Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 12/13/2023		23	Time in: 1:10	Time out: 2:40		ense/Perm 3-92		2					Est. Type Risk Category Page 1 of 2	<u>2</u>		
Purpose of Inspection: 1-Routine 2-Follow Up Establishment Name:						omplaint		4-I	Inve	stiga	tion		5-CO/Construction 6-Other TOTAL/SCOI * Number of Repeat Violations:	RE		
Denny's #8871							wner Nan	ne:	×.					✓ Number of Violations COS:	10/90/A	
Physical Address: Pest control: 670 E I-30 Rockwall, TX Ecolab/12-11						I-2023		Hoo Miller	od r/9-2	023	Gr Sou	ease uthw	te trap : Follow-up: Yes V No No	$\overline{}$		
		Com	plia	nce S	Status: Out = not in c	omphanee	n compliance	NO =							oplicable COS = corrected on site R = repeat violation W-Watcox for IN, NO, NA, COS Mark an in appropriate box for R	h
IVI	iik t	пе ар	рргор	паце	points in the OUT box for								_		tive Action not to exceed 3 days	
О	I	iance N	N	C	Time and Te	mperature for F	Food Safety	F	R	О		N	N	С	F 1 77 W	R
T	N	0	A	O S		degrees Fahrenhe	eit)			U T	N	0	A	O S	Employee Health 12. Management, food employees and conditional employees;	
	~				1. I Toper cooming time	and temperature	-				~				knowledge, responsibilities, and reporting	
3					2. Proper Cold Holdin	g temperature(41	1°F/ 45°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
J					3. Proper Hot Holding	temperatura(135	5°E)								eyes, nose, and modul	
	~				Proper cooking time										Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
		~			Proper cooking time Proper reheating pro			in 2			~				gloves used 15. No bare hand contact with ready to eat foods or approved	
		~			Hours)	ocedure for not in	loiding (105 1	111 2			~				alternate method properly followed (APPROVED Y N.)	
	~				6. Time as a Public He	ealth Control; pro	ocedures & rec	ords							Highly Susceptible Populations	
					Δ.	nnravad Sauraa					_				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					Approved Source										eggs cooked	
	7. Food and ice obtained from appropriate good condition, safe, and unadulted destruction			* *								Chemicals				
				destruction corporate			7 <u>0</u>								17. Food additives; approved and properly stored; Washing Fruits	
	8. Food Received at proper temperature check at receipt		C				~				& Vegetables Water					
					Protectio	ination				~				18. Toxic substances properly identified, stored and used		
	~				9. Food Separated & p preparation, storage, d			l							Water/ Plumbing	
					10. Food contact surfa	· •		and							19. Water from approved source; Plumbing installed; proper	
3					Sanitized at						~				backflow device	
	<				11. Proper disposition reconditioned	of returned, prev	viously served	or			/				20. Approved Sewage/Wastewater Disposal System, proper disposal	
				\Box	_					<u> </u>	ـــــــــــــــــــــــــــــــــــــــ					
					Pr	riority Founda	ation Items	(2 Point	s) vi	olati	ions .	Requ	uire	Cor	rrective Action within 10 days	
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O U T	N	N O			Demonstratio 21. Person in charge p	on of Knowledge oresent, demonstr	e/ Personnel	F		0	I N	N	N	С	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to	R
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Received by: (signature) Patrice Harris	Print: Patrice Harris	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: ny's #8871	Physical A	ddress:	City/State: Rockwa	all. TX	License/Permit # FS-9262	Page <u>2</u> of <u>2</u>					
	1, 0 11 001 1	10702	TEMPERATURE OBSERVA		, 173	. 5 5252						
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp					
salad cold top/cheese		51	steam wells/Chili		grill drawers/hamburge							
cut melon		36	gravy	167	grilled onions		4					
glass	front cooler/cheesecake	41	pancake cold top/whipped toppin	g 41		ham	4					
ice cr	ice cream freezer ambient		under/pancake mix	41	reach in freezer ambient		nt 1 (
sma	small cold top/butter		egg cold top/liquid egg	39	WIC/turkey							
oran	ge juice in dispenser	44	omelet cold top/ ham	41		lasagna	4					
cold	top/cheesecake	41	pico	41	cheese/ham		41/4					
freez	er drawers ambient	24	tomatoes	41	W	IF ambient	-3					
_		OF	SERVATIONS AND CORRECT	VE ACTION	NS		,					
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Front hand sink 100+F equipped											
2	Shredded cheese in	n bowl/d	iscarded/needs to be in	pan nes	stled do	wn in cold top						
	Running dipper well	for ice	cream									
	Soda/tea nozzles W	/RS dai	ly									
	Sleeved straws		,									
	Shelf stable creamers											
			ipped									
42	Back hand sink 109+F equipped Need to clean inside coolers/freezers (particularly freezer drawer unit under fryer)											
	Sani buckets at 200ppm quats											
	Line hand sink 100+F equipped											
	Cleaning has greatly improved. continue to clean in/around/ on equipment											
	Warewashing hand sink 100+F equipped											
45	To clean floor drains (under dishwasher) and dishwasher strainer basket											
	3 Dishwasher not sanitizing/ will have to use 3 comp sink until repaired											
	3 comp sink 120+F											
45	•											
2	Orange juice machine to cold hold at 41F or below											
	Orango jaroo maomino to cola nola at 111 or bolow											
Received (signature)			Patrice	Harr	is	Manager Manager	wner					
Inspecte (signature)		tez, 1	RS Christy C	ortez,	RS	Samples: Y N #c	ollected					
Form EU 0	n EH-06 (Revised 09-2015)											