Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

5/2		5/2	24	L	Time in: 9:45	Time out: 10:45		License/Po			19				CPFM 1	Food handlers 18	Page 1	of 2	
					tion: 1-Routine	2-Follow U		3-Complai	_			estig	atioı	n	5-CO/Construction	6-Other	TOTAL/SO	CORE	
Esta Dur					ne: s 205			t/Owner N Nelsor		:					Number of Repeat Viola ✓ Number of Violations C	ntions: OS:	0/00	/ A	
Phy 2325	sica	l Ad Goli	ddre	ss: St Ro	ockwall, TX	Mas	st control	/24		Hood N/A			Grease to			Follow-up: Yes No		2/98/A	
Mori					Out = not in corpoints in the OUT box for	impliance IN = in	compliance	e NO		ot obse					plicable COS = corrected on sox for IN, NO, NA, COS Mar	site R = repeat vio	olation W= W	7atch	
										uire l	mme	ediate	Cor	rrecti	ive Action not to exceed 3 day		e box for K		
0	Î	N O	Stat N A	tus C O		nperature for Fo		y	R		Comj O I U N		N	C O	Empl	oyee Health		R	
T	.,	Ů		Š	(F = do	egrees Fahrenhei and temperature	it)				Γ			s	12. Management, food employ	•	employees;		
	•										V				knowledge, responsibilities, ar	nd reporting			
	/				2. Proper Cold Holding See	temperature(41°	°F/ 45°F)			١	V				13. Proper use of restriction ar eyes, nose, and mouth				
•	/				3. Proper Hot Holding t See	temperature(135°	°F)								Need hand sink poste Preventing Con	er WIII SENG DY 6 ntamination by Han			
		/			4. Proper cooking time	and temperature	1				V	1			14. Hands cleaned and proper	rly washed/ Gloves u	ised properly		
					5. Proper reheating prod Hours)	cedure for hot ho	olding (165	5°F in 2			_				15. No bare hand contact with alternate method properly follo				
	_				6. Time as a Public Hea	alth Control; proc	cedures &	records				_			Gloves	`			
											Τ				16. Pasteurized foods used; pro	eptible Populations ohibited food not off	fered		
					•	proved Source					~				Pasteurized eggs used when re	equired			
					7. Food and ice obtained good condition, safe, and			Food in							CI	hemicals			
					destruction NDCP 8. Food Received at pro-	oner temperature									17. Food additives; approved a		Washing Emit	0	
•	/				Checking	oper temperature					V				& Vegetables	and property stored;	wasning Fruit	s	
					Protection	from Contamii	nation				V	1			18. Toxic substances properly Chemicals stored low&		d used		
•					9. Food Separated & propagation, storage, dis			food								r/ Plumbing			
•	/				10. Food contact surface Sanitized at _200_			ned and			~				19. Water from approved sour backflow device City Approved	ce; Plumbing installe	ed; proper		
	/				11. Proper disposition of reconditioned Disc	of returned, previ	iously serv	ved or			V	1			20. Approved Sewage/Wastew disposal	vater Disposal System	m, proper		
				_															
0					Pri	ority Founda	tion Ite	ms (2 Po							rective Action within 10 days	5			
O U T	I N	N O	N A	C O S		ority Founda n of Knowledge/		•	ints)		ution	N	uire N A	C C O S	·	e Control/ Identific	ation	R	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Susan Nelson	Print: Susan Nelson	Title: Person In Charge/ Owner
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: in' Donuts 205	Physical A		ity/State: Rockwall	ΙΤν	License/Permit # Property Prope	age <u>2</u> of <u>2</u>				
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Item/Loc		Temp	Item/Location	Temp	Item/Loca	tion	Temp				
Bevera	age Cooler amb	39	Cold brew cooler			Service line					
	WIF htt	8.1	38-41		Exp						
	WIC amb	40	Service line		Mango pinapple						
	iced cheese	41	Cold hold		Whip		40				
	ng fried egg/sausage		Kolocke	36/37	Wr	ole/Oat milk	40				
	ve thru cooler	40	Fried egg/sausage	39/39							
	al station coolers		Hot hold								
Hash	n browns/koloche		Fried egg/sausage								
Item	AN INCRECTION OF VOLUE TO		SERVATIONS AND CORRECTIV			HE COMPLETIONS OF SERVICE	AND				
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F										
	Restrooms equipped temp greater than 100 in each room										
	Hand sink equipped temps greater than 102 throughout kitchen										
	3 comp sink not set up, 113, using quat sani 200ppm										
	Air curtain working										
0.4/45	Chemical rack looks great well organized stored low										
34/45	<u> </u>										
	Under counter refrigerator non operational										
	Red sani bucket 200ppm wiping wand between use										
	Cambro ice bucket cleaned every other day, remember to keep water drained Using sanitizer towel to clean wands on expresso machines after every use										
	Using gloves to to Rte foods										
	Cutlery wrapped separately										
	Need state hand sink poster and new allergen awareness, will email										
W	Please post health permit in public view										
		·									
Received (signature)	· <u>-</u>	e -	e See above			Title: Person In Charge/ Own	ner				
Inspected (signature)		$\subset \tau$	Print: Richard	Hill							
Form EH 06	6 (Revised 09-2015)	سارك	1			Samples: Y N # coll	ected				