| | Retail Food Establishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constraint of the second stabilishment Inspection Report Image: Constrely of the | | | | | | | | | | | | | | | | |
|---|--|---|-------|--------|--|----------------|--------|--------------|-----------|--|---|--|------|--|--|--|--|
| | Date: Time in: Time out: License/Per 6/9/2021 9:45 11:10 FOO | | | | | | | 5(|) | | | Est. Type Risk Category Page <u>1</u> of | f_2_ | | | | |
| Pı | Purpose of Inspection: 🗸 1-Routine 📃 2-Follow Up 📃 3-Compla | | | | | | | | estig | atio | n | 5-CO/Construction 6-Other TOTAL/SCO | ORE | | | | |
| | Establishment Name: Contact/Owner Na Culver's Becky Lapp | | | | | | | | | | | * Number of Repeat Violations: ✓ Number of Violations COS: | 00/1 | | | | |
| Ph | Physical Address: Pest control : 2475 Ridge Rockwall, TX Massey/monthly | | | | | | | od litec/ | /3mo | G | ireas | se trap : Follow-up: Yes 4/96/ | Ά | | | | |
| | (| Com | pliar | nce S | tatus: Out = not in compliance IN = in compliance N | O = not | obser | ved | N | A = r | 10t ap | upplicable $COS = corrected on site R = repeat violation W-Wa$ | ıtch | | | | |
| Ma | Mark the appropriate points in the OUT box for each numbered item Mark '√' 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 | | | | | | | | | | | | | | | | |
| Compliance Status Compliance Status 0 I N C | | | | | | | | | | | | R | | | | | |
| U T | N | 0 | A | O S | (F = degrees Fahrenheit) | | U T | | 0 | Α | O S | D Employee Health | | | | | |
| | ~ | | | | 1. Proper cooling time and temperature | | | ~ | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | |
| | ~ | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | | 13. Proper use of restriction and exclusion; No discharge from | | | | | |
| | ~ | | | | 3. Proper Hot Holding temperature(135°F) | | | ~ | | | | eyes, nose, and mouth | | | | | |
| | ~ | | | | 4. Proper cooking time and temperature | | | T | | | r | Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly | | | | | |
| | ~ | | | | Froper cooking time and temperature Proper reheating procedure for hot holding (165°F in 2 | | | ~ | | | - | Gloves used/ on site 15. No bare hand contact with ready to eat foods or approved | | | | | |
| | ~ | | | | Hours) | | | ~ | | | | alternate method properly followed (APPROVED Y. N) | | | | | |
| | ~ | | | | 6. Time as a Public Health Control; procedures & records | | | 1 | 1 | | | Highly Susceptible Populations | | | | | |
| | | | | | Approved Source | | | | | | | 16. Pasteurized foods used; prohibited food not offered | | | | | |
| | | | | | | | | | | | | Pasteurized eggs used when required no shelled eggs | | | | | |
| | ~ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Gordon | | | | | | | Chemicals | | | | | |
| | ~ | | | | 8. Food Received at proper temperature | | | ~ | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | |
| | | | | | checked at receipt Protection from Contamination | | | ~ | | | - | Water only 18. Toxic substances properly identified, stored and used | | | | | |
| | | Т | Т | | 9. Food Separated & protected, prevented during food | | | • | | | | | | | | | |
| | ~ | | | | preparation, storage, display, and tasting | | | | | 1 | | Water/ Plumbing | | | | | |
| | ~ | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature | | | ~ | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | |
| | ~ | | | | 11. Proper disposition of returned, previously served or reconditioned discarded | | | ~ | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | |
| 0 | I | N | N | С | Priority Foundation Items (2 Po | nts) ı R | 0 | I | N | Ν | С | | R | | | | |
| U T | N | 0 | A | O S | Demonstration of Knowledge/Personnel | | U T | | 0 | A | O S | | | | | | |
| | ~ | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted ${\bf 5}$ | | | ~ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | |
| | ~ | | | | 22. Food Handler/ no unauthorized persons/ personnel | | | ~ | | | | 28. Proper Date Marking and disposition | | | | | |
| | Safe Water, Recordkeeping and Food Package Labeling | | | | | ~ | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital | | | | | | | |
| | ✓ 23. Hot and Cold Water available; adequate pressure, safe | | | | Permit Requirement, Prerequisite for O | | | | | | | | | | | | |
| | ~ | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | ~ | | | | 30. Food Establishment Permit (Current/insp report sign posted | d) | | | | | |
| | - | | | | Conformance with Approved Procedures | | | Ľ | | | | 12/31/2021 Utensils, Equipment, and Vending | | | | | |
| | ~ | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | Γ | ~ | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | | | | | |
| - | 1 | | | | Consumer Advisory | | N | | | | | 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 all meats to required temps | | | ~ | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | |
| 0 | T | N | N | С | Core Items (1 Point) Violations Require Corrective | Action | n Not | | Exce N | ed 9 N | <i>0 Da</i> Г С | | R | | | | |
| U T | N I | N 0 | A | o s | Prevention of Food Contamination | K | U T | N | 0 | A | o s | Food Identification | K | | | | |
| 1 | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | ~ | | | | 41.Original container labeling (Bulk Food) | | | | | |
| | ~ | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | Physical Facilities | | | | | |
| | ~ | | | | 36. Wiping Cloths; properly used and stored | | 1 | | | | | 42. Non-Food Contact surfaces clean | | | | | |
| 1 |] | | | | 37. Environmental contamination | | | ~ | | | | 43. Adequate ventilation and lighting; designated areas used | | | | | |
| | Image: State of the state of t | | | | | | ~ | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | |
| | V | | | | | | | Т | Т | | <u>г</u> | | | | | | |
| | V | | | | Proper Use of Utensils | | 1 | | | | | 45. Physical facilities installed, maintained, and clean | | | | | |
| | ~ ~ | | | | Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | 1 | ~ | | | | 45. Physical facilities installed, maintained, and clean 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | |

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| Received by: (signature) Xenia Herrera | ^{Print:} Xenia Herrera | Title: Person In Charge/ Owner Manager |
|---|---------------------------------|---|
| Inspected by: Christy Cortez, RS | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

| | nent Name: E r'S | Physical A 2475 | ddress: Ridge TEMPERATURE OBSERV | City/State: Rockwa | all, TX | License/Permit # FOOD 6350 | Page _ | of | | | | | |
|-------------------------|--|-----------------|--|-----------------------|--------------------------|-----------------------------------|---------|--------|--|--|--|--|--|
| Item/Loc | ation | Temp F | Item/Location | Temp F | Item/Locat | ion | | Temp F | | | | | |
| hot we | ells/chili | 168 | hot wells grill line/grav | у 181 | burger | cold well/corned be | eef | 38 | | | | | |
| cł | nicken soup | 181 | reach in freezer ambier | nt 7 | chicken breast precooke | | ed | 40 | | | | | |
| front | cold drawers ambient | 36 | fish in fry cold we | ll 40 | WIC/chili | | | 39 | | | | | |
| des | sert cooler/milk | 41 | grill cold top/cut tomatoe | s 41 | chicken breest precooked | | | 39 | | | | | |
| cold v | vells/cheesecake bites | 41 | shredded chees | e 41 | SO | up thawing | | 30 | | | | | |
| Sha | ke machine mix | 41 | drawers/cheese sauc | e 41 | WIF ambient | | | -10 | | | | | |
| Cust | ard mix/chocolate | 41 | under/sliced tomatoe | s 41 co | | oked burger | ſ | 174 | | | | | |
| | vanilla | 41 | hot wells/mushroom | 100 | | | | | | | | | |
| Item | OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | | | | | | | | |
| Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND Per NOTED BELOW: | | | | | | | | | | | | |
| | line hand sink 100+F | | | | | | | | | | | | |
| | Sani bucket 200 pp | | | | | | | | | | | | |
| 07 | front hand sink 100+F | | | | | | | | | | | | |
| 37 | Condensation in reach in freezer/cover foods under to protect. Covers placed on containers COS. | | | | | | | | | | | | |
| | 3 comp sink 116 F | | | | | | | | | | | | |
| 10 | dishwasher 100 ppm bleach | | | | | | | | | | | | |
| 42 | | | ome food debris build | | | | | | | | | | |
| 42 | Clean back shelves in dry storage/ dust accumulation | | | | | | | | | | | | |
| 34 | | | ack door at top of doo | r/large ga | ар | | | | | | | | |
| | Air curtain working | | door | | | | | | | | | | |
| 45 | Patch all holes in w | | | | | | | | | | | | |
| | - | | chicken breast to place on grill. G | | | | etc. | | | | | | |
| W | | | vanized, watch for rust | | leanable | e when rusted | | | | | | | |
| 45 | | | boards/seal any gaps | | | | | | | | | | |
| 34 | | eeded a | at main front door to se | al gaps | | | | | | | | | |
| | RR sinks 100 F | <u></u> | | | | | | | | | | | |
| | Soda/tea nozzles WRS daily | | | | | | | | | | | | |
| | Ketchup and mustard dispensers are broken down and WRS before a bag is re-filled | | | | | | | | | | | | |
| | Custard and shake machines are broken down and parts are WRS daily and machines are cleaned per manufacturer's instructions | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Received (signature) | - | | Xenia I | Herre | era | Title: Person In Charge/ OManager |)wner | | | | | | |
| Inspected | 1 by: | | Print: | | | managor | | | | | | | |
| (signature) | Xcenia Herrera ^{Iby:} Chvísty Cov | trz, 1 | RS Christy C | ortez, | RS | Samples: Y N # c | ollecte | d | | | | | |
| Form EH-0 | 5 (Revised 09-2015) | | | | | | | | | | | | |