Retail Food Establishment Inspection Report First aid kit Hergy policy Vomit clean up Employee healt																
		212	°∪	າງ		nse/Permit 5-946						Est. Type Risk Category Page 1 of 2	2			
						mplaint	_	4-Inv	estig	atio	n	5-CO/Construction 6-Other TOTAL/SCO	RE			
Establishment Name: Contact/Owner N						wner Name:						× Number of Repeat Violations: ✓ Number of Violations COS:	_			
Physical Address: Pest control :						Н	lood		_(Greas	se trap : Follow-up: Yes V	A				
2091 Summer Lee Drive Rockwall, TX Tech Force/2 wee Compliance Status: Out = not in compliance IN = in compliance					Weeks	-	s C/		<u> </u>		ble/3mo No \square applicable COS = corrected on site R = repeat violation W- Watch	h				
Mark the appropriate points in the OUT box for each numbered item Mark '						Mark '√' a c	hecki	mark	in app	ropri	iate b	box for IN, NO, NA, COS Mark an \times in appropriate box for R				
	Priority Items (3 Points) violations Req							Com	oliano	e Sta	atus					
O U T	I N	N O	N A	C O S	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	i	O I U N T		N A	C O S	Employee Health	R			
	~				1. Proper cooling time and temperature			v	•			12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
					2. Proper Cold Holding temperature(41°F/45°F)						F	13. Proper use of restriction and exclusion; No discharge from				
	~							r				eyes, nose, and mouth				
	~				3. Proper Hot Holding temperature(135°F)					-	_	Preventing Contamination by Hands				
	~		-		4. Proper cooking time and temperature			V	•		_	 14. Hands cleaned and properly washed/ Gloves used properly Gloves used I5. No bare hand contact with ready to eat foods or approved 				
		~			5. Proper reheating procedure for hot holding ($165^{\circ}F$ Hours)	n 2		r	•			alternate method properly followed (APPROVED Y. N)				
	~				6. Time as a Public Health Control; procedures & rec	ords		_	_	<u> </u>	<u> </u>	Highly Susceptible Populations				
					Ammunad Samua			~		Г	Г	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
					Approved Source 7. Food and ice obtained from approved source; Food	in						eggs cooked				
	~				good condition, safe, and unadulterated; parasite destruction Sysco/Lisanti							Chemicals				
	~				8. Food Received at proper temperature			v				17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
_					check at receipt Protection from Contamination		v	N		t	E	Water only 18. Toxic substances properly identified, stored and used				
					9. Food Separated & protected, prevented during food		•	•				W. C. (D).				
	~				preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned a	nd				1	1	Water/ Plumbing 19. Water from approved source; Plumbing installed; proper				
3					Sanitized at <u>100</u> ppm/temperature			~	•			backflow device				
	~		-		11. Proper disposition of returned, previously served of reconditioned discarded			~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
0	I	N	N	C	Priority Foundation Items	(2 Points) R		0 I	Ν	N	С		R			
U T	N	0	A	O S	Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowl	edge.		U N T	0	A	O S					
	~				and perform duties/ Certified Food Manager/ Posted 2			r	•			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	~				22. Food Handler/ no unauthorized persons/ personne			v	•			28. Proper Date Marking and disposition				
		Safe water, Recordsceping and Food Package					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital									
	~				23. Hot and Cold Water available; adequate pressure,							Permit Requirement, Prerequisite for Operation				
	~			destruction): Packaged Food labeled					30. Food Establishment Permit (Current/insp report sign posted)							
					Conformance with Approved Procedures						<u> </u>	12/31/2022 Utensils, Equipment, and Vending				
	~				25. Compliance with Variance, Specialized Process, a HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	nd		~	•			31. Adequate handwashing facilities: Accessible and properly supplied, used				
					Consumer Advisory		F	r	•			32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
	~				26. Posting of Consumer Advisories; raw or under confoods (Disclosure/Reminder/Buffet Plate)/ Allergen L in menu		2	2				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	Ι	N	N	С	Core Items (1 Point) Violations Require Corr	ective Actio		ot to					R			
U T	N	0	A	o s	Prevention of Food Contamination		i	U N T		A		Food Identification				
1					34. No Evidence of Insect contamination, rodent/othe animals			~	'			41.Original container labeling (Bulk Food)				
W					35. Personal Cleanliness/eating, drinking or tobacco u	se			1			Physical Facilities				
1					36. Wiping Cloths; properly used and stored		1	1				42. Non-Food Contact surfaces clean				
1					37. Environmental contamination			~	`		L	43. Adequate ventilation and lighting; designated areas used	<u> </u>			
	~				38. Approved thawing method running cool water			~	·			44. Garbage and Refuse properly disposed; facilities maintained				
					Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, store	d	1	1	_		L	45. Physical facilities installed, maintained, and clean46. Toilet Facilities; properly constructed, supplied, and clean	 			
W					dried, & handled/ In use utensils; properly used			r	'							
	~				40. Single-service & single-use articles; properly store and used	d		~	,			47. Other Violations				

Retail Food Establishment Inspection Report

1st followup is free. Any additional followups will result in a \$50 fee.

Received by: (signature) Agron Dika	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)

Establishment Name: Giovanni	Physical Address: 2091 Summer Lee Drive		City/State: Rockwa	III, TX	License/Permit # FS-9460	Page <u>2</u> of <u>2</u>						
Item/Location	Temp F	TEMPERATURE OBSERVAT	TIONS Temp F	Item/Locat	lon	Temp F						
	_											
WIC/raw beef	39	cold top/ cut tomatoes	41	n	<u>neatballs</u> fish	41						
raw chicken	39	under/shrimp	41		41							
tomatoes	40	scallops	41	cook	<u>s 179</u>							
2 door reach in freezer ambient	0	chicken	41	cooke	/e 160							
cold top/ cut tomatoes	41	cold wells/onion	41	white	nt 6							
cooked mushrooms	41	hot wells/soup	166	under	ab 41							
under/shrimp/cooked beef	41/41	grill drawers/salmon	41	á	apple pie	41						
lobster	41	shrimp	41		•••							
	OB	SERVATIONS AND CORRECTIV	VE ACTION	IS								
Item AN INSPECTION OF YOUR ES Number NOTED BELOW:	STABLISHME	NT HAS BEEN MADE. YOUR ATTENT	ION IS DIRE	CTED TO TH	E CONDITIONS OBSERVE	D AND						
Drink hand sink 10	0+F. Po	st employee health pos	er at ha	nd sink.								
Prep hand sink 100)+F											
3 comp sink 154 F												
10/33 Bar dishwasher and	kitchen	dishwasher not sanitizing	. Will u	se 3 con	np sink until repai	red						
36 Store wiping cloths												
42 Clean plastic shelf	liners/fo	od splatters										
36 Avoid using wiping	cloths to	o line shelves										
Sani buckets setup	to 100 p	opm chlorine sanitizer										
42 Clean hood vents/h												
W Invert ice bucket												
45 Replace moldy cau	Iking are	ound dishwasher										
37 Time to defrost whi	te freeze	er										
W Label all spray bott	les, stor	e low and separate										
34 Flies												
Pasteurized eggs u	ised for	dressings										
Bar hand sink 100	F											
At end of inspection	n, kitche	en dishwasher sanitizing	y at 100	ppm ch	lorine sanitizer							
Bar dishwasher, not reach	ing 120 F a	as per manufacturer's instruction	s. Will use	kitchen di	shwasher until repaired	k						
W Always store perso	nal item	s/drinks low and separa	te									
		d for bread/or use a bar	ier betw	/een								
45/42 Clean in/around/on	5/42 Clean in/around/on equipment, shelves, etc											
Received by:		Print:			Title: Person In Charge/ Ov	wner						
			Dika	,	Owner							
(signature) Agron Dika Inspected by: (signature) Christy Cor		Print:										
	rtez, 1	RS Christy Co	ortez,	RS	Samples: Y N # co	llected						
Form EH-06 (Revised 09-2015)												