	Retail Food Establishment Inspection Report Image: Constraint of the sector of the												
Date: Time in: Time out: License/Permit # 8/13/2020 10:05 11:36 FS-8777												Est. Type Risk Category Page <u>1</u> of <u>2</u>	_
Purpose of Inspection: 🖌 1-Routine 📃 2-Follow Up 📃 3-Complai							_	4-In	vesti	gatio	n	5-CO/Construction 6-Other TOTAL/SCOR	E
Establishment Name: Contact/Owner N Cotton Patch Cafe												 * Number of Repeat Violations: ✓ Number of Violations COS: 	~
Pł	Physical Address: Pest control : 909 E I-30 Rockwall, TX Ecolab/ monthly							ood	c/5m	Greas		ue trap: No⊡ 12/88/E	3
Compliance Status: Out = not in compliance IN = in compliance NC							ot obse	observed $NA = not app$			not ap	pplicable $COS = corrected on site R = repeat violation W- Watch$	1
Mark the appropriate points in the OUT box for each numbered item Mark '4' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days													
0	I N C Time and Temperature for Food Safety							0 1					R
U T	N	0	A	s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature			U N T				Employee Health 12. Management, food employees and conditional employees;	
	~							v			knowledge, responsibilities, and reporting		
	~				2. Proper Cold Holding temperature(41°F/ 45°F)			v	/	13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
	~				3. Proper Hot Holding temperature(135°F)	+				Preventing Contamination by Hands			
	• •				4. Proper cooking time and temperature			v	14. Hands cleaned and properly washed/ Gloves used properly				
-	•				5. Proper reheating procedure for hot holding $(165^{\circ}F \text{ in } 2)$		15. No bare hand contact with ready to eat f					Gloves used 15. No bare hand contact with ready to eat foods or approved	
	~				Hours)			Ľ			alternate method properly followed (APPROVED Y_N_)		
	6. Time as a Public Health Control; procedures & records							-		Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered			
					Approved Source			v				Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required EQQS COOKED	
		7. Food and ice obtained from approved source; Food in						_			<u> </u>		
	~	good condition, safe, and unadulterated; parasite destruction BeneKeith										Chemicals	
	~	8. Food Received at proper temperature										17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	check at receipt					2	ľ				Water only 18. Toxic substances properly identified, stored and used		
_	Protection from Contamination 9. Food Separated & protected, prevented during food					3				_			
	~				preparation, storage, display, and tasting							Water/ Plumbing	
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature			v				19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition of returned, previously served or reconditioned discarded			v	-			20. Approved Sewage/Wastewater Disposal System, proper disposal	
0	I	N	N	С	Priority Foundation Items (2 Po	oints)	_	_	ns Re	-	_	rrective Action within 10 days	R
U T	N	0	A	O S	Demonstration of Knowledge/ Personnel		,	U N T	N C			Food Temperature Control/ Identification	
	~				 Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted Need one on duty at all times. Food Handler/ no unauthorized persons/ personnel all 			v				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	~							v	/			28. Proper Date Marking and disposition	
	Safe Water, Recordkeeping and Food P			Safe Water, Recordkeeping and Food Package							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips		
-	23 Hot and Cold Wat				Labeling 23. Hot and Cold Water available; adequate pressure, safe			<u> </u>				digital	_
	~	24. Required records available (shellstock tags; parasite				_					Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted)		
L	~		destruction); Packaged Food labeled					V	1			12/31/2020	
					Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and							Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	
	~				HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions		2	2				supplied, used	
					Consumer Advisory		2	2				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	~				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label in menu			v	-			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	
0	Ι	N	N	C	Core Items (1 Point) Violations Require Corrective	Actio	_	ot to			-		R
U T	N	0	A	o s	Prevention of Food Contamination		1		N C			Food Identification	
1					34. No Evidence of Insect contamination, rodent/other animals			•	1			41.Original container labeling (Bulk Food)	
	~				35. Personal Cleanliness/eating, drinking or tobacco use	\square		1	_			Physical Facilities	
	~				36. Wiping Cloths; properly used and stored37. Environmental contamination	\square	1	_			_	42. Non-Food Contact surfaces clean43. Adequate ventilation and lighting; designated areas used	
L	~					\square	1		+			4. Garbage and Refuse properly disposed; facilities maintained	
	~				38. Approved thawing method	\square		•	1			44. Garbage and Refuse properly disposed; facilities maintained45. Physical facilities installed, maintained, and clean	
					Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored,		1		+		_	45. Physical facilities instaned, maintained, and clean 46. Toilet Facilities; properly constructed, supplied, and clean	
1					dried, & handled/ In use utensils; properly used			v					
	~				40. Single-service & single-use articles; properly stored and used			•	/			47. Other Violations	

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: (signature) see below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: On Patch Cafe	Physical A 909 E		City/State: Rockwa	all, TX	License/Permit # Page 2 of FS-8777		<u>2</u> of <u>2</u>				
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA Item/Location	TIONS Temp F	Itom/Logot	ion		Temp F				
					Item/Location		f	_				
	amburger raw	38	under/corn dog		fish/chicken/bee			41/40/40				
C	hicken raw	37	chicken	35	Salad	cold top/tomat	oes	39				
cł	nicken soup	40	reach in fry freeze	·3	boiled egg			37				
mas	shed potatoes	40/39	hot hold unit/white gravy	181	under/cut lettuce			41				
squ	ash casserole	40	black eyed peas	183	salad reach in/crawfish			41				
V	/IF/ambient	-11	cooked chicken/fish	171/203	front dessert cooler/milk			41				
mash	ed potatoes cooked	168	hot wells/rice	166								
fry/co	old top/fish/chicken	36/39	hamburger cold top/tomatoes	39								
OBSERVATIONS AND CORRECTIVE ACTIONS												
Item Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Dishwasher hand sink 100+											
	dishwasher 100 ppm bleach											
	3 comp sink 110+/sani sink setup to 200 ppm quats											
	prep hand sink 100+											
	prep hand sink 100+											
31												
42												
45												
43												
45	Fry batter out for 4 hours to discard TPHC											
45												
39				then store c	lean and d	ry on clean knife mag	gnet.					
	Knife magnet was o											
40	Sani Bucket 200 ppm quats											
42	Clean carts through											
32	Back hand sink 100+ 32 Sand/bleach cutting boards											
		j boards										
	42 Clean floor drains											
39	 42 Clean ceiling tiles above fryer 39 Store glasses on trays under drink counter to protect from any leakages from soda compressor 											
42												
18	Store chemicals low and separate, not on cook line											
34												
	Covid-19 Response											
	gloves, masks worn by all employees. temps taken daily. monitoring employee health.											
	testing required if ill or exposed.											
	Saniziting contact surfaces every 30 minutes per timer. hand sanizitng stations at every entrance.											
Socially distanced seating. all condiments single served individually portioned.												
Received (signature)			Amber I			Title: Person In Charge/ Owner						
Inspecte	i moer UIDIUSE		Print:			manayer						
(signature)		orte	Sector Christy	Cort	ez	Samples: Y N	# collect	ed				
Form EH-0	6 (Revised 09-2015)		_			*						