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

Date: Time in: Time out: License/F 9/24/2021 10:08 11:44 Fs 94										Full Risk Category High Page 1 of	2				
	Purpose of Inspection:										Full High Page 1 of				
Es	tabli	ishm	ent :	Nan	ne:	T i	Contact/Owner N			1111	suga	11101		* Number of Repeat Violations:	KE
_		ning al A			les and bites		Hoffman control :	I	Но	od		G	rance	Number of Violations COS: e trap: Follow-up: Yes \( \overline{V} \)	/A
		San j				Waltha	alll 08/25/21		Na	ou			prov		
Ma					Status: Out = not in co points in the OUT box for	ompliance IN = in con	npliance NO	O = not c						plicable $COS = corrected on site NA, COS$ $R = repeat violation W-Wat V in appropriate box for R$	ch
									re In	nmed	liate	Cor	recti	ive Action not to exceed 3 days	
О	Î	iance N	N	C	Time and Ten	nperature for Food	l Safety	R	О		N	N	С		R
U T	N	0	A	o S	(F = d)	legrees Fahrenheit)	·		U T		О	A	o S	Employee Health	
		/			1. Proper cooling time a	and temperature				~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	_				2. Proper Cold Holding	g temperature(41°F/	45°F)							13. Proper use of restriction and exclusion; No discharge from	+
	~				See					~				eyes, nose, and mouth Gloves	
	/				3. Proper Hot Holding t See	temperature(135°F)								<b>Preventing Contamination by Hands</b>	
		/			4. Proper cooking time	and temperature			W	~				14. Hands cleaned and properly washed/ Gloves used properly Always use for rte or file for below	
		. /			5. Proper reheating prod Hours)	cedure for hot holding	ng (165°F in 2				. /			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N )	+
		•			,	11.0								Using gloves	$\perp$
		<b>'</b>			6. Time as a Public Hea Prep only	alth Control; proced	ures & records							Highly Susceptible Populations	
					Ap	proved Source				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					7. Food and ice obtaine	ed from approved so	urce; Food in							Cooking	-
3					good condition, safe, ar destruction All meat to be	nd unadulterated; pa	rasite							Chemicals	
	•				8. Food Received at pro	oper temperature								17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					To check					•				Water only  18. Toxic substances properly identified, stored and used	_
						n from Contaminat			W				<b>/</b>	In hallway and etc low - COS	
3					<ol><li>Food Separated &amp; pr preparation, storage, dis See eggs and items in Sar</li></ol>	splay, and tasting	luring food							Water/ Plumbing	
	/				10. Food contact surfac Sanitized at 100		; Cleaned and			/				19. Water from approved source; Plumbing installed; proper backflow device  City approved	
		~			11. Proper disposition or reconditioned	of returned, previous	sly served or			/				20. Approved Sewage/Wastewater Disposal System, proper disposal City approved	
					Pri	iority Foundatio	on Items (2 Po				_			rective Action within 10 days	
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/ Pe	ersonnel	R	U T	N	N O	N A	C O S	Food Temperature Control/ Identification	R
1					21. Person in charge pro	esent, demonstration		П	1	~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature Need proper refrigeration for fish	
	~				and perform duties/ Cer	rtified Food Manage	er (CFM)								1
	\ \				and perform duties/ Cer 2 on site	Č	,	Н	W					28. Proper Date Marking and disposition	1
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## Keeping oyster tags Retail Food Establishment Inspection Report To place in order and best to put date last one was served City of Rockwall

Received by: Oavid Hoffman	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

below cut salmon etc This is intended for permanent use - discussed with owner

belo	w cut salmon etc	This is	inte	ended for perma	nent u	se - dis	scussed wit	h own	er
	tablishment Name: Downing's bottles and bites		Physical Address: S San jacinto			I	License/Permit # Page 2 of 2 Page 3 of 2		
	<u> </u>	, ,		EMPERATURE OBSERVAT	TIONS				
Item/Loc		Temp F	Item/I	Location	Temp F	Item/Loca	tion		Temp F
veggies	nt cooler - with eggs and	26/32		Three door	34	Meat and cheese cooler			
J	uice cooler	38		Meats	39	Cheese			38
C	old top unit			Veggies	39	ColdSoup			33
Quino	a (made yesterday)	38	W	hipped cream	40	Chives fresh cut			39
	Turkey	38	Thi	ree door cooler	•	Upright freezer			-8
	Chicken	40	Mea	at/ cheese display	30's	2 door small unit cooler			30's
Thre	ee door cooler		•	Soft cheese	32	Hummus			36
Raw	sprouts/ yolks	38/38				Cold	top unit hu	mmus	36
	,	OB	SERV	ATIONS AND CORRECTIV	VE ACTION	NS	•		
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS	S BEEN MADE. YOUR ATTENT	ION IS DIRE	CTED TO T	HE CONDITIONS OB	SERVED A	ND
	Do your part to keep the	no dumne	etor a	ro cloaned					
	Restrooms equipped -				troom - (	reminde	ar about wild Tu	irkey ho	ا ما <del>اا</del>
w cos	Watch storage in hallw								
09	Need to make an obvious								
	( perhaps place into co							i iii taotiii	9 100111
09	Also need to protect ve							ners etc	
	Hot water at hand sink					100 00	ove and edeter	11010 010	
Cos	Sanitizer in bucket - ov			•	<u> </u>	site - iu:	st setting up		
	Watch storage of nuts	-	•		***************************************	one ja	or coming up		
W	Reminder to datemark				rs -in col	d top uni	t - some with s	ome with	nout
37	Avoid floor storage					•		01110 11110	
<u> </u>	Bamboo boards are co								
	Reminder to use comr		•		nome api	oliances			
32	Seal all wood to make					<u> </u>	ets		
39	Glass placement and	exposed	moutl	h portion of utensils to	provide i	manner t	that protects		
32	To use Wooden crate	•		· ·	•				
W				• • • • • • • • • • • • • • • • • • • •				this	
37	Reminder that employees must wear gloves or provide a bare hand policy - email me for this  Condensation in two door cooler with wrapped meats to be addressed - ASAP! Add bar netting								
09	Best to store anything	in Saran	in co	ntainers / avoid storing	g in cond	ensation	and reminder	to date r	nark
	Best Change paper or			-					
W	Please provide a list of ever	rything you	are pla	acing into a cryovac bag - to	review wi	th FDA / no	home units to us	e / raw fro	zen only
07	Also may not use beef la	beled NO	T for s	ale - must have Texas or	USDA sta	amp on pa	ackaging - to be	approved	source
	Also may not use beef labeled NOT for sale - must have Texas or USDA stamp on packaging - to be approximated.  Reminder that dirty dishes to be on side of three comp sink where other chores may be done that could contaminate of								n dishes
Best to label ground meats etc that are frozen for identification.									
W	Please provide a list of all specialized processes to determine need for Haccp plan/owner indicated none only cryo of raw meats to portion and freeze								
32	Need to address galvanized shelving - use bar netting on surfaces until replaced								
W	Reminder to watch reuse of thin plastic containers as they must be replaced when needed / avoid using cloth under fruit in containers								
39									
Received (signature)	See abov	/e		Print:			Title: Person In Cha	arge/ Owner	
Inspected (signature)		itici al	D.C.	Print:					
	Keny Mr Mp	uruk	/ NS				Samples: Y N	# collecte	ed