

Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

| | | | | | | |
|----------------------------|--------------------------|---------------------------|------------------------------------|--------------------------------|-----------------------------------|---------------------------|
| Date: 02/11/2022 | Time in: 11:41 | Time out: 12:36 | License/Permit # FS 9457 | Food handlers New employees | Food managers 1 on duty | Page <u>2</u> of <u>2</u> |
|----------------------------|--------------------------|---------------------------|------------------------------------|--------------------------------|-----------------------------------|---------------------------|

| | | | | | | |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| Purpose of Inspection: <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 | TOTAL/SCORE |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

| | | | |
|---|---|--------------------------------------|----------------|
| Establishment Name: Great American Cookie / Marble Slab | Contact/Owner Name: G & H | * Number of Repeat Violations: _____ | 13/87/B |
| ✓ Number of Violations COS: _____ | | | |

| | | | | |
|--|---|------------|----------------------------|---|
| Physical Address: 2268 N Lakeshore | Pest control : Apt 02/09/2022 | Hood Na | Grease trap : Need info | Follow-up: Yes <input checked="" type="checkbox"/> 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 ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ 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 |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | ✓ | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| | | | | | | | | ✓ | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | | ✓ | | | |
| | | | | | | 3 | | | ✓ | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| | ✓ | | | | | W | | | | | |
| | | ✓ | | | | ✓ | | | | | |

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 |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | W | ✓ | | | | |
| W | ✓ | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| W | ✓ | | | | | ✓ | | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| | | | ✓ | | | ✓ | | | | | |
| Consumer Advisory | | | | | | W | ✓ | | | | |
| | ✓ | | | | | 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 |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| 1 | | | | | | ✓ | | | | | |
| W | | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | | ✓ | | | | 1 | | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| 1 | | | | | | 1 | | | | | |
| 1 | | | | | | | ✓ | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|--|--------|--|
| Received by: (signature) Alex Jones | Print: | Title: Person In Charge/ Owner PIC |
| Inspected by: (signature) <i>Kelly kirkpatrick RS</i> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

Seal wood panels on wall

| | | | | |
|---|--------------------------------|-------------------------|-----------------------------|-------------|
| Establishment Name: Great am cookie/ marble slab | Physical Address: Lakeshore | City/State: Rockwall | License/Permit # FS 9457 | Page 2 of 2 |
|---|--------------------------------|-------------------------|-----------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|------------------------|--------|-----------------|--------|---------------|--------|
| Cake case | -12 | Upright freezer | 5.2 | | |
| Ice cream freezer | -10 | Ice cream | -19 | | |
| Two door under counter | 33/34 | | | | |
| Wic | 33/36 | | | | |
| Icing | 39 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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: All temps F |
| We | Cakes are made on site and placed into a freezer near door - sign is posted on glass door to have management assist No Ingredients on packages- plan is for employees to hand them to customers ... will advise if this is sufficient with new code change Front counter area: |
| 40 | Avoid placing paper lids for ice cream directly under the soap dispenser Sticker under them to remind employees to not place anything there Hot water at hand sink 104 F / three comp |
| 40 | Again avoid placing anything food related under sink plumbing - to go lids and spoons |
| 37 | Time to defrost freezer unit |
| 42 | Deep cleaning needed inside 2 door cooler under front prep area! Spills etc To watch storage and dispensing of anything nut or allergen related - placing peanuts to side |
| 39 | To invert spoons with handle up |
| 45 | General cleaning of walls where spills are present etc Sanitizer in bucket 150-200 ppm quats |
| 45 | Clean drains where needed |
| 42/45/w | Need to clean shelving in wic and watch storage of drinks and protect icing bags / using disposable bags |
| 46/33 | Hot water at restroom hand sink at exit was 67 F / three comp sink was 81? BUT water IN wash sink was 108 (after 2 hrs) and both hand sinks were 104 -112 |
| 42/45 | General detailed cleaning needed tables shelving etc |
| W | Clean hand sinks where needed |
| 42 | Store plastic drawer unit clean Not using chemical dispenser - hand mixing sinks now tested at 200 ppm /test strips on site |
| 45 | Fill holes in wall where dispensers were installed |
| 45 | Scrub drains and three comp sink drain boards / odor when running sink Watch mop area and broom storage etc Avoid storing anything in front panel box |
| W/cos | Avoid storage of chemicals spray cans next to gloves or over boxes |
| 34 | Address gap at back door |
| 44 | Address area around dumpster - bags around dumpster |

| | | |
|--|--------|--------------------------------|
| Received by: (signature) See above. | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly kirkpatrick RS</i> | Print: | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)