e q follo	น i wเ	re			of \$50.00 is fter 1st	-	City	of Ro	ocł			In	sp	ect	tion Report	ng
	Date:         Time in:         Time out:         License/P           06/22/2023         8:06         9:00         Fs 88												$\begin{array}{c c} Food handlers \\ \hline 3 \\ \end{array} \begin{array}{c} Food managers \\ \hline 1 \\ \end{array} \begin{array}{c} Page \underline{1} \\ of \\ \end{array}$	2		
<b>Pur</b> Esta					ion: 1-Routine	2-Follow Up	Contact/O	mplaint		4-	Inve	estig	atio	n	5-CO/Construction     6-Other     TOTAL/SCO     * Number of Repeat Violations:	RE
Han	· ·	on i 1 Ado					Patel			Но	od		6	raas	✓ Number of Violations COS: se trap//waste oil Follow-up: Yes 3/97/2	Α
1549			nes	5:		ABC	monthly			Na					le June No	
Mark					points in the OUT box for		n		in app	ropri	iate b	ox fo	r IN,	, NO	applicable $COS = corrected on site\mathbf{R} = repeat violationW-WatD, NA, COSMark an \mathbf{A} in appropriate box for \mathbf{R}$	ch
Com	Priority Items (3 Points) violations								Î	С	Complianc		e Status			F
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				]	R	O U T	N	N O			r Strategie				
			1. Proper cooling time and temperature No leftovers served								~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
			2. Proper Cold Holding temperature(41°F/ 45°F)									,			13. Proper use of restriction and exclusion; No discharge from	+
-			See								~				eyes, nose, and mouth Posted at hand sink	
V		3. Proper Hot Holding temperature(135°F)     See     4. Proper cooking time and temperature									1	Preventing Contamination by Hands           14. Hands cleaned and properly washed/ Gloves used properly				
					5. Proper reheating proc	Ŷ	ing (165°F i	n 2						-	15. No bare hand contact with ready to eat foods or approved	_
					Hours)	codure for not note	ing (105 1 1				~				alternate method properly followed (APPROVED Y_ N_) Gloves	
V	/				6. Time as a Public Hea All cooked or prepped To	alth Control; procee cs items on buffet 6	dures & rec 5-10	ords						Highly Susceptible Populations		
	Approved Source										~		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Precooked			
·		7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction			in				<u> </u>		<u> </u>	Chemicals				
L	/				8. Food Received at pro	oper temperature					~	1			17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	_					n from Contamina	tion					1	_		Water           18. Toxic substances properly identified, stored and used	-
L					9. Food Separated & propreparation, storage, dis	rotected, prevented								I	Water/ Plumbing	
					10. Food contact surfact Sanitized at <u>200</u>	ces and Returnables	; Cleaned a	ind	_						19. Water from approved source; Plumbing installed; proper backflow device	
				_	11. Proper disposition of reconditioned		isly served o	or	_		~	,			City approved at three comp           20. Approved Sewage/Wastewater Disposal System, proper disposal	_
	_				Pri	iority Foundati	on Items	(2 Poin	ts) vi	iolai	tions			e Co	prrective Action within 10 days	_
	I N	N I O 4	1	C O S	Demonstration	n of Knowledge/ P	ersonnel	]	R	O U T	N	N O	N A	C O S	Food Temperature Control/ Identification	F
v					21. Person in charge pro and perform duties/ Cer			edge,			~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature No leftovers	
V	/				22. Food Handler/ no un	inauthorized person	s/ personne	l				~			28. Proper Date Marking and disposition Used within 24 hrs	
	_				Safe Water, Reco	ordkeeping and Fo Labeling	od Package	;		2					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Need new test strips	-
L	/		Τ		23. Hot and Cold Water Yes	er available; adequa	te pressure,	safe			1	1	L		Permit Requirement, Prerequisite for Operation	
	Ī	v	/		24. Required records av destruction); Packaged	vailable (shellstock					~				30. Food Establishment Permit (Current/ insp sign posted ) Posted	Τ
	_					with Approved Pr					I			I	Utensils, Equipment, and Vending	
		L			25. Compliance with Va HACCP plan; Variance processing methods; ma	e obtained for speci anufacturer instruct	alized	nd			~				31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped	
					Cons	sumer Advisory				V					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
v					26. Posting of Consume foods (Disclosure/Remi Ingredients by reque	inder/Buffet Plate)					~	,			Walls and other surfaces           33. Warewashing Facilities; installed, maintained, used/           Service sink or curb cleaning facility provided	
	r T	N	u [	c [	Core Items (1 Poin	nt) Violations Re	equire Corr								ays or Next Inspection , Whichever Comes First	
		N 1 O 4	4	C O S	Prevention of 34. No Evidence of Inse	of Food Contamir			R	O U T	N	N O	N A	C O S	Food Identification	]
V					animals	, , ,						~			41.Orginal container labeling (Burk Food)	
V				_	35. Personal Cleanlines Separate 36. Wiping Cloths; prop			30							Physical Facilities 42. Non-Food Contact surfaces clean	
				+	37. Environmental cont					V					42. Non-root contact surfaces clean         Watch inside cabinets         43. Adequate ventilation and lighting; designated areas used	+
$\neg$			╈		38. Approved thawing 1	method				-	~				44. Garbage and Refuse properly disposed; facilities maintained	+
					Prope	er Use of Utensils				1					45. Physical facilities installed, maintained, and clean	+
L					39. Utensils, equipment dried, & handled/ In us Watch	it, & linens; properl se utensils; properly	y used, store y used	ed,		F	~				46. Toilet Facilities; properly constructed, supplied, and clean <b>Equipped</b>	+
L				+	40. Single-service & sir and used	ngle-use articles; p	roperly store	ed				~			47. Other Violations	+

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (Printed / Covid Henry Perez	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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	nent Name: D <b>ton inn</b>	Physical A Lagun		City/State: Rockwal	1	License/Permit # Fs 8827	Page <u>2</u> of <u>2</u>					
•			TEMPERATURE OBSERVA									
Item/Loc		Temp F	Item/Location	<u>Temp F</u>	Item/Locat	ion		Temp F				
Marke	t fridge Non Tcs	37	Freezer 1	-5								
Ma	arket freezer	-12	Freezer 2	-2								
	Buffet		2 door freezer	-6								
ŀ	lot holding		Upright cooler	20								
	Eggs	152										
	Sausage	151										
	Oatmeal	162										
Y	ogurt cooler	32	Butter	41								
T.			SERVATIONS AND CORRECT			CONDITIONS ODS		-P				
Item Number	Item         AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND           Number         NOTED BELOW: ALL TEMPS TAKEN IN F											
	Market All snacks appear to have proper labels											
	Waffle batter - need details - discarded daily											
	Test strips expired last month											
	Hot water 112 in prep											
W	Defrost freezer as nee											
W	Watch excess storage in back room											
	Sink sanitizer 200 ppm											
45	To clean air vents in back room											
14/	• • •	hanging	at mop sink - down hall									
W	Watch floor storage All meats are precook	od and r	athormalized									
	Watch use of solid pla											
	Prepping waffle mix da											
		•	comp sink and grease tra	מו								
45	To scrub drain under s		<u> </u>	<u>1-</u>								
	All cooked / heated ite	ms on bu	Iffet are discarded at 4 hrs	or before								
45	Address wall next to d	oor - pai	nt with epoxy									
	Gloves used											
	Using self contained - oven - no hood											
	Utensils and etc are washed and sanitized at 4 hrs when buffet closes											
W	Watch condition of containers											
Received (signature)	See abov	/e	Print:			Title: Person In Char	ge/ Owner					
Inspected	See abov Kelly kirkpa		Print:									
(signature)	Kelly kírkpa	ıtríck	RS			Samples: Y N	# collecte	ed				