Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

1	ate:) /O	001	20	Time in:	Time out:		License/Po			_ _^				Est. Type Risk Category Page 1 of 2	2
12/2/2020 10:05 11:1 Purpose of Inspection: 1-Routine 2-Follo				FOOD 6350 3-Complaint 4-Investigation					ation		5-CO/Construction 6-Other TOTAL/SCOR					
Es	tabl	se of ishme er's	ent i			2-F 0110		act/Owner N		4-	·mve	suga	auon	L	* Number of Repeat Violations: ✓ Number of Violations COS:	
Ph 24	ysic 75	al Ad Ridg	^{ddre}	ss: Ro	ckwall, TX		Pest contr Massey/			Hoo Facil	od litec/3	3mo	Gı LE	ease S/1	e trap : Follow-up: Yes	1
Ma					Out = not in corpoints in the OUT box for	прпансе	= in complia	111	$\mathbf{O} = \text{not}$						plicable COS = corrected on site R = repeat violation W-Watcox for IN, NO, NA, COS Mark an in appropriate box for R	h
C	mnli	iance	Stor	tue	Prior	rity Items	s (3 Points			re In		liate	Corr	recti	ive Action not to exceed 3 days	
O U	I N	N O	N A	C O	Time and Tem	perature fo		ety	R	O U	I N	N O	N A	C O	Employee Health	R
_ T_	~			S	1. Proper cooling time a	_				Т	7			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
					2. Proper Cold Holding	temperature	e(41°F/ 45°I	F)		-					Proper use of restriction and exclusion; No discharge from	
	~										~				eyes, nose, and mouth	
	~				Proper Hot Holding to Proper cooking time a										Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
	~				5. Proper reheating proc	•		165°F in 2			~				Gloves used 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 Hea	lth Control;	procedures	& records							Highly Susceptible Populations	
					Арр	proved Sou	rce				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required NO raw eggs	
					7. Food and ice obtained good condition, safe, an								ı			
	•				destruction Gordon		_								Chemicals	
	~				8. Food Received at pro		ature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only	
	l					from Cont	amination				~				18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & propreparation, storage, dis			g food							Water/ Plumbing	
	~				10. Food contact surface Sanitized at _200_]	es and Retur	rnables ; Cle	aned and			_			-	19. Water from approved source; Plumbing installed; proper backflow device	
	./				11. Proper disposition o		previously s	erved or						Ī	20. Approved Sewage/Wastewater Disposal System, proper	
						<u>arded</u>									disposai	
					Dnie	arity Fan	ndation I	toma (2 Da	nta)	ialat	£	Dag		Com	mastina Astion within 10 days	
O U	I N	N O	N A	C 0	Prio Demonstration	•			nts) v	O U	I N	Req N O	N A	C O	rective Action within 10 days Food Temperature Control/ Identification	R
O U T		N O			Demonstration 21. Person in charge preand perform duties/ Cer	of Knowle	dge/ Person	nnel knowledge,	_	О	I N	N	N	C	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to	R
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

Establish:	ment Name: er's	Physical A 2475		City/State: Rockwa	all. TX	License/Permit # P	age <u>2</u> of <u>2</u>					
<u> </u>	· · ·	•	TEMPERATURE OBSERVA		,							
Item/Loc	eation	Temp F	Item/Location	Temp F	Item/Loca		Temp					
hot well/soup/soup cold drawers /sour cream		178/177	cold top/shredded cheese	40	W	IF ambient	-1 C					
		41	cut tomatoes	40	CO	174						
sund	dae cooler/milk	41	drawers/lettuce	41								
(Shake mix	41	cheese sauce	41								
custard mix1/mix2 4 door reach in freezer ambient		41/41	grill meat cold well/corned bee	f 41								
		11	raw hamburger	41								
breading cold wells/fish		41	WIC/gravy	40								
hot	wells/beef/gravy	155/158	chicken/milk	41/41								
T4			SERVATIONS AND CORRECTI			· · · · · · · · · · · · · · · · · · ·						
Item Number	AN INSTECTION OF TOOK ESTABLISHMENT HAS BELLVINADE. TOOK ATTENTION IS DIKECTED TO THE CONDITIONS OBSERVE.											
	Hand sink to go 106	6 F										
	Soda, tea, coffee n	ozzles \	NRS daily									
	Sani spray 200 ppn	n quats										
	Hand sink line 100	F										
	Sani bucket 200 pp	m quats	}									
34	Fly											
	Back hand sink 100) F										
	3 comp sink 120 F											
	Dishwasher 100 ppm bleach											
45	<u> </u>											
42	Clean walls behind											
			only. Never handled with gloves.	Grilled using	g utensils. I	Placed on bun with spatula						
45	Broken baseboards	tiles in	corners									
	RR sink 100											
Received (signature)	•		Print:	I ·		Title: Person In Charge/ Ow	ner					
	Xcenia Herrera		Xcenia I	<u> erre</u>	era	Manager						
Inspected (signature)		. 4	Print:	<u> </u>								
	1 10 10 1 1 1	MITO	✓ Christy	Cort	·07							