\$50.00 reinspection fee 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

Date <b>02</b> /		/20	22	Time in:	Time out: <b>1:19</b>	Food							Food handlers Food Managers 2 total Page 1 of	
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla  Establishment Name: Contact/Owner I				4-Investigation			ation		5-CO/Construction   6-Other   TOTAL/SCO * Number of Repeat Violations:	TOTAL/SCORE				
Dominos pizza #6988 Hamill					Name:						✓ Number of Violations COS:	/Δ		
Phys 2340		Addro n cre			Mass	control : ey 01/18/22		Но	od				e trap : Follow-up: Yes 70 10/90 No No	/ <b>/</b> _
Mark				Status: Out = not in corpoints in the OUT box for	mpliance IN = in co	ompliance No	O = not						plicable COS = corrected on site R = repeat violation W-Wa  NA, COS Mark an in appropriate box for R	tch
								re In	nmea	liate	Corr	recti	ive Action not to exceed 3 days	
0 1	_		C O	Time and Tem	perature for Foo	d Safety	R	O		iance N O	Stat N A	us C O	Employee Hoolth	R
T	, 0	A	s	(F = de 1. Proper cooling time a	egrees Fahrenheit) and temperature			T		U	A	s	Employee Health  12. Management, food employees and conditional employees;	
	~								~				knowledge, responsibilities, and reporting	
_				2. Proper Cold Holding <b>See</b>	temperature(41°F/	/ 45°F)			/				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
H				3. Proper Hot Holding t	emperature(135°F	)	$\mathbb{H}$						To post at hand sink	
	V			4. Proper cooking time									Preventing Contamination by Hands  14. Hands cleaned and properly washed/ Gloves used properly	
	V	1		5. Proper reheating proc		ling (165°F in 2	+		•				15. No bare hand contact with ready to eat foods or approved	_
	~			Hours)						~			alternate method properly followed (APPROVED Y. N)	
	V	1		6. Time as a Public Hea	lth Control; proceed	dures & records							Highly Susceptible Populations	
				App	proved Source						/		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
			1	7. Food and ice obtained		ource; Food in								
				good condition, safe, an destruction Commis	nd unadulterated; p								Chemicals	
				8. Food Received at pro					I				17. Food additives; approved and properly stored; Washing Fruits	
				Checking							~		& Vegetables All precut and prebagged etc	
				Protection	from Contamina	tion		3					18. Toxic substances properly identified, stored and used See Moved and labeled	
l				<ol><li>Food Separated &amp; preparation, storage, dis</li></ol>		during food							Water/ Plumbing	
H				10. Food contact surface		s; Cleaned and			Ι.				19. Water from approved source; Plumbing installed; proper	
_				Sanitized at 200					•				backflow device City approved	
	V			11. Proper disposition of reconditioned No re	of returned, previou aturns	isly served or			/				20. Approved Sewage/Wastewater Disposal System, proper disposal	
							oints) v	riolat	tions	Req	uire	Cor	rective Action within 10 days	
O I U N		N A	CO	Demonstration	of Knowledge/ P	ersonnel	R	O U T	N	N O	N A	C O S	Food Temperature Control/ Identification	R
Т			S	21. Person in charge pre and perform duties/ Cer				1	. ,			3	27. Proper cooling method used; Equipment Adequate to	
				and perform dudes/ Cer	tilled 1 ood Maliag	ger (CIWI)			•				Maintain Product Temperature  28. Proper Date Marking and disposition	
				22 Food Handler/no.us	nouthorized percen	ne/ parconnol							28. Proper Date Warking and disposition	
V	1			22. Food Handler/ no un	nauthorized person	ns/ personnel			~			_	20 Thormometers provided accurate and calibrated: Chamical/	
				Safe Water, Recor	rdkeeping and Fo Labeling	ood Package			<b>'</b>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
-				Safe Water, Recor	rdkeeping and Fo	ood Package			\(\bullet \)				* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
				23. Hot and Cold Water See 24. Required records av	rdkeeping and Fo Labeling r available; adequa vailable (shellstock	ood Package te pressure, safe		\ \ \	\(\frac{1}{2}\)				Thermal test strips  Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/ insp sign posted )	
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## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Mark Koonce	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Dominos pizza		Physical Address: 2330 greencrest		City/State: <b>Rockwal</b>	License/Permit # Food5181	Page <u>2</u> of <u>2</u>				
		1 = 555 ;	TEMPERATURE OBSERVAT							
Item/Loc		Temp F	<u>Item/Location</u>	Temp F	<u>Item/Location</u>	Temp				
Bevera	age cooler	34	Under pizza table	40	Pizza warme	<b>r</b> 157/16				
Pizza table		Wing area		36	Bottles	37				
	Wings	40	Salad case	34/35						
	Chicken	41	Wic							
Tomatoes Sausage / ham		40 Tomatoes		38						
		39/40	Ranch	37						
	Pasta	39	Pasta / cheese	36/35						
Bins	cheese/ sausage	40/44	Bins Dumped less that man 2 hrs	S						
			SERVATIONS AND CORRECTIVE		NS					
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATTENT	TON IS DIRE	CTED TO THE CONDITIONS OBSER	VED AND				
W	To post permit for cust	omers to	observe							
	Hot water at 111 at ha		0.000170							
			in bins for meat etc as they	are bord	derline temps vs cheese at	1 40				
			vents in pizza unit to allow		somme tempe ve enecee at	. 10				
42	Need to clean fan gua		•	<u> </u>						
W	Minor cleaning inside		0 1100d0d							
• • •	Good date marking	WIG								
		ller everv	2 hrs or less /							
	Switching out pizza roller every 2 hrs or less / Sani bucket - 200Ppm									
39	Watch low hanging ba	f splash zone								
18			•	•	•					
	Make sure to keep all spray bottles labeled - purple ish red liquid without lid on back shelf  Need to remove paper towels from shelving unit next to toiletand also store chemicals away from paper towels as we									
			ds - no hands touch pizza a							
	Salads are not make of				9 :					
	Sink sanitizer 200 ppn									
35/39			ck with clean dishes - store	awav						
	Using yellow digital ar									
45	Dust air vents where r									
	Dumpster is over flowing- address where possible									
Received (signature)	See abov	/e	Print:		Title: Person In Charge	Owner Owner				
Inspected (signature)	See abov Kelly kirkpo	ıtrick	Print:		Samples: Y N #	# collected				
511.00	5 (Revised 09-2015)		<u> </u>		Samples, 1 11 1					