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
Employee health

09		7/20	21	Time in: 8:20	Time ou 10:0		FS 0			11				Buffet Low Page 1 of 2	2_
				tion: 1-Routine	2-Foll		3-Compla		_	Inve	stiga	ation		5-CO/Construction 6-Other TOTAL/SCOI	RE
Esta	blis	hment	Nan			Conta	ct/Owner N							* Number of Repeat Violations: Variable Number of Violations COS:	
⊢ <u>ʻ</u>		olace 1 Addr				Pest contro			Но	od		Gı	rease	e trap : Follow-up: Yes 4/96/	4
La Jo			•55.		D	Eco lab mor	nthly		Hea					No ☐ Pics	
Mark		omplia		Status: Out = not in co	ompliance In	N = in compliand ered item	ce No	O = not o						plicable COS = corrected on site R = repeat violation W-Watco NA, COS Mark an vin appropriate box for R	:h
1,1411		иррго	prince											ive Action not to exceed 3 days	
	_	nce Sta	tus	Time and Ten	nnoroturo	for Food Safat	tu	R	O	ompli I	ance N	Stat N	tus C		R
U T	N	O A	o s	(F = d)	legrees Fah	renheit)	ty		U T		0	A	o S	Employee Health	
				1. Proper cooling time	and temper	rature								12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	_			2. Proper Cold Holding	r tomporotu	ro(41°E/ 45°E)								13. Proper use of restriction and exclusion; No discharge from	
L	/			See	g temperatu	16(41 17 43 17)				/				eyes, nose, and mouth	
	_			3. Proper Hot Holding	temperature	e(135°F)								Policy in files - new hire paper work	H
		_		See 4. Proper cooking time	and temper	rature				اء ا				Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
	•						.507: 2			~					
				5. Proper reheating pro- Hours)	cedure for l	hot holding (16	55°F in 2				/			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
				6 Time as a Public Hea	alth Contro	1: procedures a	& records								H
•				6. Time as a Public Hea Using for breakfast buffe	et / discardi	ing Tcs at 4 hrs	s or less	Ш		1 1				Highly Susceptible Populations	
				Ap	proved So	urce				1				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
	_			7. Food and ice obtaine	ed from app	proved source:	Food in							No raw eggs on site	
١ .				good condition, safe, ar	nd unadulte	erated; parasite								Chemicals	
				destruction Us food											
				8. Food Received at pro	oper tempe	rature				/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
				10 CHECK										Water only 18. Toxic substances properly identified, stored and used	_
						ntamination				•				16. Toxic substances properly identified, stored and used	
·				Food Separated & pr preparation, storage, dis-		_	g food							Water/ Plumbing	
·	/			10. Food contact surfact Sanitized at _200_			ned and			/			·	19. Water from approved source; Plumbing installed; proper backflow device City approved	
				11. Proper disposition of reconditioned Disc.	of returned,	, previously ser	rved or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
	•			D 100	aiaca										
	_					undation Ite	ems (2 Po	ints) v	riolat	tions	Req	uire	Cor	rective Action within 10 days	
U	I N	N N O A	CO		iority Fo			oints) v	O U	I N	Req	uire N A	C 0	rective Action within 10 days Food Temperature Control/ Identification	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Steve Armbrecht	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick DS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A		City/State: Rockwa l		<u>2</u> of <u>2</u>					
,	'		TEMPERATURE OBSERVA	ΓIONS							
Item/Loc		Temp F	Item/Location	Temp F	Item/Location	Temp 1					
Custo	mer self service case	34-35	Freezer plate		Turbo lo boy						
	Keg cooler	38	Melons	39	Cheese	36					
C	offee cooler		Milk and yogurt / butte	r 4 hrs	Cold top unit						
	Milk	41	Upright freezer	-10	Cheese	41					
	Heat plate		Breakfast freeze	r -7	Pickle juice for reference	40					
Eggs Ke	eto plate in closed container	136	Egg cooler		Below	39					
Upr	right breakfast		Turkey	37	Fridge line	36					
•	eam cheese	39	Chicken	38	Cut greens	36					
		OF	SERVATIONS AND CORRECTI	VE ACTION							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
	Posting for display onl	y Ingro	diente by request								
	Handing cookies to gu	<u> </u>	ilents by request								
	Hot water 112 F / sani		cet -200 nnm								
				on food	aroa						
	Quats used in prep and peroxide is being used for table non food area										
	Not using glass washer - taking all to kitchen machine Wine cooler no drain - so condensation issue - towel in unit - changed daily!										
	Sani bucket set up for			it onang	od dany.						
	Self serve coffee -	001100 11	idoffii lo								
	Buffet area - prepackaged food containers - to go containers - using cold plate for melons and yogurt and mil etc										
			temps 136f using cardboard		· · · · · · · · · · · · · · · · · · ·						
	Buffet times - 6:30-9:3		1 5								
	All self service fruit is	wrapped	- even bananas (no edible	skin?)							
	Hot water at hand sink	104 F	,	,							
	Nail brush not used / a	after usin	g it is placed into the Dish-	machine	to. E washed then Allowed to a	air dry					
37	Condensation on ceilir	ng of brea	akfast freezer and retail free	ezer - fros	st!						
	Ingredients by request										
	Reminder to date mark when opening if not using within 24 hrs										
W	Time to sand or replace cutting board one side - flipped over										
	Upright hot holding -so	right hot holding -scrambled eggs 149 F									
	Hot water at three comp 128										
	Sanitizer in three com	o -200 pp	om								
33	Dishmachine - not turning labels - thermo gauge is reading 185 so will call put someone to confirm from compan										
46	Hot water to be adjusted in restrooms 72 F currently and should be 100 F										
W	Watch reuse of cardbo										
Using threeComp sink for warewashing until machine is confirmed to be sanitizing											
	Manager will and manager of asymptons for all was the control of										
	Manager will send me pics of corrections for city works										
Received (signature)	See abov	e	Print:		Title: Person In Charge/ Owner						
Inspected (signature)		ıtríck	Print:			1					
	- 1				Samples: Y N # collecte	ou .					