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
Vomit clean up Employee health
Employee health

				License/Pe							Est. Type Risk Category						
	2/02/2021 9:20											Donut Med Page 1 of 2					
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla Establishment Name: Contact/Owner N							4-]	Inves	tigat	tion	L	5-CO/Construction 6-Other TOTAL/SCOR * Number of Repeat Violations:	RE			
Donut station 1 Hae young jed								ong						✓ Number of Violations COS:	1		
	iysic dge r		ddre	ess:		Pest contro Goeco 11/2	26/2021		Hoo Own					e trap : Follow-up: Yes 7 O/92/F 1 America's best 1000 No No	`		
М					otatus: Out = not in compliant points in the OUT box for each n	IN = in compliar	nce NC	not o						plicable COS = corrected on site R = repeat violation W-Watch	h		
IVI	ark t	не ар	рргор	mate										NA, COS Mark an V in appropriate box for R ve Action not to exceed 3 days			
О	ompliance Status						R	О	ī	N	Status N (C					
U T		N O A O S (F = degrees Fahrenheit)							U N O A O Employee Health								
	/				Proper cooling time and temperature 41/40 Kolaches					/				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			
	•				See				eyes, nose, and mouth								
		/			3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands						
		/			4. Proper cooking time and ter		14. Hands cleaned and properly washed/ Gloves used p					14. Hands cleaned and properly washed/ Gloves used properly					
		/			5. Proper reheating procedure for hot holding (165°F in 2 Hours)								15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) Gloves reminder ONE time only				
	/				6. Time as a Public Health Co Using for Kolache etc	ontrol; procedures	& records							Highly Susceptible Populations			
					Approved	d Source				/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
					7. Food and ice obtained from	approved source;	Food in			_			1	Cooking thoroughly			
	/	good condition, safe, and unadulterated; parasite destruction Approved source				2							Chemicals				
	/				8. Food Received at proper ten To check	mperature					•	/		17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
		Protection from Contamination							~				18. Toxic substances properly identified, stored and used Stored low				
	/	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting				g food							Water/ Plumbing				
	/				Eggs low 10. Food contact surfaces and Sanitized at 100 ppm/te	Returnables; Clea	aned and		3				+	19. Water from approved source; Plumbing installed; proper backflow device			
		•			11. Proper disposition of return reconditioned Discarde	rned, previously se	erved or			<u> </u>			Ī	See 20. Approved Sewage/Wastewater Disposal System, proper disposal			
										•					1		
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OUU		O N	A	O S	Priority Demonstration of Kr 21. Person in charge present, cand perform duties/ Certified 1 22. Food Handler/ no unautho 1 Safe Water, Recordkeep Labe 23. Hot and Cold Water availate See 24. Required records available destruction); Packaged Food 1 Conformance with A 25. Compliance with Variance HACCP plan; Variance obtain processing methods; manufact Tphc Consumer 26. Posting of Consumer Advisored (Disclosure/Reminder/Elngredients by request / s Core Items (1 Point) Vi Prevention of Food 34. No Evidence of Insect condanimals None today 35. Personal Cleanliness/eatin Watch 36. Wiping Cloths; properly u Store IN sanitizer 37. Environmental contaminate Freezer 38. Approved thawing method Pull thaw Proper Use 39. Utensils, equipment, & line	roundation It nowledge/ Person demonstration of k Food Manager (CI orized persons/ person ping and Food Pa eling able; adequate pres e (shellstock tags; labeled reproved Procedu e, Specialized Proc end for specialized rurer instructions Advisory risories; raw or und Buffet Plate)/ Allerstore peanuts se iolations Require od Contamination ntamination, roden ag, drinking or toba used and stored tion d of Utensils nens; properly used sisils; properly used	nel chowledge, FM) sonnel ckage ssure, safe parasite res cess, and der cooked rgen Label eparately corrective t/other acco use	Action	W 2 Not U T 1	to Ex	N O	N (() () () () () () () () ()	Day Co	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature 28. Proper Date Marking and disposition Discussed 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Yes Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/ insp sign posted) Posted Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly supplied, used 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Various 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Supplied but not set up ys or Next Inspection, Whichever Comes First Food Identification 41. Original container labeling (Bulk Food) Labeled Physical Facilities 42. Non-Food Contact surfaces clean See 43. Adequate ventilation and lighting; designated areas used 44. Garbage and Refuse properly disposed; facilities maintained Watch 45. Physical facilities installed, maintained, and clean See 46. Toilet Facilities; properly constructed, supplied, and clean			

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Hae Young Jeong	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: t station 1	Physical A Ridge		City/State: Rockwal	I License/Permit # FS 8181	Page <u>2</u> of <u>2</u>							
			TEMPERATURE OBSERV										
Item/Loc		Temp F	Item/Location	Temp F	Item/Location	Temp I							
Milk co	Doler	38	Deep freezer	-21	Upright freeze	r -9							
2	doorCooler	39	Cooler/ freeze	r 29/39									
K	olaches raw	40											
_	ked Kolaches	41											
C	ooked eggs	41											
		OI	 	TIVE ACTION	NS								
Item Number	AN INSPECTION OF YOUR ES	TABLISHMI	ENT HAS BEEN MADE. YOUR ATTE	NTION IS DIREC	CTED TO THE CONDITIONS OBSERV	ED AND							
32		ffee arind	ler storage hin										
- 02	To address broken coffee grinder storage bin Restroom hot water 100 a hand sink in front area 117												
19	A slow draining hand s												
32	Watch duct tape on pl		<u></u>										
		s with yellow stickers - discard at 4 hrs											
19	•			coke contai	ner around it								
	Need to keep air gap at threeComp sink - avoid placing coke container around it Cooking eggs in frying pan (avoid coated pans) - on single electric burner - on ss table - will check with fire dep												
W			<u> </u>		- must date marking of holding								
32	Avoid use of glad cont	tainers as	They are not intended for	commercia	al use								
42/45	General detailedClear	ning need	led under around on over	etc									
45	Repair FRP Over mor	sink											
32	Proofer plexiglass doo	t is plan for	this unit?										
	Not using cutting table	anymor	e cutting by hand										
32	Belt on old table is badly cracked and cannot be easily cleaned - to address as using is also chipping												
	Using bleach product	to clean t	food contact and in bucke	ts and three	eComp sink								
	Tested to be 100 ppm - test strips on site and thermo on site as well												
	Using gloves to touch rte foods /												
	Deep freezer temp at top is 20 degrees higher than bottom so storing all foods below freezer line ice build up												
	29 F at bottom and 49 at top but all foods stored 33 or less Deep freezer timeTo defrost												
37													
32	Wooden planks in freezer to be made washable												
	Owner indicates he filters grease and adds to it and does not need to replace it to confirm												
	Address stool seat top												
Received (signature)	by:	<u> </u>	Print:		Title: Person In Charge/ (Owner							
	See abov	/ 년											
Inspected (signature)	See abov Kelly kirkpo	atrick	Print:										
	Rewy No Apo	w w	100		Samples: Y N #6	collected							