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
Employee health

	ate:	te: Time in: Time out: License					License/P							Est. Type Conv	Risk Category Med	Page 1 of	2		
		urpose of Inspection: 1-Routine 2-Follow Up 3-Comple						4-Investigation 5-C					5-CO/Construction	6-Other	TOTAL/SCC	RE			
Е	stabli	shm	ent l	Nan	ne:		Cont Aziz	act/Owner	Name:						★ Number of Repeat Viola ✓ Number of Violations C				
_	Physical Address: Pest control:						Hood Grease tra			Gı	rease		Follow-up: Yes 🗸						
40	407 S Goliad Commercial if needed							Na Na						No 🗌					
M					Status: Out = not in co points in the OUT box for	mpliance **\ each number	ed item	Mark	$\mathbf{O} = \text{not}$ $\mathbf{I} \text{ in ap}$							site \mathbf{R} = repeat vio	olation W-Wat ate box for R	:ch	
	omnli	onao	Stat	trac	Prio	rity Items	(3 Points) violation:	Requi	_					ve Action not to exceed 3 da	ys			
O	Î						R	O	I	N O	CE Status N C A O		Employee Health						
Т		N O A O S (F = degrees Fahrenheit) 1. Proper cooling time and temperature						Т	T		S	12. Management, food employ	employees;						
		2. Proper Cold Holding temperature 2. Proper Cold Holding temperature(41°F/ 45°F) No TCS foods at this time							~					edge, responsibilities, and reporting					
	~								/				Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth						
		3. Proper Hot Holding temperature(135°F)				+						Policy poster posted							
-	4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 Hours)					\vdash			1			Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly							
-						65°E in 2	\blacksquare		~		—								
						03 1 111 2					~		15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.)						
6. Time as a Public I					6. Time as a Public Hea	alth Control;	procedures	& records							Highly Susce	eptible Populations			
															16. Pasteurized foods used; prohibited food not offered				
						proved Sour									Pasteurized eggs used when required				
	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										C	hemicals							
-					8. Food Received at pro	oper temperat	ture		+						17. Food additives; approved	and properly stored;	Washing Fruits		
					NonTCS				Ш				~		& Vegetables None				
						from Conta					/				18. Toxic substances properly identified, stored and used Stored				
	/				Food Separated & pr preparation, storage, dis			g food							Water/ Plumbing				
	~				10. Food contact surfac	urfaces and Returnables ; Cleaned and ppm/temperature									19. Water from approved source; Plumbing installed; proper backflow device				
-					11. Proper disposition of	of returned, p	reviously se	erved or							City approved 20. Approved Sewage/Wastev	water Disposal Syste	m, proper	+	
					reconditioned		•									······································			
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O U T	N	N O	N A	C O S		of Knowled	dge/ Person	nel							disposal rective Action within 10 days Food Temperatur	s re Control/ Identific		R	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Aziz Hirani	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: DOY SPEEDYS	Physical Address: Goliad			City/State: Rockwall			License/Permit # Page 2 of 2			
	•		TEMPER								
Item/Loc	eation	Temp F	Item/Location	1		Temp F	Item/Loc	ation_		Temp	
WIC											
34/37	7/39 no TCS foods										
	Reddy ice	-11									
	Ice cream	-15									
	ice cream	-10									
		Ol	 BSERVATION	IS AND COL	RRECTIV	E ACTION	NS				
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHM	ENT HAS BEEN	MADE. YOU	R ATTENTION	ON IS DIRE	CTED TO	THE CONDITIONS OBS	ERVED A	ND	
	No food prep at this tir	ne									
	Only prepackaged iter										
34/45	Eliminate floor storage	around	hand sink	and unde	r counte	rs etc - ¡	oest har	borage issues p	ossibilit	Iy	
39	Reminder to store all equipment on site clean and remove what is not needed										
	Not using beverage station, coffee/ hot choco or any self serving beverage										
W	Pulled 2 canned items out of date leaving only 3 on the shelf - plans to phase out canned goods										
45	Clean floor in wic under shelving Three composition pathing to week in unit at this time.										
	Three comp sink - nothing to wash in unit at this time Only using mop sink										
46	Need to supply restroom with soap and towels - door top self close - address flooring Cl Ream etc										
47	Need to hang mops to dry										
	Hot water at 100										
37/	Time to defrost ice uni										
32	Flooring various chipp		ore								
37 42/45	WIC to address floor s General cleaning surfa		vents and	l on sholvi	na oto						
42/43	Maint to walls floor ce				ily etc						
	Want to Wane noor oo	iiiig vair	oud location								
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Received (signature)	See abov	e e	Print:					Title: Person In Char	ge/ Owner		
Inspected (signature)		utríck	Print:					Samples: Y N	# collecte	ad.	