	ıiı	re c		fte	i0.00 is r 1st				tail F	City	of I	Roc	:kv			ns	pe	ecti	ion Report		Allergy Vomit c Employ	/ po lea <u>/ee</u>	olicy/traini In up	ng
Date: 08/		/20)20	Time 7:0			Time 8:0	e out: 05			cense/Po									st. Type Senio	Risk Categor	y	Page <u>1</u> of	2
Purpo Establ					1-Routin	ne	2-	Follow	_		ompla			4-In	ivest	igat	tion		5-CO/Constru * Number of R	iction	6-Other		TOTAL/SCO	RE
High	lan	d m	ead						Gr	ontact/C racen	Jwher r	vame							✓ Number of V				5:95//	Δ
Physio john ki		Addr	ess:					S		Man. Mo	onthly			lood 2020			Gr To	ease	e trap :		Follow-up: Yes	s	5.35/	
Mark				tatus:	Out = not the OUT be	t in cor	nplian each n	$ce^{IN} =$	in comp d item	liance		0 = nc							$\begin{array}{l} \text{oplicable} & \text{COS} = co\\ \text{O, NA, COS} \end{array}$	orrected on Ma			lation W-Wat ate box for R	ch
			-	points in						nts) vio		-	uire I	Imn	nedia	te (Corr	recti	tive Action not to ex			iopin		
Comp O I U N								R		0	I			US C O		Fmn	loyee Health			R				
T			s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature								T				š	12. Management, fe	employees;	-					
	V											•					knowledge, responsibilities, and reporting							
~	•			2. Proper Cold Holding temperature(41°F/ 45°F)													13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth							
~	•			3. Prop	per Hot Hol	ding te	emper	ature(1	35°F)										Preventing Contamination by Hands					
-	~	/		4. Prop	per cooking	time a	and ter	mperati	ıre										14. Hands cleaned and properly washed/ Gloves used properly					
					per reheatin	g proc	edure	for hot	holding	g (165°F	in 2								15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.					
	r			Hours)			14.0.		1										Gloves	roperly foll	lowed (APPRO	IVED	Y <u>N</u>)	
		/	1	6. 11m Hsp / se	e as a Publi ervice, prep	and p	plating	only	roceaur	es & re	cords				Highly Susceptible Populations							<u> </u>		
						App	prove	d Sourc	æ					•		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required P eggs used							fered	
~	•			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction USDA/ Reinhardt							d in								Chemicals					
~	•				d Received	at proj	per tei	mperatu	ire										 Food additives; & Vegetables 	••	and properly sto	ored;	Washing Fruits	
			-	0110		ection	from	Conta	minatio	m						-			18. Toxic substance		videntified, stor	ed an	d used	-
					d Separated	l & pro	otected	l, preve	ented du		d			-					Stored low	Wata	n/ Dhumbin a			
				Good c	ation, storagorganization od contact s				-	Cleaned	and					_			19. Water from app		er/ Plumbing	nstall	ed; proper	
~					zed at <u>20</u>	x								ŀ					backflow device / city appro	ved				
	~				oper disposi litioned D	isca	arde	ed	-					•					20. Approved Sewa disposal		*	Syster	m, proper	
O I U N	N O		C O	_	Demonst						s (2 Po	nts) R		0	I	N	N A	Cor C O	rrective Action with					R
T			s	21. Pe	Demonsta				0		ledge,			T	1		A	s		•	re Control/ Ide			+
~	•			and pe 1 cfn	erform dutie n	s/ Ĉert	tified 1	Food M	lanager	(CFM)	-			•					27. Proper cooling Maintain Product T			Ade	quate to	
~	•			22. Fo All en	od Handler/	/ no un on site	iautho e fooc	rized pe 1 hand	ersons/ j lers 3	personne	el			•					28. Proper Date Ma Good	arking and	disposition			
	Safe Water, Recordkeeping and Food Package Labeling													29. Thermometers Thermal test strips		accurate, and ca	librat	ed; Chemical/						
~	•				t and Cold			0	equate j	pressure	, safe					_			Yes Permit Rec	nuirement	, Prerequisite f	for O	peration	
-			,	24. Re	quired reco	rds ava	ailable	e (shells	stock taş	gs; paras	site								30. Food Establish	-	· •		-	T
		r		destruc	ction); Pack									ľ					Posted					
				25. Co	Conforma mpliance w						and		_						Uter 31. Adequate hand		ipment, and Ve cilities: Accessi			-
~	•				CP plan; Vai sing methor									•					supplied, used					
						Cons	umer	Adviso	ory					2					32. Food and Non- designed, construct			nable	e, properly	T
		_	1	26 Po	sting of Cor	nsuma	r Adv	isories:	raw or	under cu	oked		4	<u> </u>			_		Cutting boa 33. Warewashing F	irds et	С	ined	used/	_
~	•			foods ((Disclosure) ds cooked to	/Remii	nder/E	Buffet P	late)/ A	llergen l	Label			•					Service sink or curl Confirmed				useu/	
	-	-		Core	Items (1	Poin	t) Vi	olation	ıs Requ	ire Cor	rective								uys or Next Inspection	on , Whic	hever Comes I	First		
O I U N T	N O		C O S		Prever	ition o	of Foo	d Cont	aminati	ion		R						C O S		Food 1	Identification			F
~	1			34. No animal) Evidence (ls	of Inse	ct con	tamina	tion, roc	lent/oth	er			•					41.Original contain	er labeling	g (Bulk Food)			
1	35. Personal Cleanliness/eating, drinking or tobacco use Discussed drink containers and storage					^{use} rage								Physical Facilities										
~	1			36. Wi Stor	iping Cloths	s; prop UCK6	erly u	sed and						L	/				42. Non-Food Cont Watch	tact surface	es clean			
1				<u>3</u> 7. En	vironmenta attach	l conta	aminat	tion				$\left[\right]$		L					43. Adequate venti Watch in wic	lation and	lighting; design	ated a	areas used	T
	V	/			proved that		nethod	1				[]							44. Garbage and Re	efuse prop	erly disposed; fa	aciliti	es maintained	\dagger
	17	-	1		,	Prope	r Use	of Uter	nsils										45. Physical faciliti	es installe	d, maintained, a	nd cl	ean	+
					ensils, equij	pment,	, & lin	iens; pro	operly u		red,							╡	Watch 46. Toilet Facilities	; properly	constructed, suj	pplied	l, and clean	╉
1				See	& handled/			· 1	1 2		nod	Ш		•					47. Other Violation					
~	•			40. Sir	^{ed} Wat	ich	gie-us	e articl	es, prop	eny sto	ieu				L	/			47. Other violation	15				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Lisa Ross	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: and meadows	Physical A John k		^{City/State:} Rockwal		License/Permit # Page 2 o Fs 9314		2			
Item/Loca	ation	Temp F	TEMPERATURE OBSERVAT	TIONS Temp F	Item/Location		Tem	n F			
Wic		<u>36/37</u>			<u>Item/Location</u>		<u></u>	<u>ip r</u>			
	Tamataaa		Catch all cooler								
	Tomatoes	37	Pimento	38							
Sau	sage thawing	30	Watermelon	40							
	Butter	38	Hot wells								
	Wif	-11	Eggs	199							
Up	right freezer	-3	Sausage	166							
-	-		Cream of wheat	187							
		OB	SERVATIONS AND CORRECTI	VE ACTION	IS						
Item Number			NT HAS BEEN MADE. YOUR ATTEN			CONDITIONS OBS	ERVED AND				
37											
37	Watch condensation in wif dripping from back pipe (all food is protected Fresh meats received frozen and thawed in wic										
W	Watch for dented cans - seams etc										
	Dry storage good organization										
32 /39											
	Sanitizer buckets at 200 ppm										
	New gaskets ordered on upright freezer to address condensation issue										
	Not using serving area										
	All meals are served in their rooms										
	No dining in dining room										
W	Watching leak at bottom of catch all cooler										
	Using yellow digital										
	Using COVID targeted										
	Dishmachine confirme		•	h aida / h	anda waaha	d in hand ain		ink			
W	To move towel dispens		washing dishes one for eac	n side / na	ands washe	a in nana sin	k by prep s	INK			
32	Cutting boards to repla		• •								
02											
	Observed good hand washing while on site Watch Maint items										
Covid											
	Using quats sanitizer 200 ppm										
Received	by:		Print:		Tit	le: Person In Char	ge/ Owner				
(signature)	^{Thy:} Kelly Kirkpo	/e									
Inspected (signature)	by:	, , 4	Print:								
(orginature)	Kelly Kírkpa	itrick	(RS		Sar	nples: Y N	# collected				
	(Deviced 00 2015)										