

# Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

|                          |                         |                          |                                    |           |               |                           |
|--------------------------|-------------------------|--------------------------|------------------------------------|-----------|---------------|---------------------------|
| Date:<br><b>7/9/2024</b> | Time in:<br><b>1:30</b> | Time out:<br><b>2:50</b> | License/Permit #<br><b>FS-9166</b> | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|--------------------------|-------------------------|--------------------------|------------------------------------|-----------|---------------|---------------------------|

|  |  |  |  |                    |   |   |                    |
|--|--|--|--|--------------------|---|---|--------------------|
| <b>Purpose of Inspection:</b> <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other |  |  |  |                    |   |   | <b>TOTAL/SCORE</b> |
| Establishment Name:<br><b>Firehouse Subs</b>   |  |  | Contact/Owner Name:<br><b>Vance Reynolds</b> |                    | * Number of Repeat Violations: _____<br>✓ Number of Violations COS: _____ |   | <b>9/91/A</b>      |
| Physical Address:<br><b>1067 I-30 Rockwall, TX</b>   |  |  | Pest control :<br><b>Forterra/6-20-24</b>    | Hood<br><b>n/a</b> | Grease trap :<br><b>Cold Springs/50gal/5-28-24</b>                        | Follow-up: Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> |                    |

**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 '✓' 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

| Compliance Status   |    |    |    |     |   | Compliance Status                        |    |    |    |     |   |
|---|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT   | IN | NO | NA | COS | R | OUT                                      | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   | 3  |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |

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

| Compliance Status  |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT  | IN | NO | NA | COS | R | OUT   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | 2   |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |

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

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   | 1                          |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | 1                          |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | 1                          |    |    |    |     |   |

**Retail Food Establishment Inspection Report**

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

Form EH-06 (Revised 09-2015)

|  |                                       |                                    |                                    |                           |
|--|---------------------------------------|------------------------------------|------------------------------------|---------------------------|
| Establishment Name:<br><b>Firehouse Subs</b> | Physical Address:<br><b>1067 I-30</b> | City/State:<br><b>Rockwall, TX</b> | License/Permit #<br><b>FS-9166</b> | Page <u>2</u> of <u>2</u> |
|--|---------------------------------------|------------------------------------|------------------------------------|---------------------------|

**TEMPERATURE OBSERVATIONS**

| Item/Location            | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|--------------------------|--------|---------------|--------|---------------|--------|
| cold top/ham             | 40     | WIC/turkey    | 39     |               |        |
| turkey                   | 40     | tomatoes      | 39     |               |        |
| cut tomatoes             | 39     | ham           | 40     |               |        |
| cut lettuce              | 40     | chicken       | 41     |               |        |
| steam tables/meatballs   | 198    |               |        |               |        |
| Alfredo sauce            | 158    |               |        |               |        |
| reach in cooler/bacon    | 41     |               |        |               |        |
| reach in freezer ambient | 1      |               |        |               |        |

**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: |
|             | Front hand sink 105F equipped   |
| 36          | Need to store wiping cloths in sani buckets   |
|             | Sani bucket setup to 200ppm quats   |
|             | All reheats to required temps of 165F within 2 hours/hot hold at 135+F after  |
| W           | Some minor cleaning of knife magnets  |
|             | Gloves worn for all prep and ready to eat   |
| 42          | To clean fan guards on fan on prep line   |
|             | Cookies labeled for individual sale with ingredients listed   |
|             | Back prep hand sink 100+F equipped  |
|             | 3 comp 115+F equipped   |
|             | Sani sink at 200ppm quats   |
|             | Discussed no chlorine and quats on same surfaces/must be labeled properly and never in the same bottles                   |
|             | Meat slicer cleaned and sanitized after every use   |
| 19          | Need to air gap under sprayer at 3 comp sink/ sprayer is stripped/ broken/to be replaced                                  |
| 45          | To repair any broken tile baseboards  |
| 45          | To replace caulking behind hand sink in back  |
| 32          | Rusty can opener base/to be replaced or removed/not cleanable   |
|             | To maintain air gap under ice machine/COS   |
| 45          | To replace missing ceiling tiles in back over desk area   |
| 47          | Odor present at grease trap/needs to be pumped/under 3 comp/in addition to outside/refer to Teddy with city               |
| 32          | To repair front cabinets under registers/some exposed wood  |
|             |   |
|             |   |
|             |   |
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|             |   |
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|  |                                  |  |
|--|----------------------------------|--|
| Received by:<br>(signature) <i>Kenia Garcia</i>        | Print: <b>Kenia Garcia</b>       | Title: Person In Charge/ Owner<br><b>Manager</b> |
| Inspected by:<br>(signature) <i>Christy Cortez, RS</i> | Print: <b>Christy Cortez, RS</b> | Samples: Y N # collected                         |

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