|  | Retail Food Establishment Inspection Report                                       |  |   |               |  |             |   |              |                     |         |   |  |  |  |  |  |  |
|--|---|--|---|---------------|--|-------------|---|--------------|---------------------|---------|---|--|--|--|--|--|--|
| Vomit clean up<br>Employee health  |   |  |   |               |  |             |   |              |                     |         |   |  |  |  |  |  |  |
| Date:         Time in:         Time out:         License/Permit           9/13/2021         10:00         11:12         FOODS  |   |  |   |               |  |             |   |              |                     |         |   |  | Est. Type Risk Category Page $1 \text{ of } 2$   |  |  |  |  |
| 9/13/2021 10:00 11:12 FOO<br>Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai  |   |  |   |               |  |             |   | _            | DU<br>Inve          | stig    | atio  | n  | 5-CO/Construction 6-Other TOTAL/SCORE  |  |  |  |  |
| Establishment Name: Contact/Owner N<br>El Chico  |   |  |   |               |  |             |   |              |                     | 0       |   |  | * Number of Repeat Violations:      ✓ Number of Violations COS:  |  |  |  |  |
| Physical Address: Pest control :<br>503 E I-30 Rockwall, TX Ecolab/monthly   |   |  |   |               |  |             |   | Hoo          | od<br>itec/:        | Smo     |   |  | e trap : Follow-up: Yes  8/92/A<br>1000gal/3mo №□  |  |  |  |  |
|  | <b>Compliance Status:</b> Out = not in compliance IN = in compliance NO           |  |   |               |  |             |   |              | ved                 | N       | pplicable $COS = corrected on site R = repeat violation W- Watch$ |  |  |  |  |  |  |
| 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 |   |  |   |               |  |             |   |              |                     |         |   |  |  |  |  |  |  |
| Co<br>O<br>U   | mpli<br>I<br>N  | ance<br>N<br>O   | e Sta<br>N<br>A   | tus<br>C<br>O | Time and Temperature for Food Safety   | R           |   | Co<br>O<br>U | ompl<br>I<br>N      | N O A O |   | С  | Employee Health  |  |  |  |  |
| Т  | ~   |  |   | S             | (F = degrees Fahrenheit)<br>1. Proper cooling time and temperature   |             | T S 12. Management, food employees and c knowledge, responsibilities, and reporti |              |                     |         |   |  | 12. Management, food employees and conditional employees;  |  |  |  |  |
|  |   | 2. Proper Cold Holding temperature(41°F/45°F)  |   |               |  |             |   |              | -                   |         |   |  | 13. Proper use of restriction and exclusion; No discharge from   |  |  |  |  |
|  | ~   |  |   |               | 3. Proper Hot Holding temperature(135°F)   |             | ľ   |              | ~                   |         |   |  | eyes, nose, and mouth  |  |  |  |  |
|  | ~   | ~  | <ul> <li>4. Proper cooking time and temperature</li> </ul>                                    |               |  |             |   |              | r                   |         |   |  | Preventing Contamination by Hands           14. Hands cleaned and properly washed/ Gloves used properly                                    |  |  |  |  |
|  | ~   | •  |   |               | 5. Proper reheating procedure for hot holding (165°F in 2<br>Hours)  |             |   |              | ·<br>·              |         |   |  | <b>GIOVES USED</b><br>15. No bare hand contact with ready to eat foods or approved<br>alternate method properly followed (APPROVED Y, N, ) |  |  |  |  |
| ╞  | ~   |  |   |               | 6. Time as a Public Health Control; procedures & records   | $\parallel$ |   |              | Ľ                   |         |   |  | Highly Susceptible Populations   |  |  |  |  |
|  | Approved Source   |  |   |               |  |             |   |              | ~                   |         |   | <b>—</b>   | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required   |  |  |  |  |
|  |   |  |   |               | 7. Food and ice obtained from approved source; Food in   |             |   |              | •                   |         |   |  | eggs cooked  |  |  |  |  |
|  | ~   | good condition safe and unadulterated; parasite  |   |               |  |             |   |              |                     |         |   |  | Chemicals  |  |  |  |  |
|  | ~   |  |   |               | 8. Food Received at proper temperature   |             |   |              | ~                   |         |   |  | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables  |  |  |  |  |
|  | Check at receipt Protection from Contamination                                    |  |   |               |  |             | -   |              | ~                   |         |   |  | Ecolab Fruit & Veggie Treatment 18. Toxic substances properly identified, stored and used  |  |  |  |  |
|  | 9. Food Separated & protected, prevented during food                              |  |   |               |  |             | Ī   |              |                     |         |   |  | Water/ Plumbing  |  |  |  |  |
| _  | •   | _  |   |               | preparation, storage, display, and tasting<br>10. Food contact surfaces and Returnables ; Cleaned and  |             |   |              |                     |         |   |  | 19. Water from approved source; Plumbing installed; proper   |  |  |  |  |
|  | ~   |  |   |               | Sanitized at <u>200</u> ppm/temperature<br>11. Proper disposition of returned, previously served or  |             |   |              | ~                   |         |   |  | 20. Approved Sewage/Wastewater Disposal System, proper   |  |  |  |  |
|  | ~   |  |   |               |  |             |   | ~            |                     |         |   |  | disposal   |  |  |  |  |
| 0  | I   | N  | N   | С             | Priority Foundation Items (2 Po  | oints)<br>R | ) vio   | 0            | Ι                   | Ν       | Ν   | С  |  |  |  |  |  |
| U<br>T   | N   | 0  | A   | O<br>S        | Demonstration of Knowledge/ Personnel<br>21. Person in charge present, demonstration of knowledge,   |             |   | U<br>T       | N                   | 0       | A   | 0<br>S   | Food Temperature Control/ Identification   |  |  |  |  |
|  | ~   |  |   |               | and perform duties/ Certified Food Manager/ Posted   |             |   |              | ~                   |         |   |  | 27. Proper cooling method used; Equipment Adequate to<br>Maintain Product Temperature  |  |  |  |  |
|  | ~   | 22. Food Handler/ no unauthorized persons/ personnel   |   |               |  |             |   |              | •                   |         |   |  | 28. Proper Date Marking and disposition  |  |  |  |  |
|  |   |  |   |               | Safe Water, Recordkeeping and Food Package<br>Labeling   |             | Thermal test strips<br>digital  |              |                     |         |   |  | 29. Thermometers provided, accurate, and calibrated; Chemical/<br>Thermal test strips<br>digital   |  |  |  |  |
|  | ~   |  |   |               | 23. Hot and Cold Water available; adequate pressure, safe  |             |   |              |                     |         |   |  | Permit Requirement, Prerequisite for Operation   |  |  |  |  |
|  | ~   |  | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled |               |  |             |   |              | ~                   |         |   |  | 30. Food Establishment Permit (Current/insp report sign posted)<br>12/31/2021  |  |  |  |  |
|  |   |  |   | I             | Conformance with Approved Procedures   |             |   |              |                     |         |   |  | Utensils, Equipment, and Vending   |  |  |  |  |
|  | ~   |  |   |               | 25. Compliance with Variance, Specialized Process, and<br>HACCP plan; Variance obtained for specialized<br>processing methods; manufacturer instructions |             |   |              | ~                   |         |   |  | 31. Adequate handwashing facilities: Accessible and properly supplied, used  |  |  |  |  |
|  |   |  | <u> </u>  |               | Consumer Advisory  |             |   | 2            |                     |         |   |  | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used   |  |  |  |  |
| _  | ~   |  |   |               | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label   |             |   | -            | ~                   |         |   |  | 33. Warewashing Facilities; installed, maintained, used/<br>Service sink or curb cleaning facility provided                                |  |  |  |  |
|  | all meats to required temps<br>Core Items (1 Point) Violations Require Corrective |  |   |               |  |             |   |              | Not to Exceed 90 Da |         | ) Da  | ys or Next Inspection , Whichever Comes First                    |  |  |  |  |  |
| O<br>U<br>T  | I<br>N  | N<br>O   | N<br>A  | C<br>O<br>S   | Prevention of Food Contamination   | R           |   | O<br>U<br>T  | I<br>N              | N<br>O  | N<br>A  | C<br>O<br>S  | Food Identification  |  |  |  |  |
| 1  |   |  |   | 0             | 34. No Evidence of Insect contamination, rodent/other animals  |             |   | 1            | ~                   |         |   | 6  | 41.Original container labeling (Bulk Food)   |  |  |  |  |
|  | ~   |  |   |               | 35. Personal Cleanliness/eating, drinking or tobacco use   |             |   |              |                     |         |   |  | Physical Facilities  |  |  |  |  |
|  | ~   |  |   |               | 36. Wiping Cloths; properly used and stored  |             |   | 1            |                     |         |   |  | 42. Non-Food Contact surfaces clean  |  |  |  |  |
| 1  |   |  |   |               | 37. Environmental contamination  |             |   | _            | ~                   |         |   |  | 43. Adequate ventilation and lighting; designated areas used   |  |  |  |  |
|  | ~   | 38. Approved thawing method  |   |               |  |             |   |              | ~                   |         |   |  | 44. Garbage and Refuse properly disposed; facilities maintained  |  |  |  |  |
|  |   |  |   |               | Proper Use of Utensils   |             |   | 1            |                     |         |   |  | 45. Physical facilities installed, maintained, and clean   |  |  |  |  |
| 1  |   | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |   |               |  |             |   | ~            |                     |         |   | 46. Toilet Facilities; properly constructed, supplied, and clean |  |  |  |  |  |
| 1  |   |  |   |               | 40. Single-service & single-use articles; properly stored and used   |             |   |              | ~                   |         |   |  | 47. Other Violations   |  |  |  |  |
| Ľ  |   |  |   |               |  |             |   |              |                     |         |   |  |  |  |  |  |  |

Г

| Received by:<br>(signature) Olivia Garza        | Print: Olivia Garza       | Title: Person In Charge/ Owner<br>Manager |
|---|---------------------------|---|
| Inspected by:<br>(signature) Christy Cortez, RS | Print: Christy Cortez, RS | Business Email:                           |

Form EH-06 (Revised 09-2015)

| Establisht                   | nent Name:<br><b>IICO</b>   | Physical A<br>503 E  | I-30                         | City/State:     License/Permit #     Page 2 of 2       Rockwall, TX     FOOD5030 |                                 |                                |       |        |  |  |  |  |
|------------------------------|---|--|------------------------------|--|---------------------------------|--------------------------------|-------|--------|--|--|--|--|
| Item/Loc                     | ation   | TEMPERATURE OBSERV.           Temp F         Item/Location |                              | TIONS<br>Temp F  | Item/Locati                     | Item/Location                  |       |        |  |  |  |  |
|                              | cold top/pico   |  |                              |  |                                 |                                |       | Temp F |  |  |  |  |
|                              |   | 41   | chicken                      |  |                                 |                                |       | 38     |  |  |  |  |
|                              | our cream   | 41   | grill drawers/bee            |  | beef                            |                                |       | 32     |  |  |  |  |
|                              | nder/burrito  | 41   | chicken                      | 41   | WIF ambient                     |                                |       | -4     |  |  |  |  |
| colo                         | d well/cheese   | 41   | cooked veggies               |  | drink under counter cooler/crea |                                | er    | 41     |  |  |  |  |
| ho                           | t well/beans  | 161  | under counter freezer ambien | t 3  |                                 |                                |       |        |  |  |  |  |
|                              | queso   | 157  | ice cream freezer ambient    | -3   |                                 |                                |       |        |  |  |  |  |
| reach                        | n in warmer/queso   | 155  | WIC/chili                    | 35   |                                 |                                |       |        |  |  |  |  |
| g                            | round beef  | 162  | cut tomatoes                 | 40   |                                 |                                |       |        |  |  |  |  |
| Item                         | OBSERVATIONS AND CORRECTIVE ACTIONS   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| Number                       | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | Hand sink 137 F   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | Sani bucket 200 ppm quats   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 32                           | Address badly scored and discolored cutting boards  |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | 3 comp sink 138 F   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | New can opener. Good.   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 32                           | Rusty shelves in WIC  |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 45                           | Clean under shelves and equipment throughout  |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 45                           | Clean walls, ceiling  |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 39/37                        |   |  | outside in back area.        | Organize   | to clear                        | n/prevent pests                |       |        |  |  |  |  |
|                              | Dishwasher hand si  |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | Dishwasher 100 pp   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 45                           |   |  | and standing water esp       | ecially ur   | nder dist                       | nwasher                        |       |        |  |  |  |  |
| 45                           | Soda/tea nozzles W  |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 45                           |   |  | e machine, to clean          |  |                                 |                                |       |        |  |  |  |  |
| 42                           | Cleaning in/around/   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 20                           | Beer taps cleaned/r   |  |                              | de velle   | or store                        | invented on her n              | - oto |        |  |  |  |  |
| 39                           | Bar dishwasher 100  |  | facing in/not touching si    |  | or store                        |                                | lats  | 5      |  |  |  |  |
|                              |   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | Bar hand sink 100+F   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | Alcohol bottles capped at night<br>Margarita machine broken and cleaned weekly  |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 34                           | Gap at front door, to address   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 42                           | Clean floors drains (especially under ice machine)  |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              | RR hand sinks 100+F   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| 40                           | Discard paper boats after use. Do not save overnight.   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              |   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              |   |  |                              |  |                                 |                                |       |        |  |  |  |  |
|                              |   |  |                              |  |                                 |                                |       |        |  |  |  |  |
| Received<br>(signature)      |   |  | Print:                       | <b>)</b>   |                                 | Title: Person In Charge/ Owner |       |        |  |  |  |  |
|                              | Olivia Garza  |  | Olivia C                     | <u>parza</u>   | Manager                         |                                |       |        |  |  |  |  |
| Inspected<br>(signature)     | Olivia Garza<br><sup>Iby:</sup> Chrísty Cov   | tez, 1   | RS Christy C                 | ortez,   | RS Samples V N # col            |                                |       | d      |  |  |  |  |
| Form EH-06 (Revised 09-2015) |   |  |                              |  |                                 |                                |       |        |  |  |  |  |