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 |
| Allergy policy/training Vomit clean up Employee health |
| Employee health |

| | ate: 7/3 | 1/20 | 124 | Time in: 2:50 | Time out: 3:30 | | License/Pe Fs 84 | | | | | | Food hand | Food managers O | Page 1 of | 2_ |
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| | | | | tion: 1-Routine | 2-Follo | | 3-Complain | | 4-1 | nvesti | ostic | n | 5-CO/Construction | 6-Other | TOTAL/SCO | |
| Es | tablis | hment | | | | Contac | ct/Owner N | | | | 8 | | * Number of Repeat Vi ✓ Number of Violations | iolations: | 101112/5003 | |
| - | | 337 1 Addr | ess: | | | Pest contro | | | Hoo | od | 1 | ireas | te trap/ waste oil: | Follow-up: Yes | 2/98/ | 4 |
| | | Holiaf | | | IN: | Dynasty 6/23 | 3 monthly | | Na | | N | a | | No 🗸 | | |
| M | | C omplia e approj | | Status: Out = not in co | ompliance number | - In compitant red item | NO Mark | = not o | | ed iate box | NA = x for I | not ap N, N(| oplicable COS = corrected of NA, COS | on site \mathbf{R} = repeat vio | olation W-Wate ate box for R | :h |
| | 12 | C4- | 4 | Prio | rity Items | s (3 Points) | violations | Requir | | | | | tive Action not to exceed 3 | days | | |
| O | | | | | | | R | O | I N | N N C O A O | | Employee Health | | | R | |
| T | -, | | s | (F = d 1. Proper cooling time : | legrees Fahre and temperat | | | | T | ., , | | S | 12. Management, food emp | | employees: | |
| | • | | | Transfer State | | | | | | / | | | knowledge, responsibilities | | r | |
| | | | | 2. Proper Cold Holding See | g temperature | e(41°F/ 45°F) | | | | | | | 13. Proper use of restriction eyes, nose, and mouth | n and exclusion; No dis | scharge from | |
| | | | | | tomporatura(| (125°E) | | | | | | L | Policy | | | |
| | | ' | | 3. Proper Hot Holding | | | | | | | | | | Contamination by Har | | |
| | | ' | | 4. Proper cooking time | | | | | | / | | | 14. Hands cleaned and pro | | | |
| | | / | , | 5. Proper reheating pro- Hours) | cedure for ho | ot holding (16 | 5°F in 2 | | | / | | | 15. No bare hand contact was alternate method properly f | | | |
| | | | , | 6. Time as a Public Hea | alth Control; | procedures & | k records | | | | | | Gloves | | | |
| | | V | | | | | | | | | | | 16. Pasteurized foods used: | sceptible Populations prohibited food not of | | |
| | | | | Ap | proved Sou | rce | | | | | ~ | | Pasteurized eggs used when | | | |
| | | | | 7. Food and ice obtaine good condition, safe, ar | | | Food in | | | | | | | | | |
| | ~ | | | destruction | na unadunera | aicu, parasiic | | | | | | | | Chemicals | | |
| | | | | 8. Food Received at pro | oper tempera | ature | | | | T | | , | 17. Food additives; approve | ed and properly stored; | Washing Fruits | |
| L | | | | To check | | | | | | | ~ | | & Vegetables | | | |
| | | | | | n from Conta | | | | | / | | | 18. Toxic substances prope Near mop sink | erly identified, stored ar | nd used | |
| | / | | | Food Separated & pr preparation, storage, di | | | food | | | | | | Wa | ater/ Plumbing | | |
| | / | | | 10. Food contact surfact Sanitized atNa | | | ned and | | | <u> </u> | | Г | 19. Water from approved so backflow device | ource; Plumbing install | led; proper | |
| | | | | 11. Proper disposition of | of returned, p | previously ser | ved or | | | | | | City approved 20. Approved Sewage/Was | stewater Disposal Syste | m, proper | - |
| | | | | reconditioned Disc | arded | | | | | V | | | disposal | | | |
| L | | | | | | | | | \bot | | | _ | | | | |
| 0 | I | N N | С | | | ndation Ite | ems (2 Poi | nts) vi | iolati O | | equir | | rrective Action within 10 do | ays | | R |
| O U T | I N | N N O A | C O S | Pri Demonstration | iority Four | dge/ Personn | el | | | I N | | C | | ays ture Control/ Identific | cation | R |
| | | | О | Demonstration 21. Person in charge pr and perform duties/ Cer | n of Knowled resent, demon rtified Food l | dge/ Personn nstration of kn Manager (CF | el nowledge, M) | | O U | I N | N | C | Food Temperat 27. Proper cooling method Maintain Product Temperat | ture Control/ Identific used; Equipment Ade ture | | R |
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Retail Food Establishment Inspection Report

City of Rockwall

| Received by: Johnny Fortenberry | Print: | Title: Person In Charge/ Owner |
|---------------------------------|--------|--------------------------------|
| Inspected by: Kelly Kirkpatrick | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| Establishment Name: | | Physical Address: 2004 s Goliad | | City/State: Rockwall | License/Permit # 8424 | Page 2 of 2 | | | | | | |
|-------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|----------------------|------------------------|-------------|--|--|--|--|--|--|
| | | | TEMPERATURE OBSERV | | | | | | | | | |
| Item/Loc | | Temp F | Item/Location | | Item/Location | Temp I | | | | | | |
| Milk c | ooler 1 | 36/37 | Freezer 1 | -3 | | | | | | | | |
| | Cooler 2 | 40.3 | Freezer 2 | -9 | | | | | | | | |
| | Cooler 3 | 41 | Freezer ice | 16 | | | | | | | | |
| | Cooler 4 | 34 | | | | | | | | | | |
| | Cooler 5 | 31.5 | | | | | | | | | | |
| | Cooler 6 | 40 | | | | | | | | | | |
| | Cooler 7 | 37 | | | | | | | | | | |
| | Cooler 8 | 39 | | | | | | | | | | |
| | | OB | SERVATIONS AND CORRECT | TIVE ACTIONS | | | | | | | | |
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND | | | | | | | | | | | |
| | Using reddy ice out di | d unit loc | ked | | | | | | | | | |
| W | Watch carpet and rep | lace wher | e needed | | | | | | | | | |
| 42 | To clean inside coolers where needed - spills and dust | | | | | | | | | | | |
| | Baby food dates look | good | | | | | | | | | | |
| | Restrooms push door | s hot wate | er 100 - equipped | | | | | | | | | |
| 42/45 | | | | | | | | | | | | |
| | Door looks good | | | | | | | | | | | |
| W | Again can't get to sink - moon sink | | | | | | | | | | | |
| | Shelving in back to be 6l or flat on floor | | | | | | | | | | | |
| | Watch baby forumula behind pos 2 dated 8/1/2024 | | | | | | | | | | | |
| | New laser and probe | | | | | | | | | | | |
| 45 | Need to clean floor un | nder shelv | ring | | | | | | | | | |
| | Prepackage only | | | | | | | | | | | |
| | Watch for dented can | s!! When | sticking and selling | | | | | | | | | |
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| Received (signature) | l by: | | Print: | | Title: Person In Charg | ge/ Owner | | | | | | |
| (Januaru) | See abou | /e | | | | | | | | | | |
| | | | | | | | | | | | | |