Follow-up fee of \$50.00 is required after 1stRetail Food Establishment Inspection ReportImage: First aid kit 											ng							
Date: Time in: Time out: License/Per 06/14/2021 12:40 1:27 FS 92										Est. Type Risk Category Page			2					
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai							4	-Inv	vestig	atio	n	5-CO/Constru		6-Other	TOTAL/SCO	RE	
				ne: npany		Con	tact/Owner	Name:						★ Number of Re✓ Number of Vi			0/00/	۸
Physic Rusk	al Ac	ldre	ess:			Pest cont Quarterly	rol : commercial		Ho Na	ood				e trap : grease trap services	6	Follow-up: Yes	8/92/	A
				Status: Out = not in con	mpliance IN =	in complia	nce N	$\mathbf{O} = \text{not}$			N	$\mathbf{A} = 1$	not ap	pplicable $COS = co$		$\mathbf{R} = \text{repeat vie}$	plation W- Wat	ch
Mark t	he app	prop	riate	e points in the OUT box for Prior										D, NA, COS tive Action not to exc		ark an v in appropri ays	ate box for K	
0 Î	Compliance Status 0 I N N C Time and Temperature for Eood Safety						R	C O U	Ì	N		Status N C A O						
U N T	N O A O S $(F = degrees Fahrenheit)$ 1. Proper cooling time and temperature							U N O A O Employee Health T S 12. Management, food employees and condition						· -	employees:	-		
	~									knowledge, responsibilities, and reporting						·····		
V				2. Proper Cold Holding See	temperature(41°F/ 45°]	F)			13. Proper use of restriction and exclusion; No discharge freeyes, nose, and mouth						scharge from		
				3. Proper Hot Holding to	temperature(1	35°F)										nds	+	
				4. Proper cooking time	and temperat	ure				Preventing Contamination by 14. Hands cleaned and properly washed/ Glov							Ŧ	
				5. Proper reheating proc	cedure for ho	holding (165°F in 2							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)				
	Hours) 6. Time as a Public Health Control; procedures & records						_		Gloves used									
				-					-	Highly Susceptible 16. Pasteurized foods used; prohibite							+	
					proved Sour									Pasteurized eggs use Not cooking e		required no prep at this	time	
3				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction To provide confirmation not cottage				•						Chemicals				
V				8. Food Received at pro	oper temperat	ure				~				& Vegetables	••	and properly stored;	Washing Fruits	
					n from Conta	mination			1/1						s properl	y identified, stored a	nd used	+
~				9. Food Separated & pro preparation, storage, dis	otected, prev	ented durin	ng food		v					Watch use and		ge er/ Plumbing		
~				Low 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>Na</u> ppm/temperature Na					19. Water from approved source; Plumbing backflow device City approved			urce; Plumbing instal	led; proper					
		11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal S disposal				ewater Disposal Syste	em, proper					
	<u> </u>			Pri	ority Foun	dation I	tems (2 Po	oints)	viola	tion	s Red	uire	e Cor	rrective Action withi	in 10 day	vs		_
O I U N	N O	N A	C O	Demonstration	•			R	O U	I N	Ν		C O			re Control/ Identifi	cation	R
Т			S	21. Person in charge pre and perform duties/ Cer					Т			~	S	27. Proper cooling r Maintain Product Te		sed; Equipment Ade	equate to	Т
~				1 22. Food Handler/ no ur	nauthorized p	ersons/ pe	rsonnel				~			28. Proper Date Mar	rking and	1 disposition		+
				Safe Water, Reco	rdkeeping aı Labeling	nd Food P	ackage		2	1				Thermal test strips		accurate, and calibra		
~				23. Hot and Cold Water 110	r available; ac	lequate pre	essure, safe									t, Prerequisite for C		
2				24. Required records av destruction); Packaged 1 All to be prop	Food labeled	Ũ	parasite			~				30. Food Establish Posted	ment Pe	rmit (Current/ insp s	sign posted)	
				Conformance w 25. Compliance with Va	with Approv	ed Proced				1						ipment, and Vendi acilities: Accessible a		
		~		HACCP plan; Variance processing methods; ma	obtained for	specialize				V				supplied, used Equipped L	U		and property	
				Cons	sumer Advis	ory			V	N				designed, constructed		tact <u>surfaces cleanabl</u> sed	e, properly	
W				26. Posting of Consume foods (Disclosure/Remi Appears to be on all	inder/Buffet I						~			Watch 33. Warewashing Fa Service sink or curb		installed, maintained g facility provided	, used/	_
				Core Items (1 Poin		ıs Requir	e Corrective	e Actio						tys or Next Inspectio	on , Whi	chever Comes First		
O I U N T	N O	N A	C O S	Prevention of	of Food Con	aminatio	1	R	O U T	J N		N A	C O S		Food	Identification		F
~				34. No Evidence of Inse animals Watch		,					~		5	41.Original containe	er labelin	g (Bulk Food)		
~				35. Personal Cleanlines	-	-	acco use									sical Facilities		
~				36. Wiping Cloths; prop Using commer	cial wipe	d stored				V				42. Non-Food Conta Watch				
	~			37. Environmental conta					۷	١				Wic is dark - bu	ulbs pla			
	<u>~</u>			38. Approved thawing r	method					V				Watch dumps	ter	perly disposed; facilit		
					er Use of Ute				1		_			Clean floor in v	vic	ed, maintained, and c		
<u> </u>				39. Utensils, equipment dried, & handled/ In us	se utensils; pr	operly use	đ		۷	~						<u>y con</u> structed, supplie	d, and clean	
~				40. Single-service & sin and used	ngle-use artic	es; proper	ly stored				~			47. Other Violations	s			

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Nathan Colbert	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: ert ice company	Physical A Rusk		City/State: Rockwal	I	License/Permit # Page 2 of FS 9291		of <u>2</u>			
			TEMPERATURE OBSERVAT		T						
Item/Loc		<u>Temp F</u>	Item/Location	Temp F Item/Loc		on	<u>1</u>	Femp F			
Ice cre	eam unit	-13	Fruit bar freezer								
Coff	ee glass front	40	Beverage	30							
Tcs s	salad door unit	35/38	Ice cream	-15							
Milk	and eggs cooler	36/38	Soda unit	27							
Fr	eezer meat	-11	Wic								
Fr	esh produce	41	Non Tcs	39							
			Egg cooler	40							
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										
	Using emergency ice										
	Not doing hot dogs / soda fountain										
7	Reminder any cottage product is to be sold to the end consumer by the cottage operator										
7/04	Selling jersey girls milk and cheese pasteurized milk										
7/24	Eggs info to have required to sell										
7/24	Using holleman farms for meats - Texas license										
1124	To include proper labeling on eggs from this vendor as well - need vertical ion number and etc (Safe handling on side of egg carton just need other required info										
	Not prepping food at this time on site										
	Three comp sink and etc available if needed										
	Reminder when starting back to only use approved pots and pans										
	Wic is dark - to be 10 ft candles for determining additional light										
	Watch floor storage in wic										
	Hot water -110 F										
W	Need self closing device on men's restroomDoor / one unit is being cleaned during insp / paper towels provided										
	Discussed using bleach and quats sanitizers and keeping separate - and when and where to use them										
	Using quats on common touched and bleach in restrooms										
	Discussed first aid kit etc										
Received (signature)	See abov	/e	Print:			Title: Person In Char	ge/ Owner				
Inspected	here		Print:								
(signature)	Kelly Kírkpa	tríck.	RS			Samples: Y N	# collected				
Form FU 00	(Deviced OD 2015)										