Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

	ite: /3	12	02	n	Time in: 10:00	Time of 11:		License/F							Est. Type Risk Category Page 1	of <u>2</u>
					tion: 1-Routine		llow Up	3-Compla			-Inve	estiga	atior	n	5-CO/Construction 6-Other TOTAL/S	SCORE
			nent		cken & Tacos			ontact/Owner ontact/Owner							* Number of Repeat Violations: ✓ Number of Violations COS:	
Pł	ysic	al A	ddre	ess:			Pest co	ntrol :		Но	ood				e trap: Follow-up: Yes 🗸	0/A
23					st Blvd. Rockwall, Status: Out = not in cor	TX		man/montl		-	inco/		-		e Cowboy/1000gal/3mo No	W7 . 1
М					points in the OUT box for	each num	bered item	Mark		heckn	nark ir	appı	opria	ate bo	policable COS = corrected on site R = repeat violation W- ox for IN, NO, NA, COS Mark an in appropriate box for R	Watch
C	mnli	iance	e Sta	tus	Prio	rity Ite	ms (3 Poir	nts) violation	s Requ		<i>mme</i> Comp				tive Action not to exceed 3 days	
O U	I N		N A	C	Time and Tem			Safety	R	Ū	O I U N	N O		C	Employee Health	R
Т				S	1. Proper cooling time a	egrees Fa and tempe				_1	Γ			S	12. Management, food employees and conditional employees;	
	~										~				knowledge, responsibilities, and reporting	
	<				2. Proper Cold Holding	temperat	ture(41°F/ 45	5°F)			~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
-					3. Proper Hot Holding to	emperati	ıre(135°F)		+		L					
	~				4. Proper cooking time a				+						Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	,
		~			Proper cooking time of Proper reheating proc			7 (165°E in 2	+	-	~				gloves used 15. No bare hand contact with ready to eat foods or approved	
3					Hours)	edure 101	i not notanig	g (103 F III 2			~				alternate method properly followed (APPROVED Y. N.)
	~				6. Time as a Public Hea	lth Contr	rol; procedur	res & records	+		_				Highly Susceptible Populations	
	Ľ														16. Pasteurized foods used; prohibited food not offered	
					Арр	proved S	Source				-				Pasteurized eggs used when required NO EGGS	
	/				7. Food and ice obtained good condition, safe, an										Chemicals	
	•				destruction Gordon	n/Soı	uthern \$	Star							Chemicais	
	/				8. Food Received at pro		erature				~				17. Food additives; approved and properly stored; Washing Fri & Vegetables	iits
					check at rece					-	ľ				water only 18. Toxic substances properly identified, stored and used	
							ontaminatio				~				16. Toxic substances properly identified, stored and used	
	~				9. Food Separated & propreparation, storage, dis	splay, and	l tasting								Water/ Plumbing	
	~				10. Food contact surface Sanitized at <u>200</u>]			Cleaned and			~				19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition or reconditioned disca		-	y served or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
					Prio	ority F	oundation	. T4 (2 D	• 4 5	wiola	itions	Req	uire	Cor		
						Jany 1	ounaunon	i Items (2 Po							rrective Action within 10 days	
O U T	I N	N O	N A	C	Demonstration				R R	Ţ	O I U N	N O	N A	C	Food Temperature Control/ Identification	R
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Retail Food Establishment Inspection Report

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A		City/State:	II TV	License/Permit #	Page <u>2</u> of <u>2</u>					
Firesi	de Chicken & Tacos	2332	Greencrest Blvd. F	Rockwa	II, IX	FS-9321						
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
glass	front cooler/beans	41	cold top									
rice/s	shredded chicken	41/40	shrimp/cut tomatoes	32/40								
2 doo	r reach in/chicken soup	41	under/wings	36								
bean	s/mashed potatoes	41/41	sauce cooler ambient	37.8								
2	door freezer	15.8	pico cold top/tomatoes									
stea	m table/rot chicken	63	under/dressing									
dice	d chicken/beans	162/153	queso	103								
shre	edded chicken	165										
Tt.c			SERVATIONS AND CORRECTIV									
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Front Hand sink 10	7										
W	Keep hand sinks cle	ear/avai	able for use. No cleanir	ng produ	ıcts sto	red in.						
	Sani bucket 200 pp	m quats										
	Dishwasher hand sink 126											
	dishwasher 100 ppi	m bleacl	1									
36	Store wiping cloths	in Sani	bucket									
35	Store personal item	is low a	nd separate									
34	Gap at back door											
	Drink hand sink 100+											
39	Clean ice chest that holds tortillas											
39	Watch flow of 3 comp sink. store low hanging utensils away/separate from where raw chicken is prepped											
	Self serve pico bar gone. Instead all condiments and salsa served by employees upon request											
	Some squeeze salsa bottles or request. Sanitized after every use											
32	Sand/bleach cutting											
45 Maintenance to door employee restroom, baseboards, walls												
45	Clean walls behind			<u> </u>			1					
5		•	st be reheated to 165 within 2									
	Chicken out at 10. Will reheat now to 165 within the 2 hours. Queso as well reheated to 165.											
	Covid-19											
	Removed self serve pico bar to back. only accessible by employees											
			employees. Temps take				ees.					
	Sanitizing station at front for customers.											
	Monitoring of employee health. Sanitizing contact surfaces after every customer.											
Received (signature)	-		Ardian P	ozhe	an	Title: Person In Charg Owner	e/ Owner					
Inspected	d by:		Print:		9 4	VVIIGI						
(signature)		orte	Christy	Cort	ez	Samples: Y N	# collected					
Form FH 0	6 (Revised 09-2015)	_										