Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

		10:10)F	License/Permit # FS-0003132 3-Complaint 4-Investigation 4							Est. Type Risk Category Page 1 of 2	<u> </u>				
Es	tabli	ishm	nent	Nan		2-Follow		- Complai /Owner N		4-	-Inve	stiga	ation	1	5-CO/Construction 6-Other TOTAL/SCOR * Number of Repeat Violations:	КE
Ph	ysic	al A	ddre	ess:	Snowfox Sushi Rockwall, TX		Pest control V Grocery			Ho n/a					e trap : Follow-up: Yes V	1
		Com	plia	nce S	Status: Out = not in cor	mpliance IN = i	in compliance	NC) = not	obser	rved		1 = n	ot ap	plicable COS = corrected on site R = repeat violation W-Watch	h
					points in the OUT box for Prior					ire In	nmec	liate	Cor	recti	ox for IN, NO, NA, COS Mark an X in appropriate box for R ive Action not to exceed 3 days	
O U	mpli I N	iance N O	N A	C	Time and Tem			,	R	U	N	iance N O	Stat N A	C	Employee Health	R
Т				S	1. Proper cooling time a	grees Fahrenh nd temperatur				Т				S	12. Management, food employees and conditional employees;	
	~				2. Proper Cold Holding	temperature(4	41°F/ 45°F)			-	-				knowledge, responsibilities, and reporting 13. Proper use of restriction and exclusion; No discharge from	
	~				2. Troper cola molanig	temperature ()					~				eyes, nose, and mouth	
		~			3. Proper Hot Holding to										Preventing Contamination by Hands	
		~			Proper cooking time a Proper reheating proc	•		○E :n 2		-	~				14. Hands cleaned and properly washed/ Gloves used properly Gloves used 15. No bare hand contact with ready to eat foods or approved	
		~			Hours)	edure for not	noiding (163	F III Z			~				alternate method properly followed (APPROVED Y. N.)	
	~				6. Time as a Public Heal	lth Control; pr	rocedures &	records							Highly Susceptible Populations	
					Арр	oroved Source	ce				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required NO eggs	
					7. Food and ice obtained good condition, safe, and			ood in								
	~				destruction JFC/Di										Chemicals	
	/				8. Food Received at pro		ıre				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
		<u> </u>				from Contan	mination			3				~	18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & propreparation, storage, dis		_	ood							Water/ Plumbing	
	/				10. Food contact surface Sanitized at I			ed and			~				19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition of reconditioned		eviously serve	ed or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
					reconditioned disca		dation Itan	(2 D.:		viola:	tions	Pag	wina	C		L
							uanon men	ns (<i>2</i> Poi	nts) i	viviui		ney	une	Cor	rective Action within 10 days	
O U T	I N	N O	N A	0 0	Demonstration				R R	O U	I N	N O	N A	C O	rective Action within 10 days Food Temperature Control/ Identification	R
O U T		N O			Demonstration 21. Person in charge pre and perform duties/ Cert	of Knowledg	ge/ Personnel	l owledge,	_	0	I N	N	N	С	·	R
	N	N O		О	21. Person in charge pre	of Knowledgesent, demonstratified Food M	ge/ Personnel stration of kno lanager/ Post	l owledge, ed	_	O U	J N	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to	R
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

	ment Name: er 574 Snowfox Sushi	Physical A	ddress: N Goliad	City/State: Rockwall, TX	FS-0003132	Page <u>2</u> of <u>2</u>						
			TEMPERATURE OBSERVA									
Item/Loc		Temp F	Item/Location	Temp F Item/Loc	ation	Temp F						
under o	counter cooler/pot stickers	38	WIC ambient	26								
under	counter freezer ambient	4	WIF ambient	3								
cool	er drawers/crab	36	sushi display ambient	34								
СО	ld wells/crab	40										
	shrimp											
ten	npura shrimp	34										
ι	under/tuna	38										
	crab	33										
•		OF	SERVATIONS AND CORRECT	IVE ACTIONS		ı						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	•	uipped.	Need to post employee	health poster		_						
	3 comp sink 112F	20										
	sani sink setup to 20		•									
	pH records kept/cur	•	· · · · · · · · · · · · · · · · · · ·									
	pH meter and testin											
	Gloves used for all	•		10 Cl -								
40	Letters of parasite destruction from Dr Fish and FJC on file											
18												
45	Bottle filler from dispenser over 3 comp sink in deli dispensing well over 400ppm. To repair/calibrate Need to clean floor drains/food debris											
	Saran changed at least every 4 hours											
			labeled and with cons	umer advisory v	where needed							
Received (signature)			Lily Sar	า	Title: Person In Charge/ Manager	Owner						
Inspected (signature)		ten 1	Print: Christy C									
Form FIL 0	6 (Revised 09-2015)		or inoty o		Samples: Y N #	collected						