Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 3/12/2021		21	Time in:	Time out:	2	License/Permit # FS-9204							Est. Type Risk Category Page 1 of 2	<u>, </u>		
3/12/2021 11:00 11:53 FS-9 Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai							-Inve	stigs	ation	<u>. </u>	5-CO/Construction 6-Other TOTAL/SCOR	E				
Establishment Name: Contact/Owner I Donut Station #4 Hyun Kim								ct/Owner N			THVC	* Number of Repeat Violations: ✓ Number of Violations COS:				
Physical Address: 2309 S Goliad Rockwall, TX Pest control: Go Eco/monthly								Ho need	od d to ch	neck			te trap : Follow-up: Yes I 10/90//	4		
М					tatus: Out = not in corpoints in the OUT box for Prior	each numbered		Mark '		eckm	ark in	appr	opria	te bo	pplicable COS = corrected on site R = repeat violation W-Watch ox for IN, NO, NA, COS Mark an in appropriate box for R tive Action not to exceed 3 days	1
O U	I		Stat N A	C O	Time and Temperature for Food Safety R O I N N C					Employee Health	R					
Т	~	S (F = degrees Fahrenheit) 1. Proper cooling time and temperature								Т	_			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	2. Proper Cold Holding temperature(41°F/ 45°F)					1			13. Proper use of restriction and exclusion; No discharge from							
					3. Proper Hot Holding temperature(135°F)						_				eyes, nose, and mouth	
	3. Proper Hot Holding temperature(135°F) 4. Proper cooking time and temperature									~				Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly		
		5. Proper reheating procedure for hot holding (165°F in 2 Hours)				65°F in 2			~				IS. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)			
3	6 Time on Public Health Control and advers & grounds									Highly Susceptible Populations						
Ĕ					Approved Source 16. Pasteurized foods used; proh Pasteurized eggs used when requ				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required							
					7. Food and ice obtained										eggs cooked	
	~				good condition, safe, and destruction TX Bal	kery	•	,							Chemicals	
	~				8. Food Received at pro	_	ıre				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only	
					Protection from Contamination					3					18. Toxic substances properly identified, stored and used	
	~		Pood Separated & protected, prevented during food preparation, storage, display, and tasting			g food							Water/ Plumbing			
	~	10. Food contact surfaces and Returnables; Cleaned Sanitized at 100 ppm/temperature				aned and			~			-	19. Water from approved source; Plumbing installed; proper backflow device			
	~		11. Proper disposition of returned, previously so reconditioned discarded								~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
					disce	arucu										
					Pric	ority Found	dation Ite	ems (2 Po	ints) 1	viola	tions	Reg	uire	Cor	rrective Action within 10 days	
O U T		N O	N A	C O S	Prio Demonstration				ints) 1	violar O U T	I	Req N O	uire N A	Cor C O S	rrective Action within 10 days Food Temperature Control/ Identification	R
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	N	N O		O	Demonstration 21. Person in charge pre	of Knowledgesent, demonstified Food M	ge/ Personr stration of k Manager/ Po	nel knowledge, osted		O U	IN	N	N	C 0	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature 28. Proper Date Marking and disposition	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)

	ment Name: ut Station #4	Physical A	address: S Goliad	City/State:	all, TX	License/Permit # FS-9204	Page <u>2</u> of <u>2</u>				
			TEMPERATURE O		<u> </u>						
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F				
2 door	r freezer ambient	18									
white	e freezer ambient	2									
small	white freezer ambient	6									
2 doc	or reach in/sausage	41									
white re	each in cooler/cooked egg	40									
					170						
Item	AN INSPECTION OF YOUR ES		BSERVATIONS AND CO ENT HAS BEEN MADE, YOU			HE CONDITIONS OBSE	RVED AND				
Number	NOTED BELOW:										
	Hand sink front 100										
6	Need time stickers	for kola	ches/egg sandwid	ches indicating	4 hours	to discard TF	HC				
	Sani bucket 100 pp	m blead	:h								
	3 comp sink 110 +F	:									
	back hand sink 100	F									
35	Store employee drinks low and separate										
45	Clean floors										
42	Clean in/around/in equipment and dough mixers										
	Need to check to see if vent hood has been cleaned professionally since 2019										
42	Clean container for donut sprinkles, etc										
37	Store items 6 inches off of floor										
	Organize shleves/back area. Discard unused equipment										
18	Store all spray bottl	es (san	itizer) low and se	eparate							
Received			Print:			Title: Person In Charg	e/ Owner				
(signature)	11 V.		Llynn	n Kim							
Inspected	Hyun Kim Hby: Chvisty Cov		пуи	n Kim		<u>Owner</u>					