Followup fee of \$50.00 after initial 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

Date: 03/16/2023		J.J.	Time in: 9:58	Time out:		License/Permit # FS 8935							Food handl	_	Page <u>1</u> of <u>2</u>	2_		
					tion: 1-Routine	2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other TOTAL/SCORE Contact/Owner Name:												
Es	tabli	shm	ent l	Nan	ne:	Z-F UHOW	Contact/O		_	197	mve	uga	llun	L	* Number of Repeat Vio	lations:	TOTALISCO	KE
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		1 276		255.		Se	ee grocery			New	/ hood		See	gro	ocery	No V		
Ma					Status: Out = not in co points in the OUT box for	ompliance IN = in a second reach numbered	item		= not in a						plicable COS = corrected or NA, COS	n site \mathbf{R} = repeat vio	olation W-Watc ate box for R	ch_
		ance						lations K	Requi	_	<i>nmed</i> ompli			_	ive Action not to exceed 3 d	ays		
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T				Š	(F = d 1. Proper cooling time a	legrees Fahrenh and temperature				T				Š	12. Management, food empl		employees;	
	1	~									~				knowledge, responsibilities,		F 2	
	/				2. Proper Cold Holding See	temperature(4	1°F/ 45°F)			W	~				13. Proper use of restriction eyes, nose, and mouth To post at all hand s		charge from	
	/	\dagger	\neg		3. Proper Hot Holding t See	temperature(13	5°F)									ontamination by Har	nds	
	<u> </u>	\forall	\dashv	$\mid \mid \mid$	4. Proper cooking time	and temperatur	re								14. Hands cleaned and prop			
		+	\dashv	\vdash	5. Proper reheating pro-	cedure for hot h	holding (165°F	in 2		\vdash				-	Gloves 15. No bare hand contact wi			\vdash
		1			Hours)										alternate method properly for	llowed (APPROVEL	Y N .N .)	
	~				6. Time as a Public Hea Prep only / not official	alth Control; pro	ocedures & rec	cords							Highly Sus	ceptible Populations		
					Ap	proved Source	e				~				16. Pasteurized foods used; Pasteurized eggs used when If needed		fered	
					7. Food and ice obtaine good condition, safe, ar	ed from approve	ed source; Food	1 in							Ппосаса			
	′				destruction Comme	ercial										Chemicals		
	~				8. Food Received at pro At receiving	oper temperatur	re						/		17. Food additives; approved & Vegetables	d and properly stored;	Washing Fruits	
					Protection	n from Contam	nination				~				18. Toxic substances proper	ly identified, stored an	nd used	
	~				9. Food Separated & pr preparation, storage, dis			d							Wa	ter/ Plumbing		
	/				10. Food contact surfact Sanitized at _200_			and			~			+	19. Water from approved so backflow device	urce; Plumbing instal	led; proper	
		~			11. Proper disposition or reconditioned	of returned, pre-	viously served	or			~			Ī	City approved 20. Approved Sewage/Wastedisposal	ewater Disposal Syste	m, proper	
				Н	Pri	iority Found	lation Items	(2 Poir	nts) v	violat	ions .	Requ	iire (Cor	rective Action within 10 da	ys		
O U	I N	N O	N A	CO	Demonstration	n of Knowledge	e/ Personnel		R	O U	N	N O	A	C O	Food Temperate	ıre Control/ Identifi	cation	R
Т				S	21. Person in charge pro	recent dorses		ledge,		Т	,			S	27. Proper cooling method u			
1	~				and perform duties/ Cer						•				Maintain Product Temperatu		equate to	
	<u> </u>					rtified Food Ma	anager (CFM)	əl		-	Ľ				28. Proper Date Marking and	ire	equate to	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Nick Locicero	Print:	Title: Person In Charge/ Owner Manager
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: CO 1049 food court	Physical A		Sity/State: Rockwall	License/Permit # 8935	Page <u>2</u> of <u>2</u>					
			TEMPERATURE OBSERVAT								
Item/Loc		Temp F	Item/Location	Temp F	Item/Location	Temp 1					
	eam machine	36/37!	Chickenbake	135	Wic						
S	moothie unit	36/33	Surfaces	150-202	Chicken bake	38					
	Cold top unit	33	Upright freezer HTT	15	Ambient	37.5					
	er strawberries	36	Pizza table								
5	Steam table	Cheese		41							
	Hot dogs	170	Pepp	40							
	Hot dogs 2	178	Chicken bake	40							
С	Cooler under	38									
Item	AN INSPECTION OF VOLID ES		SERVATIONS AND CORRECTIV			ED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F										
	Beverage station daily										
	Hot water 110 at hand										
	Using Iollipops thermo										
	Using 2 hrs on hot do										
	Gloves used and uten										
			if not serving then discarded	d or dona	ate and cool down aggressi	vely					
	Timer to remind when										
W	Reminder for secondary thermos in coolers										
	Prepped Pizza etc Leaving for up to 1 hr on rack before cooking - proofing included										
W			w —- when using will confir	m operati	ion						
	Tested sink sanitizer 2										
	Test strips for machine										
	 		thly or more often if needed								
	Replacing containers and pans etc when needed										
Received (signature)	See ahou		Print:		Title: Person In Charge/ O	wner					
Inspecte	d by:		Print:								
(signature)		ıtrick	RS		Complex V N "	allagts d					
					Samples: Y N # c	ollected					