	Retail Food Establishment Inspection Report First aid kit ✓ First aid kit Allergy policy ✓ Time in: Time out: License/Permit # Est. Type Risk Category																
Date: Time in: Time out: License/Point 2/2/2021 10:45 12:10 FOO								2	1				Est. Type Risk Category Page <u>1</u> of	2			
Purpose of Inspection: 🗸 1-Routine 🚺 2-Follow Up 🛄 3-Complain						int			nves	tiga	tion	1	5-CO/Construction 6-Other TOTAL/SCO	RE			
Establishment Name:Contact/Owner NJoe Willy's Market & GrillRick Bessir													* Number of Repeat Violations: ✓ Number of Violations COS:	/D			
Physical Address: Pest control : 206 S Goliad Rockwall, TX Prime Pest/2x mo						onth		Hoo i ro /			reas mb	e trap : Follow-up: Yes → 12/88/	0/D				
Compliance Status: Out = not in compliance IN = in compliance NO = r										NA	= no poria	ot ap	pplicable $COS = corrected on site R = repeat violation W- Wattox for IN, NO, NA, COS Mark an \times in appropriate box for R$	ch			
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days												r					
0 U	I N	N O A O Time and Temperature for Food Safety						0 U	I N	N O A O		С	Employee Health				
Т				S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature	Н		Т				S	12. Management, food employees and conditional employees;				
	~				2. Proper Cold Holding temperature(41°F/45°F)	\square	knowledge, responsibilities, and reporting 12 Proper use of restriction and evolutions N						13. Proper use of restriction and exclusion; No discharge from				
	~						✓ 13. Proper use of restriction and exclusion; No e eyes, nose, and mouth						· ·				
	~				3. Proper Hot Holding temperature(135°F)		Preventing Contamination b						Preventing Contamination by Hands				
	~				4. Proper cooking time and temperature			3					14. Hands cleaned and properly washed/ Gloves used properly				
3					5. Proper reheating procedure for hot holding (165°F in 2 Hours)				~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED $Y_{}N_{}$)				
F	~		<u> </u>		6. Time as a Public Health Control; procedures & records	+						Highly Susceptible Populations					
	Approved Source								~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
					7. Food and ice obtained from approved source; Food in		_		<u> </u>				eggs cooked				
	~				good condition, safe, and unadulterated; parasite destruction Sysco/US Foods								Chemicals				
-					8. Food Received at proper temperature	+		1					17. Food additives; approved and properly stored; Washing Fruits				
	~				check at receipt				~				& Vegetables water only				
	1				Protection from Contamination 9. Food Separated & protected, prevented during food				~				18. Toxic substances properly identified, stored and used				
	~				preparation, storage, display, and tasting							Water/ Plumbing					
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature	Π	Ē		~				 Water from approved source; Plumbing installed; proper backflow device 				
	~				11. Proper disposition of returned, previously served or reconditioned discarded	$\left \right $	_		~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
					Priority Foundation Items (2 Po) viol						rrective Action within 10 days				
O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Personnel	R		O U T	I N	N O	N A	C O S	Food Temperature Control/ Identification	R			
	۲				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 3				~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	~				22. Food Handler/ no unauthorized persons/ personnel	Π			~				28. Proper Date Marking and disposition				
			Safe Water, Recordkeeping and Food Package Labeling				~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips						
					23. Hot and Cold Water available; adequate pressure, safe	T							digital Permit Requirement, Prerequisite for Operation				
					24. Required records available (shellstock tags; parasite	\square	Ţ						30. Food Establishment Permit (Current/insp report sign posted)				
	~				destruction); Packaged Food labeled Conformance with Approved Procedures			W					Need current/2020 displayed Utensils, Equipment, and Vending				
							_										
	~				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions				~				31. Adequate handwashing facilities: Accessible and properly supplied, used				
	~				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized			2	~								
	~				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			2	~ ~				supplied, used 32. Food and Non-food Contact surfaces cleanable, properly				
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Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: (signature) see below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Joe Willy's Market & Grill		Physical A 206 S	Goliad	City/State: Rockwa	II, TX	License/Permit # FOOD5121	Page_	2 of <u>2</u>			
Item/Loc	action	Temp F	TEMPERATURE OBSERVA	TIONS Temp F	Item/Locat	ion		Temp F			
		_					ant				
WIC/v		38 38/39	reach in ranch cooler /ranc	00	ice cream freezer ambier condiment glass front/cut tomato			4 36			
	ot dogs/pico	39	reach in freezer ambien	-				147/148			
unuci		36		-	hot pot water tem		ιμ				
cold	chicken		hot pots/ gravy								
	top/cut tomatoes	40	mushroom grav								
	Inder/salsa	39	chicken off of gri								
	l cold top/raw beef	36	ice cream hand sin	(125 F 41							
2 00	or freezer ambient	9	milk in ice	IG							
Item	AN INSPECTION OF YOUR ES		SERVATIONS AND CORRECT NT HAS BEEN MADE. YOUR ATTEN			E CONDITIONS OBSERV	/ED AN	D			
Number	NOTED BELOW:				0122 10 11			2			
	Hand sink 100+ F										
	3 comp sink 110+ F		1								
	Dishwasher 100 pp						- 4 -				
14	-		ing building before preppir	g. or atte	er RR, cie	aning, mopping, e	etc				
45	Maintenance to gap										
	Sani bucket 200 ppm quats No self serve condiment bar, everything pre-packaged, single serve only										
47			additional dining area. Sto				loon				
5	-		hours. Use ovens, sto	-	-		lean				
5											
	Will reheat Mushroom gravy to 165 within 2 hours of initial out of WIC Ice cream scoops WRS every 4 hours										
34	Gap at back door	1110 011									
32		I front co	ounter/rusty shelves the	ouahout							
W	Sign for consumer										
W			5 must hot hold at 135								
45	Clean walls, floors										
42		n equipn	nent, shelves, inside c	olers							
_							_				
Received (signature)				amire	ΞZ	Title: Person In Charge/	Owner				
Inspecte (signature)		orto	Christy	Cort							
Form EH-0	6 (Revised 09-2015)					Samples: Y N #	collecte	d			