERVAT	IONS								
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Location	<u>Temp</u>						
Wic		32 Hot cabinet		152								
	Cheese	37	Just setting up pasta station									
Cł	neese sauce	38	Reheated in oven twice									
	Salad	38	Pizza table									
(Salad table		Ham	37								
Р	asta / beets	40/40	Spinach Alfredo	36								
Ve	eggies inside	40	Beef	37								
			Wings	41	Pasta	39-4						
		OB	SERVATIONS AND CORRECTIV	E ACTION	NS	L L						
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	STABLISHME	NT HAS BEEN MADE. YOUR ATTENTI	ON IS DIREC	CTED TO THE CONDITIONS OBSE	RVED AND						
Covid	No buffet self serving - shields up to protect pizza and keep them from accesses food / staff serves pizza											
	Employees serve all for		· · · · · · · · · · · · · · · · · · ·			<u> </u>						
	Drinks are self service	hands fr	ee / utensils handed out by	employe	es							
	Social distancing whe	n serving	and table eating									
	Cleaning and sanitizing	with quats	sanitizer and hand sanitizer / ma	asks are e	encouraged when people are	at the "buffe						
	Waiting on their food/	game are	ea is open and common touc	h objects	s are sanitized							
	Sanitizer in bucket 20		·	-								
	Hot water in restroom 100F and up											
	Hot water in kitchen 146 F watch for scalding											
34	Fruit flies confirmed to address - dust pans											
32/45	Maint issues with brol	ken tiles a	and fill holes in walls and etc	grout et	tc							
39	Toss old sponges where needed											
	Dishmachine 100 ppn	n / quats i	n buckets 200 ppm									
32/39												
32	Address rusty shelving in wic											
W	Protect cans and always clean before opening											
32	Time to replace or sand cutting board at Salad table											
32	Address shelving cleaning and rusty where needed											
42/45	GeneralCleaning under behind and around											
	Digital thermo used											
	Test strips for all on site											
47	Address gaskets where needed as well											
Received (signature)	See abov	/e	Print:		Title: Person In Charg	e/ Owner						
Inspected (signature)		atríck	Print:									
orm FH-06					Samples: Y N	# collected						