Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Da 1		1/2	n:	22	Time in: Q·40	Time out: 10:30		License/Po							Est. Type Risk Category Page 1 of 2
Purpose of Inspection: 1-Routine 2-Follow Up					3-Complai	5-CO/Construction 6-Other TOTAL/SCORE									
Establishment Name: Cont Jimmy John's Dea						Dear	act/Owner Name: Imes Davis							* Number of Repeat Violations: Vumber of Violations COS: se trap : Follow-up: Yes / 10/90/	
Physical Address: 2785 Ridge Rockwall, TX Pest control: owner to provide							provide		Ho n/a			JG JG	rease STS	se trap : Follow-up: Yes I U/90/F 6/250 gal/6mo No I	
Ma					tatus: Out = not in con points in the OUT box for e	nphance each numbered i		Mark '		eckm	ark in	appı	opria	te bo	pplicable COS = corrected on site R = repeat violation W-Watch ox for IN, NO, NA, COS Mark an in appropriate box for R tive Action not to exceed 3 days
Co	Compliance Status O I N N C Time and Temperature for Food Safety						R	_	ompl		e Stat		The fellow hor to exceed a tays		
Ŭ T	N O A O S (F = degrees Fahrenheit)					У		U T	N	o	Employee Health				
	~	1. Proper cooling time and temperature								~				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 eyes, nose, and mouth
	3. Proper Hot Holding temperature(135°F)												Preventing Contamination by Hands		
		4. Proper cooking time and temperature								~				14. Hands cleaned and properly washed/ Gloves used properly Gloves used	
			~		5. Proper reheating proce Hours)	edure for hot he	olding (16	5°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 Heal	Ith Control; pro	ocedures &	k records							Highly Susceptible Populations
					Арр	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required NO EQGS
	/				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										Chemicals
	_				Sysco 8. Food Received at proper temperature										17. Food additives; approved and properly stored; Washing Fruits & Vegetables
					check at recei	pt from Contami	ination				'				water only 18. Toxic substances properly identified, stored and used
	~				9. Food Separated & propreparation, storage, disp	food							Water/ Plumbing		
3				~	10. Food contact surface Sanitized at100_ p	es and Returnab opm/temperatur	oles ; Clear re	ned and		3				-	19. Water from approved source; Plumbing installed; proper backflow device
	11. Proper disposition of returned, previously served or reconditioned discarded							~				20. Approved Sewage/Wastewater Disposal System, proper disposal			
				-	Prio	wity Founds		(A.D.)		. ,	tions	Dag		~	
0	Т	N	N	С	1110	nity Founda	ation Ite	ms (2 Po	_	_	_	_		_	rrective Action within 10 days
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	e/ Personn	el	R R	O U T	I	N O	N A	C O S	Food Temperature Control/ Identification
		N O		О	Demonstration 21. Person in charge pre and perform duties/ Cert 3	of Knowledge esent, demonstratified Food Ma	e/ Personn ration of ki	el nowledge, sted	_	O U	I	N	N	C 0	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
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Retail Food Establishment Inspection Report

Received by: (signature) Ryan Smith	Print: Ryan Smith	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

-												
	ment Name: Ny John's	Physical A	ddress: Ridge	City/State: Rockwall, T	Y	License/Permit # FS-9292	Page <u>2</u> of <u>2</u>					
JIIIIII	ly John S	2703	TEMPERATURE OBSERVA			1 3-3232						
Item/Loc	cation	Temp F	Item/Location	Temp F Item	/Locat	tion	Temp 1					
cold to	op/ham	37	cheese	41								
	turkey	39	WIC/ambient	-2								
	roast beef	40										
CL	ut tomatoes	37										
cold	top below/ham	38										
	turkey	37										
reac	h in cooler/salami	39										
<u> </u>	VIC/salami	40										
Item	AN INSPECTION OF VOLD FO		SERVATIONS AND CORRECT		то тт	IE CONDITIONS OBSER	VED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 100+F											
	3 comp sink 114 F											
10			chlorine sanitizer, must									
10	Sani bottle at 0 ppm chlorine sanitizer, must be 100 ppm chlorine sanitizer. COS											
	Other sani bottle setup to 100 ppm chlorine sanitizer											
19			et continuously. Need t									
32			ere badly scored/discol	ored								
W	Watch ice accumulation in WIC at condenser											
37	/1											
W	Soda/tea nozzles WRS daily 1 Fruit fly/need to see current pest control invoice											
	1 Fruit fly/need to see current pest control invoice No raw meats											
	Cookies labeled cor	rectly										
	Slicers WRS after u											
37			nter on customer side t	o prevent co	ntai	mination						
46	•		ପ୍ର 62 F. Minimum is 100 F/wa	•			uced					
	,					<u> </u>						
Received (signature)	` •		Print:			Title: Person In Charge/						
	Ryan Smith		Ryan S	mith		Manager	,					
Inspected (signature)		tez, 1	RS Christy C	ortez. RS	\mathbf{s}							
Form EH 0	6 (Revised 09-2015)	υ, .		,		Samples: Y N #	# collected					