

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: <b>02/05/2021</b>	Time in: <b>1:57</b>	Time out: <b>2:58</b>	License/Permit # <b>Food 7778</b>	Est. Type <b>To go</b>	Risk Category <b>Low</b>	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	<b>TOTAL/SCORE</b>
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Establishment Name: <b>Cinemark 14 Rockwall</b>	Contact/Owner Name: <b>Cinemark</b>	* Number of Repeat Violations: _____	<b>5/95/A</b>
		✓ Number of Violations COS: _____	

Physical Address: <b>Summer lee</b>	Pest control : <b>Terminix monthly</b>	Hood <b>Na</b>	Grease trap : <b>Will check on it</b>	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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> (F = degrees Fahrenheit)						<b>Employee Health</b>					
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# Retail Food Establishment Inspection Report

## City of Rockwall

Received by: (signature) <b>Pam Jackson</b>	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: <b>Cinemark 14 Rockwall</b>	Physical Address: <b>Summer lee</b>	City/State: <b>ROCKWALL</b>	License/Permit # <b>7778</b>	Page ___ of ___
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### TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Bar units NO TCS		Hot dogs		Wic	34
Pizza Hut cooler not used	38	Angus	150's	Wif	-17
Freezer under counter	-7	Regular	150's	Keg wic	31
Upright cooler	39	Back room uprights	38/35		
Hot dogs	39	All bev coolers			
Back room upright freezer	-7	Are fd doe on Tcs only			
Upright cooler non Tcs	36				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Hot water at hand sinks 130 F watch
31	To provide paper towels to hand sinks (2)
	Bar drink machines cleaned nightly
	Straws to be protected when handling and storing
	Not using Pizza Hut currently /
	Soap and towels at end hand sink
	Utensils for pretzels etc are washed
45/42	Minor cleaning needed under sinks etc on line and inside cabinets where needed in concession
	Slurpee machine cleaned daily
	Confirmed all ice bin air gaps at front counter
	Sanitizer in bucket 200 ppm -also from three comp sink
	Ice machine interior looks good
	Not using Dishmachine - to check final rinse temp when using
45	Clean under and behind sinks and dishmachine and ice machine
	Dating arrival dates / then date marking once nix or package of rte Tcs food is open
	Keep an eye on flooring under shelving in wics etc
	Digital thermos used
	Discussed shelving and using bar netting in rusty areas in dry storage for boxes in CANDY room
	SDS sheets
	Hot water in restrooms 100-105F
	Popcorn room looks good
34	Need to address gap at double door where deliveries are received

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

Form EH-06 (Revised 09-2015)