	Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health													
Date: Time in: Time out: License/Point 5-16-2024 11:07 12:40 need							current/to post						Est. Type Risk Category	2
Purpose of Inspection: 🖌 1-Routine 📃 2-Follow Up 🔄 3-Complai							at 4-Investigation 5-CO/Construction 6-Other						5-CO/Construction 6-Other TOTAL/SCOR	E
G	Establishment Name: Contact/Owner M Giovanni Agron Dika							✓ Number of Violations COS:						A
	Physical Address: Pest control : 2091 Summer Lee Dr Rockwall, TX Tech Force/							Hood Grease trap : Follow-up: Yes Trimble/4-30-2024						
M					points in the OUT box for each numbered item Mark		chec	kma	ırk in	appr	opria	ate b	pplicable $COS = corrected on site R = repeat violation W-Watch for IN, NO, NA, COS Mark an in appropriate box for R$	h
Compliance Status							Compliance Status						ive Action not to exceed 3 days	-
O U T	I N	s (F = degrees Fahrenheit)				R		O U T	I N	N O	N A	C O S	Employee Health	R
	~				1. Proper cooling time and temperature				~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	~				2. Proper Cold Holding temperature($41^{\circ}F/45^{\circ}F$)		↓ 13. Proper use of restriction and exclusion; No ↓ eyes, nose, and mouth					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
_	~				3. Proper Hot Holding temperature(135°F)								Preventing Contamination by Hands	
		~			4. Proper cooking time and temperature				~				14. Hands cleaned and properly washed/ Gloves used properly QIOVES USED	
	~				5. Proper reheating procedure for hot holding (165°F in 2 Hours)		15. No bare hand contact with ready to eat foods or ap					15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_N_)		
-	~				6. Time as a Public Health Control; procedures & records								Highly Susceptible Populations	
	Approved Source							~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco/Lisanti							L	eggs cooked Chemicals	
-	~				8. Food Received at proper temperature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
_				check at receipt				3	-				18. Toxic substances properly identified, stored and used	
	~				Protection from Contamination 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting		Water/ Plumbing					Water/ Plumbing		
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>100</u> ppm/temperature						19. Water from approved source; Plumbing installed; proper backflow device			
_	•				11. Proper disposition of returned, previously served or		-		-					
	~				reconditioned check at receipt				~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
	~				reconditioned check at receipt Priority Foundation Items (2 Pe	_) via	_	ions .	_	_	-	disposal	
O U T	I N	N O	N A	C O S		oints R) via	o <i>lati</i> O U T	_	Req N O	uire N A	e Con C O S	disposal	R
		N O	N A	0	Priority Foundation Items (2 Po	R) via	O U	ions .	Ν	Ν	C O	disposal rrective Action within 10 days	R
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Received by: (signature) Agron Dika	Print: Agron Dika	Title: Person In Charge/ Owner Owner
Inspected by: (signature) Christy Cortez, RS	^{Print:} Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establish Giov	ment Name: anni	Physical A 2091	Summer Lee Dr	City/State: Rockwa	III, TX	License/Permit # Pa need current/to post	ge <u>2</u> of <u>2</u>				
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA Item/Location	TIONS Temp F	Item/Locat	ion	Temp F				
	freezer ambient	3	shrimp			creme brulee					
righ	t cold top/butter	41	crab	41	reach in freezer ambient		3				
CL	it tomatoes	41	lamb	41	WIC/cheese		41				
und	er/bolognese	41	pasta	41	pasta/pasta		41/41				
	shrimp	41	left cold top/cut tomatoes	41	veggies		41				
stea	am wells/soup	159	cheese	41	beef		41				
	soup	162	under/cheese	41	bar coolers		34-38				
grill	drawers/salmon	41	under counter cooler/crean	er counter cooler/cream 41							
Item	1		SERVATIONS AND CORRECTI								
Number	AN INSPECTION OF YOUR ES	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	E CONDITIONS OBSERVED	AND				
	Hand sink 100+F ed	quipped									
	3 comp sink 110F		0								
14/	Dishwasher sanitizi	· ·	• •								
W			g cool water or in coole	r							
18	Need to label all spi			41a a							
40			ves, also no wiping clo	INS							
	Can use drainable l	bar mat	ling instead								
	Line hand sink	<u> </u>									
45			to be kept for 90 days								
45	To replace missing										
32	Some rusty shelves										
42			p tables/ food debris								
32	Discard frayed brok		·								
	All wood cutting boa										
20	Drink hand sink 100	•	* *								
36	To store wiping clot										
45	Sani buckets setup		•	overniek	<u>_</u>						
45	To clean floor drains in bar/don't leave food debris overnight										
	Bar hand sink 100+F equipped										
	Bar dishwasher sanitizing at 100ppm chlorine										
	Sani bucket at 100ppm chlorine 2 expired CFMs/to renew, 1 on duty										
37	• •										
51	Need to cover water pitchers in dining area by patio door										
Received	•		Print:			Title: Person In Charge/ Owner					
(signature)	Agron Dika		Agron [Jika		Owner					
Inspected (signature)		tez, 1	RS Christy C	ortez,	RS	Samples: V N # coll	cted				
Form EH-06 (Revised 09-2015)											