	Retail Food Establishment Inspection Report																		
	Date: Time in: Time out: License/Per 5/21/2024 12:20 1:10 need									^{rmit #} current/to post				n	Est. Type Risk Category Page 1 of 2	<u>}</u>			
Purpose of Inspection: 🗸 1-Routine 📃 2-Follow Up 📃 3-Compla												<u> </u>	5-CO/Construction 6-Other TOTAL/SCOR	E					
Establishment Name: Contact/Owner Na Dutch Bros Coffee									Name:	lame:					* Number of Repeat Violations: ✓ Number of Violations COS:				
Physical Address: Pest control : 2230 Ridge Rockwall, TX Ecolab/ 5-2-2024															A				
Compliance Status: Out = not in compliance IN = in compliance NO									$\mathbf{O} = \mathbf{n}\mathbf{c}$	$\mathbf{N} = \text{not observed}$ $\mathbf{N} = \text{not applicable}$ $\mathbf{COS} = \text{corrected on site}$ $\mathbf{R} = \text{repeat violat}$						h			
Mark the appropriate points in the OUT box for each numbered item Mark '\' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																			
O I N C 0 I N N C U N O A O							R		0 1			С	Employee Health						
Ť		-		Š	(F = degrees Fahrenheit) 1. Proper cooling time and temperature					T S 12. Management, food employees and cond					12. Management, food employees and conditional employees;				
	~										•				knowledge, responsibilities, and reporting				
	~				2. Proper Cold Holding temperature(41°F/ 45°F)						v				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	I			
		~			3. Proper Hot Holding temperature(135°F)										Preventing Contamination by Hands				
		4. Proper cooking time and temperature							v	/			14. Hands cleaned and properly washed/ Gloves used properly						
		~			5. Proper reheating proce Hours)	edure for hot h	olding (165°F in 2			·				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_N_)	I			
	~	6. Time as a Public Health Control; procedures & records										<u> </u>	<u> </u>	Highly Susceptible Populations					
			<u> </u>	I	Арр	proved Source	•							1	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	. <u></u>			
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										Chemicals				
		Base of the structure LaBatt 8. Food Received at proper temperature					+		T			1	17. Food additives; approved and properly stored; Washing Fruits						
	~				check at receipt						•				& Vegetables 18. Toxic substances properly identified, stored and used				
		Protection from Contamination 9. Food Separated & protected, prevented during food							3 18. Toxic substances properly identified, store					10. Toxic substances property identified, stored and used					
	~				preparation, storage, display, and tasting					Water/ Plumbing					Water/ Plumbing				
3					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature						•	-			19. Water from approved source; Plumbing installed; proper backflow device				
	~		-		11. Proper disposition of returned, previously served or reconditioned discarded						•				20. Approved Sewage/Wastewater Disposal System, proper disposal	L			
O U	I	N	N	C O		*			nts) R		0 1	I N	I N	e Con C O		R			
T	N	0	A	s	Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowledge,						T	N C	A	s					
	~				and perform duties/ Certified Food Manager/ Posted 6					r				Maintain Product Temperature					
	~	22. Food Handler/ no unauthorized persons/ personnel						v				28. Proper Date Marking and disposition							
	Safe Water, Recordkeeping and Food Package Labeling 23. Hot and Cold Water available; adequate pressure, safe						2	2				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips							
	~						· ·				-		_	1	Permit Requirement, Prerequisite for Operation				
ĺ	~				24. Required records ava destruction); Packaged F		ook tags;	parasite		۷	Ν				30. Food Establishment Permit (Current/insp report sign posted)	I			
					Conformance w 25. Compliance with Va						-				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly				
	~				HACCP plan; Variance processing methods; man	obtained for sp nufacturer inst	pecialized ructions				·				supplied, used	ļ			
	Consumer Advisory						v				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	I							
	~				26. Posting of Consumer foods (Disclosure/Remin						·	/			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	I	N	N	С	Core Items (1 Point	t) Violations	Requir	e Corrective	Actio					0 Da	Days or Next Inspection , Whichever Comes First	R			
U T	N	0	A	o s		of Food Conta						N C		o s	Food Identification				
	~				34. No Evidence of Inser animals35. Personal Cleanliness		,		Щ		•	1			41.Original container labeling (Bulk Food)				
	~				36. Wiping Cloths; prop	-	-	acco use	$\left - \right $.				Physical Facilities 42. Non-Food Contact surfaces clean				
	~				37. Environmental conta	2			H		1	+		\vdash	43. Adequate ventilation and lighting; designated areas used				
╞	v v				38. Approved thawing method			+	╞				\vdash	44. Garbage and Refuse properly disposed; facilities maintained					
\vdash	Ľ.				Prope	r Use of Utens	sils			╞				\vdash	45. Physical facilities installed, maintained, and clean				
	~				39. Utensils, equipment, dried, & handled/ In use	& linens; pro	perly use	d, stored,		┢					46. Toilet Facilities; properly constructed, supplied, and clean	. <u> </u>			
╞	•				40. Single-service & sing	×1 1	5		H			_			47. Other Violations				
	•				and used						v	/				L			

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Retail Food Establishment Inspection Report

Received by: ^(signature) Sarah Kannard	Print: Sarah Kannard	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	h Bros Coffee	Physical A 2230	^{ddress:} Ridge	City/State: Rockwa	all, TX	License/Permit # Pa need current/to post	ge <u>2</u> of <u>2</u>				
Item/Loo	eation	Temp F	TEMPERATURE OBSERV	ATIONS Temp F	Item/Loca	tion	Temp F				
	e machines/ mix	33									
neeze		37									
	mix										
	mix	32									
Mil	k cooler/milk	41									
W	IC ambient	32									
		OB	SERVATIONS AND CORREC	FIVE ACTION	NS						
Item Number			ENT HAS BEEN MADE. YOUR ATTE			HE CONDITIONS OBSERVED	AND				
	warewash hand sink 100+F equipped										
	3 comp sink 110F										
	Using quats tabs for sani sink in 3 comp sink										
29	Need quats test stri	ps									
18											
	Espresso machines c	leaned w	vith specified manu tabs	per manufa	acturer's	instructions/ nightly					
	Frothers are suppose	sed to b	e sanitized with quats	sanitizer	after ev	/ery use					
			apid rinser then WRS	every 4 h	ours if ι	used					
10	Need to clean milk	frother/c	dried milk								
			ing continuously over	floor drair	ns with a	air gaps					
	Front hand sink 100)+F equ	lipped								
		roken de	own and cleaned ever	y other da	ау						
40	All sleeved straws										
42			and air return vent/du	sty							
	Hanging thermos in WIC										
42	Digital thermo 2 Need to clean around ice dispenser chute/on the outside										
	Air curtains working										
10/42	10/42 Need to clean Expresso machines/dried coffee/every 4 hours especially frothers to prevent buildup										
36											
42											
Received (signature)			Print:	/	ŗ	Title: Person In Charge/ Own	er				
(signature)	Sarah Kannard		Sarah I	<u>Kanna</u>	ard	Manager					
Inspecte (signature)		tez. 1	RS Christy C	Cortez.	RS						
Form EH-0	6 (Revised 09-2015)	0,	_	7		Samples: Y N # colle	cted				