\$50.00 reinspection fee required after 1st Followup

Retail Food Establishment Inspection Report City of Rockwall

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

Date: 10/25/202	22	Time in: 8:58	Time out: 2:15		FS 880						Food ha	ındlers	Food Managers	Page 1	of <u>2</u>
		tion: 1-Routine	2-Follow U		3-Complaint		4-In	vestig	gatio	n	5-CO/Construction		6-Other	TOTAL/	SCORE
Establishment N Hilton main b		e: and banquet		Conta Driftw	ct/Owner Nam vood	e:					★ Number of Repeat ✓ Number of Violatio	Violati ons CC	ions: OS:	40/0	
Physical Addres	ss:			est contro			lood				se trap: waste oil :	F	Follow-up: Yes	10/9)U/ <i>P</i>
055 summer lee			$\frac{ \mathbf{Nee} }{ \mathbf{N} } = \mathbf{in}$	ed info	ce No	Na				eed i			40 N	1 1777	XV7 . 1
Compliane Mark the appropri	ce S iate	points in the OUT box for	mpliance r each numbered i	item	NO = i Mark √ i	not obse n appro					oplicable COS = correcte O, NA, COS	d on si Mark			
C		Prio	ority Items (3	Points)	violations Re						ive Action not to exceed	3 days	5		
	C Time and Temperature for Food Safety				ty R		0 1	plian	N	C	Employee Heelth				1
	s	(F = d	legrees Fahrenhe		T S Employee Health					amplayaası					
/		1. Froper cooming time	and temperature				v	/	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting						
		2. Proper Cold Holding	g temperature(41	°F/ 45°F)		1 -				13. Proper use of restriction and exclusion; No discharge from					
							V				eyes, nose, and mouth To post at hand si	nk			
V		3. Proper Hot Holding	temperature(135	5°F)									amination by Han	ds	
/		4. Proper cooking time	and temperature	e		1					14. Hands cleaned and p	roperl	y washed/ Gloves u	sed properly	у
		5. Proper reheating pro	cedure for hot he	olding (16	55°F in 2	-					15. No bare hand contact				
		Hours)						~			alternate method properly Gloves	/ follo	wed (APPROVED	YN.	.)
V		6. Time as a Public Hea	alth Control; pro	cedures &	& records						Highly	Suscer	otible Populations		
1 1 1						ı	Τ				16. Pasteurized foods use			ered	
		Ap	proved Source						~		Pasteurized eggs used wh	ien req	quired		
		7. Food and ice obtaine good condition, safe, at	* *												
		destruction	na unaduncialea	i, parasite								Che	emicals		
		8. Food Received at pro	oper temperature	•		1	Τ		Τ	Τ	17. Food additives; appro	ved ar	nd properly stored;	Washing Fr	uits
		To confirm					V				& Vegetables Water				
		Protection	n from Contami	ination		3	3				18. Toxic substances pro Need to label spray				
		9. Food Separated & pr			food	1		_	1					115	
		preparation, storage, di		_									/ Plumbing		
		10. Food contact surfact Sanitized at 200	ces and Returnab	oles ; Clear	ned and		-				Water from approved backflow device	source	e; Plumbing install	ed; proper	
		11. Proper disposition of					_				City approved 20. Approved Sewage/W		oton Diomocal Creater		
		reconditioned	or returned, previ	lously sel	ved of		v	/			disposal	asiewa	ater Disposar Syster	n, proper	
		Pri	iority Founda	ation Ite	ems (2 Points	s) viole	ation	ns Re	 auir	e Cor	rrective Action within 10	davs			
	C O		n of Knowledge		R		0 1		N	C			Control/ Identific	ation]
	S	21. Person in charge pr					T			S	-				
		and perform duties/ Ce. Need info							/	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
		22. Food Handler/ no u	nauthorized pers	sons/ pers	onnel	1		•	•	28. Proper Date Marking and disposition					
		Need info	udlessuing on d	Earl Dea	also a o	╁┝	+			Using within 24 hrs or date marking 29. Thermometers provided, accurate, and calibrated; Chemical/			al/		
		Safe Water, Reco	Labeling	roou Pac	ckage	Ш	V				Thermal test strips Test strips on si	e			
		23. Hot and Cold Wate Equipped	r available; adeq	uate press	sure, safe						•		Prerequisite for O	peration	
		24. Required records a		ock tags; p	parasite	1					30. Food Establishment	Perm	it (Current/ insp s	ign posted)	
		destruction); Packaged	Food labeled			\	٧٧				To post				
		Conformance vita V	with Approved						1		Utensils, 31. Adequate handwashin		ment, and Vendin		
		HACCP plan; Variance	e obtained for spe	ecialized	ess, and						supplied, used	ig raci	inties. Accessible a	nd property	
		processing methods; m	anufacturer instr	ructions			•				Equipped				
		Con	sumer Advisory	y		2	2				 Food and Non-food Odesigned, constructed, an 			, properly	
		26 Posting of Consum	A deciseráns es		an analand	֓֡֓֞֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֓֡֡֡֜֜֡֡					Watch conditio 33. Warewashing Faciliti	n of	[:] shelvina		
		26. Posting of Consum foods (Disclosure/Rem					v	/			Service sink or curb clear	es; ms ning fa	acility provided	useu/	
		Will add asterisk	nt) Violations	Poquire	Corrective Act	tion N	ot to	Free	ad C	00 Da	ys or Next Inspection , V	Vhich	over Comes First		
	C O	,		•	R		0 1		N	С	•				1
Γ	S	34. No Evidence of Ins	of Food Contan		/athan		T	NO	A	s			lentification (Pulls Food)		
		animals						~			41.Original container lab	enng (Duik Food)		
		35. Personal Cleanlines Watch	ss/eating, drinkin	ng or toba	cco use						P	hysica	al Facilities		
/	1	36. Wiping Cloths; pro Stored in buck	perly used and st	tored] [-	1				42. Non-Food Contact su	rfaces	clean		
		37. Environmental cont				┥ ┝	1				43. Adequate ventilation	and lig	ghting; designated a	reas used	-+
	\dashv	38. Approved thawing	method			 	·				44. Garbage and Refuse	proper	ly disposed; faciliti	es maintaine	ed
						┨┞	.	_			45. Physical facilities ins				
		<u> </u>	er Use of Utensi		ators 4	1	1				·				
		39. Utensils, equipmen dried, & handled/ In us			, stored,		Λ				46. Toilet Facilities; prop Hot water to b			i, and clean	
		See attached 40. Single-service & single-service	ngle-use articles	; properly	stored	-	+				47. Other Violations				-+
		and used	-					~							
	- 1				1	1 1	1	- 1	1	1	i				1

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Zach Benner	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Eat-1.1' 1	mont Nome	D1: 1 4	ddwara	City/Ct-t		Ligange/Dames's "	Do O C C			
Establishment Name: Hilton main bar and banque		Physical A Summ		City/State: Rockwa l	II	FS 8803 Page 2 of 2				
			TEMPERATURE OBSERVA		,					
Item/Location		Temp F	Item/Location	Temp F	Item/Locat	<u>ion</u>	<u>Temp</u>			
Glass front Tcs		37-40	2 Upright cooler	39						
AIIC	Others non Tcs		Unit	33						
	42-44 F									
V	Vic banquet	40								
•	Ranch	33								
	nanch	33								
		OB	SERVATIONS AND CORRECTI	VE ACTION	NS		•			
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temps F	STABLISHME	NT HAS BEEN MADE. YOUR ATTENT	TION IS DIRE	CTED TO TH	IE CONDITIONS OBSE	RVED AND			
	Hot water at hand sink	< 108								
	Watch and protect stra		sussed							
	•									
45	One cooler with Tcs is holding 37-40 Normal Maint needed to walls and cove base and flooring									
18										
	Need to relabel spray bottles wirh common name Machine tested at 50-100 ppm after priming									
W										
• • •	Will add asterisk to menu for CA - Watch when leaning over speed rails onto bottles									
	Beer taps are usually									
34	Observed fruit flies in									
42			to address for fly control							
42/45										
45	Also watch and address	·								
	Need employee sign p									
39	. , .		r cover clean plates in stora	age room	1					
34	To address hole at bac		•	age room	l					
43	Replace lights out in v		Teceiving							
42/45			ious							
42/43	Watch for dented cans		1003							
32			as is uncleanable							
- 52	Liner on ss shelving to remove as is uncleanable Sanitizer 200 ppm - need red bucket									
W										
- **	Keep an Eye on condition of ice machine interiors									
	_									
Received by: Print: Title: Person In Charge/ Owner										
(signature)	See abou	/e								
Inspected	l by:		Print:							
(signature)	Kelly kírkpo	utríck	RS			Samples: Y N	# collected			