equ follov	u i vu	rec		of \$50.00 is after 1st					City of	Ro	ckw			sp	ect	ion Report	First aid k Allergy po Vomit clea Employee	olicy/trainir n up	ıg	
				Time in: 2:23						Permit 945						Est. Type	Risk Category	Page <u>1</u> of <u>2</u>		
Purpe Estab				tion: 🖌 1-Routin	ie 🗌	2-Fo	llow U		3-Compl tact/Owner			-Inv	estig	atio	n	5-CO/Construction * Number of Repeat Violati	6-Other	TOTAL/SCO	RE	
Grea	at A	mer	ica	n cookie / mart	ole sl	lab		Pro	visions	TNaine						✓ Number of Violations CC	DS:	10/90/	Δ'	
Physi Lakes			ess:				aP	est cont T 12/5/2	2020		Но	ood					Follow-up: Yes 🖌 No 🗌	10/00/		
Mark				Status: Out = not points in the OUT bo	in com	pliance ach nun	IN = in ibered i	complia tem	ance l Mark	NO = n X in a						plicable COS = corrected on si NA, COS Mark	te \mathbf{R} = repeat vio an \mathbf{X} in appropriate		h	
				-							uire I	mme	diate	e Co	rrect	ive Action not to exceed 3 days			_	
O I U N	I N N C N O A O Time and Temperature for Food Safety						R) I	olianc N O			Employee Health							
T	N O A O S (F = degrees Fahrenheit) I. Proper cooling time and temperature							1	T S II. Management, food employees and conditional knowledge responsibilities and reporting					employees;	-					
	2. Proper Cold Holding temperature(41°F/45°F)								knowledge, responsibilities, and reporting					haven from						
~	•			See	lang t	empera	ure(41	F/ 43	Г)			V				13. Proper use of restriction and exclusion; No discharge fro eyes, nose, and mouth				
	V	/		3. Proper Hot Hold	ling te	mperatu	ire(135	°F)				Screening at arrival / emailed poster Preventing Contamination by Hands								
	V	/		4. Proper cooking	time a	nd temp	erature	;				14. Hands cleaned and properly washed/ Gloves					y washed/ Gloves u	sed properly		
		/		5. Proper reheating Hours)	5. Proper reheating procedure for hot holding (165°F in 2							15. No bare hand contact with ready to eat alternate method properly followed (APPI								
	-			6. Time as a Public	Heal	th Contr	ol: pro	cedures	& records							Gloves / utensils		IN)	_	
	V			Prep	, incur		oi, pio					Highly Susceptible Populati					-	ered		
					Арр	roved S	ource						16. Pasteurized foods used; prohibited food not offere Pasteurized eggs used when required Not used							
~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial to have labels see 41					1				<u>.</u>	<u>.</u>	Che								
~	•			8. Food Received a			erature	•					•	~	,	17. Food additives; approved an & Vegetables	nd properly stored;	Washing Fruits		
				-		from Co	ntami	nation				•	•			None to wash 18. Toxic substances properly i	dentified, stored an	d used	-	
		T	T	9. Food Separated	& pro	tected, p	prevent	ed duri	ng food			•				Low				
V				preparation, storag	^	-		-				1		r	1	19. Water from approved source	/ Plumbing	1		
~	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature Watch cleaning 11. Proper disposition of returned, previously served or						3					backflow device See attached about air gap 20. Approved Sewage/Wastewater Disposal System, prop								
	V			reconditioned Di	sca	ardeo	d	j				~				disposal Watch drains	Ţ			
0 I	1	N N	C		Prio	rity F	ounda	ntion I	tems (2 P	oints)		tion	N			rective Action within 10 days			ŀ	
U N T) A	O S	Demonstra 21. Person in charg			U				1 1		0	A	O S	Food Temperature				
W W				and perform duties Need one on duty 22. Food Handler/ All employees w	/ Ĉerti / at al no una	ified Fo l times authoriz	od Mar / will n ed pers	nager (C eed mc sons/ pe	CFM) pre than on			V	•	~		 27. Proper cooling method used Maintain Product Temperature 28. Proper Date Marking and d Using within 24 hrs or of 	isposition	quate to		
	Safe Water, Recordkeeping and Food Package Labeling						V	•			29. Thermometers provided, ac Thermal test strips Digital and dial		ed; Chemical/							
~	•			23. Hot and Cold V 120	Vater	availabl	e; adeq	uate pr	essure, safe			1				Permit Requirement, 1	Prerequisite for O	peration		
W				24. Required recor destruction); Packa	aged F	ood lab	eled	Ũ		νe		~	•			30. Food Establishment Perm 2021 posted	iit (Current/ insp si	gn posted)		
				Conforma 25. Compliance wi								Т		r	1	31. Adequate handwashing faci	ment, and Vendin	5		
		~		HACCP plan; Vari processing method	iance o s; mar	obtained	for sp er instr	ecialize uctions	d			~				supplied, used Equipped	(
					Const	imer A	uvisory	Y			V	N				32. Food and Non-food Contac designed, constructed, and used Watch condition of foc	1			
W				26. Posting of Con foods (Disclosure/ For all prepackaged	Remin	der/Buf	fet Plat	te)/ Alle	ergen Label			~	•			33. Warewashing Facilities; ins Service sink or curb cleaning fa	stalled, maintained,	used/		
0 I	I		С							<i>ve Acti</i> R	on No) I	Ν	Ν	0 Da	ys or Next Inspection , Which	ever Comes First		I	
U N T		D A	o s	Prevent							נ 1	JN		A	o s		entification			
1				34. No Evidence o animals SmallGa	р						1					41.Original container labeling (Choco morsels in Clea	ar container? N	lot original ?		
~				35. Personal Clean Watch sto 36. Wiping Cloths	rag	e		-	Jacco use			T				Physics 42. Non-Food Contact surfaces	al Facilities			
~				36. Wiping Cloths: Stored in se 37, Environmental	initiz	zér		uneu			1		-			42. Non-Food Contact surfaces Minor cleaning inside coo 43. Adequate ventilation and lig	lers / ovens etc v			
	V			37. Environmental Watch poss 38. Approved thaw	Sibili	ities						~	-			43. Adequate ventilation and lig				
	V			**								~	-			44. Garbage and Refuse proper Watch dumpsters 45. Physical facilities installed,			_	
				F 39. Utensils, equip	-	Use of			ed, stored		1	+	_			45. Physical facilities instance, See 46. Toilet Facilities; properly co			-	
1				dried, & handled/	In use	utensil	s; prope	erly use	d		1					Hot water slow to		.,		
1				40. Single-service and used	& sing	gle-use a	articles	; proper	ly stored			Ţ	~			47. Other Violations				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Anna Gowen	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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Establishment Name: Great American cooki/ marble slab		Physical A Lakes		City/State: Rockwal	I	License/Permit # Page 2 FS 9457		<u>2</u> of <u>2</u>				
			TEMPERATURE OBSERVA		1	• •						
Item/Loc		<u>Temp F</u>	Item/Location	<u>Temp F</u>	Item/Locat	m/Location		<u>Temp F</u>				
Ice cre	eam cake freezer	-11	Wic	38								
lce	cream freezer	10	Cookies dough	41								
	Slab	10	Upright freezer	8								
2 door	reach in at front counter		2 door new	-6								
Wh	nipped cream	40										
	Water unit											
OBSERVATIONS AND CORRECTIVE ACTIONS												
Item Number	AN INSPECTION OF TOOR LETADED HIMLINT HAS BEEN WADE. TOOR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
	Ice cream freezer - reminder for ingredients for self service/ sign posted for ask for assistance / not used today											
	Hot water at hand sinks in restrooms 89 - to be 100 at hand sink FINALLY REACHED 100 BUT slow to arrive											
	Front area:											
	Hot water 100 at front hand sink											
	Watch what is placed under sinks - protect spoons ans cup lids et.											
W	Discussed separation of known allergens and having an allergy policy etc (allergy training is part of TFER now)											
	Cross contact											
19	Discussed maintaining air gap at dipper well faucet											
19	Air gap is borderline at dipper-we'll floor drain / will need to be increased to be twice diameter of pipe											
45	General cleaning under front line											
42	Clean inside reach in o	cooler - l	Inder front counter									
	Sani bucket 200 ppm											
W		•	ingredients for all items - e	even those	e out of o	riginal containe	rs					
	Hot water at hand sink											
			e BUT even in low mode b	lows item	s all arou	nd s						
۱۸/	Door is only used for rare occasions — using front door Three comp sink sprayer is hanging at a borderline level - show always self retract above the top of the sink											
W				snow alwa	ys seir re	tract above the		ne sink				
34 39	Small gap at back doo			ono at tha	throp op	maartmont sink						
19	To raise all utensils etc that are hangin low in the spray zone at the three compartment sink Watch air gaps at three comp sink all should also meet same criteria											
40	• •	· · ·				out reusing tho	se use	d to				
	Avoid using residential containers that are NOT NSF approved - reminder about reusing those used to Hold known allergens and then used for something else - note											
	ו וטוע אוטיאון מופוקפווס מווע נוופון עספע וטו סטוופנווווק פוספ - ווטנפ											
	Will Followup within week -to email											
D -						mu n - ~-	16					
Received (signature)	^{by:} See abov ^{Iby:} Kelly Kírkpa	'e	Print:			Title: Person In Char	ge/ Owner					
Inspected	l by:		Print:									
(signature)	Kelly Kírkpa	ıtríck	\mathcal{RS}			Samples: Y N	# collecte	be				
Form EH-Of	5 (Revised 09-2015)		I			Sampios 1 11	" concett					