

Additional followups
\$50.00 fee

Retail Food Establishment Inspection Report
City of Rockwall

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

Date: 03/17/2023	Time in: 9:28	Time out: 10:34	License/Permit # FS 9411	Food handlers 4	Food managers 2	Page <u>1</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 <input type="checkbox"/> TOTAL/SCORE						
Establishment Name: Healthy Banh Mi			Contact/Owner Name: Maria LUU		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____	
Physical Address: I-30			Pest control : C&S 02/07/2023		Hood Self cleaning <input type="checkbox"/> Grease trap/ waste oil We do 01/20/23 35 gals <input type="checkbox"/> Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5/95/A						

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		Time and Temperature for Food Safety (F = degrees Fahrenheit)			Compliance Status		
OUT	IN	NO	NA	COS	OUT	IN	
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Employee Health
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
3						<input checked="" type="checkbox"/>	13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Posted
		<input checked="" type="checkbox"/>					Preventing Contamination by Hands
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	14. Hands cleaned and properly washed/ Gloves used properly
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) Gloves
		<input checked="" type="checkbox"/>					Highly Susceptible Populations
						<input checked="" type="checkbox"/>	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Cooking for soup and hard boils
	W	<input checked="" type="checkbox"/>					Chemicals
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	18. Toxic substances properly identified, stored and used Separated
		<input checked="" type="checkbox"/>					Water/ Plumbing
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	19. Water from approved source; Plumbing installed; proper backflow device City approved
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	20. Approved Sewage/Wastewater Disposal System, proper disposal

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days							
Compliance Status		Demonstration of Knowledge/ Personnel			Compliance Status		
OUT	IN	NO	NA	COS	OUT	IN	
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Food Temperature Control/ Identification
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
		<input checked="" type="checkbox"/>				W	28. Proper Date Marking and disposition Discussed freezing and thawing etc
		<input checked="" type="checkbox"/>				2	29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Test strips
		<input checked="" type="checkbox"/>					Permit Requirement, Prerequisite for Operation
	W	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	30. Food Establishment Permit (Current/ insp sign posted) Posted
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Utensils, Equipment, and Vending
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	31. Adequate handwashing facilities: Accessible and properly supplied, used Supplied
		<input checked="" type="checkbox"/>				W	32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Watch use of non nsf and cleanability
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First							
Compliance Status		Prevention of Food Contamination			Compliance Status		
OUT	IN	NO	NA	COS	OUT	IN	
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Food Identification
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	41. Original container labeling (Bulk Food)
		<input checked="" type="checkbox"/>					Physical Facilities
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	42. Non-Food Contact surfaces clean Looks good
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	44. Garbage and Refuse properly disposed; facilities maintained
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	45. Physical facilities installed, maintained, and clean Looks good
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	46. Toilet Facilities; properly constructed, supplied, and clean Equipped
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	47. Other Violations

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Maria LUU	Print:	Title: Person In Charge/ Owner
Inspected by: <i>Kelly kirkpatrick RS</i> <small>(signature)</small>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Healthy Banh Mi	Physical Address: I-30	City/State: Rockwall	License/Permit # FS 9411	Page 2 of 2
---	----------------------------------	--------------------------------	------------------------------------	-------------

TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Bev cooler 1	49	Temps below		Steam table	
Bev cooler 2	54-46	Cut greens	36	Chicken soup	168
ColdTop unit		Bean sprouts	37	Water temp	175
Bean sprouts	Just washed	2 door freezer HTT	16-20		
Rice	39	Cooler 4 door			
Shrimp	36	Tofu			
Pate	33				
Pork	36				

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 TAKEN in F
	Nonsmoking posted
	Allergy posting
	Beverages in cooler unlabeled are handled to customers after adding ice
03	Removed tea and coffee with milk in cooler holding high temps / 46-54 F
	Unit was turned to colder setting and will re check at end of insp
	Restroom hot water 124 F
	Hand sink hot water 124 F
	Watch filtered water at hand sink ... these chores must be separate
	Sanitizer in bucket 200'ppm quats
29	To replace test strips that are expired
	Cleaning spigot for fruit water daily
	Watch clutter with paper good etc
	Residential air fryer on front counter all parts easily cleanable per owner ... must be nsf approved - commercial one onsite in kitchen
	Paper under utensil is changed twice per day
	Utenils washed every 4 hrs or less soo change paper then
	Opened kitchen up by removing wall but no electrical or plumbing done
	Discussed dating with date prepped and frozen and then once thawed date the remaining date left - 5 days
	Reminder that eggs should be labeled as graded to be an approved source - not using flats for facilities y
	Pickling for flavor only
	Using digital thermo
Cos	Personal items to be moved up on wall rack
	Back door closes tightly
	Gloves and utensils used
	Advised to paint exposed wood to make washable

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

Form EH-06 (Revised 09-2015)