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

Date:	Time in:	Time out:	License/Permit #	Food handlers	Food managers	Page 1 of 2
09/02/2022	11:51	12:21	FS 9319	Pp	Pp	

Purpose of Inspection: ☑ 1-Routine ☐ 2-Follow Up ☐ 3-Complaint ☐ 4-Investigation ☐ 5-CO/Construction ☐ 6-Other ☐ **TOTAL/SCORE**

Establishment Name:	Contact/Owner Name:	✱ Number of Repeat Violations: ____ ✓ Number of Violations COS: _____
Ekin nutrition	John Hagaman	

Physical Address:	Pest control :	Hood	Grease trap :	Follow-up: Yes ☑ No ☐
I-30	Need info	A	Na	Pic

Compliance Status: **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site **R** = repeat violation W- Watch

Mark the appropriate points in the **OUT** box for each numbered item. Mark ✓ in appropriate box for **IN, NO, NA, COS**. Mark an ✓ in appropriate box for **R**

Priority Items (3 Points) *violations Require Immediate Corrective Action not to exceed 3 days*

OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
			✓		1. Proper cooling time and temperature	
	✓				2. Proper Cold Holding temperature(41°F/ 45°F) See	
			✓		3. Proper Hot Holding temperature(135°F)	
			✓		4. Proper cooking time and temperature	
			✓		5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
			✓		6. Time as a Public Health Control; procedures & records	
					Approved Source	
	✓				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Icon	
W	✓				8. Food Received at proper temperature To check temps	
					Protection from Contamination	
	✓				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
	✓				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at Na ppm/temperature	
		✓			11. Proper disposition of returned, previously served or reconditioned Discarded	

OUT	IN	NO	NA	COS	Employee Health	R
	✓				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	✓				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth To post	
					Preventing Contamination by Hands	
	✓				14. Hands cleaned and properly washed/ Gloves used properly	
			✓		15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_ N_)	
					Highly Susceptible Populations	
			✓		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					Chemicals	
			✓		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	✓				18. Toxic substances properly identified, stored and used	
					Water/ Plumbing	
	✓				19. Water from approved source; Plumbing installed; proper backflow device City approved	
	✓				20. Approved Sewage/Wastewater Disposal System, proper disposal	

Priority Foundation Items (2 Points) *violations Require Corrective Action within 10 days*

OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R
	✓				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) Pp	
	✓				22. Food Handler/ no unauthorized persons/ personnel Pp	
					Safe Water, Recordkeeping and Food Package Labeling	
	✓				23. Hot and Cold Water available; adequate pressure, safe	
	✓				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commercial	
					Conformance with Approved Procedures	
	✓				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
					Consumer Advisory	
	✓				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label On packages	

OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	✓				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
			✓		28. Proper Date Marking and disposition	
2					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Need food thermo / needed for emergencies and deliveries	
					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	
			✓		33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	

Core Items (1 Point) *Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First*

OUT	IN	NO	NA	COS	Prevention of Food Contamination	R
	✓				34. No Evidence of Insect contamination, rodent/other animals None observed	
	✓				35. Personal Cleanliness/eating, drinking or tobacco use	
	✓				36. Wiping Cloths; properly used and stored	
		✓			37. Environmental contamination Watch in coolers	
			✓		38. Approved thawing method	
					Proper Use of Utensils	
	✓				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
	✓				40. Single-service & single-use articles; properly stored and used	

OUT	IN	NO	NA	COS	Food Identification	R
			✓		41.Original container labeling (Bulk Food)	
					Physical Facilities	
	✓				42. Non-Food Contact surfaces clean	
	✓				43. Adequate ventilation and lighting; designated areas used	
	✓				44. Garbage and Refuse properly disposed; facilities maintained	
	✓				45. Physical facilities installed, maintained, and clean	
	✓				46. Toilet Facilities; properly constructed, supplied, and clean Need dispensers	
		✓			47. Other Violations	

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Mark Hauser	**Print:**	**Title: Person In Charge/ Owner**
Inspected by: (signature) Kelly kirkpatrick RS	**Print:**	**Business Email:**

Form EH-06 (Revised 09-2015)

Establishment Name:	Physical Address:	City/State:	License/Permit #	Page __ of __
Ekins Nutrition	I-30			

TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Icon meals cooler	38/39				
Bottle cooler	36/37				
Canned beverage	27				
Small Bev cooler	38				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Meals delivered three times per week Sunday Monday and Thursday
	Temps good
	Restroom equipped with soap and towels - best to have towels in dispenser
	Thermo present for cooler in warmest location
	Hot water in restroom 112 and up
	Checking dates when stocking
	Tcs food meals dates are next week … meals go quickly
	Packaging with full labels and exp dates now

Received by: (signature) See above	**Print:**	**Title: Person In Charge/ Owner**
Inspected by: (signature) Kelly kirkpatrick RS	**Print:**	Samples: Y N # collected

Form EH-06 (Revised 09-2015)