## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

					Time in:	Time out:			nse/Permit #						Est. Type Risk Category Page 1 of 2	<u> </u>
8/5/2020   10:56  Purpose of Inspection:  1-Routine				11:46 FS-803 2-Follow Up 3-Complaint									5-CO/Construction 6-Other TOTAL/SCOR			
Es	tabli	ishm	ent :	Nam		2-Follow (		act/Owner N			-11176	suga	411011		* Number of Repeat Violations:  Vumber of Violations COS:	æ
Ph	vsic	al Ac	ddre	ess:	•		est contro			Ho		inon			e trap: Follow-up: Yes 🗸 6/94/A	١
	,	Comp	plia	ice S	ad Rockwall, TX  tatus: Out = not in cor	mpliance IN = in	main ir	ice No	$\mathbf{O} = \mathbf{not}$	obser	rved	N/	<b>1</b> = n	ot ap	pplicable COS = corrected on site R = repeat violation W-Watch	h
Ma	rk tl	he app	prop	riate	points in the OUT box for Prior										ox for IN, NO, NA, COS Mark an X in appropriate box for R tive Action not to exceed 3 days	
Compliance Status  O I N N C			N	C	Time and Temperature for Food Safety				R	О		N	N	С	F 1 W 11	R
T T	N	О	A	O S		egrees Fahrenhe	eit)			T		0	A	o S	Employee Health  12. Management, food employees and conditional employees;	
	~				1. Froper cooling time a	and temperature	•				~				knowledge, responsibilities, and reporting	
	~				2. Proper Cold Holding	temperature(41	l°F/ 45°F)	)			~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
			~		3. Proper Hot Holding to	emperature(135	5°F)								Preventing Contamination by Hands	
	~				4. Proper cooking time a	and temperature	e		Ħ		~				14. Hands cleaned and properly washed/ Gloves used properly	
			~		5. Proper reheating proc Hours)	cedure for hot h	olding (1	65°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	lth Control; pro	ocedures	& records	Н						Highly Susceptible Populations	
	•					1.0									16. Pasteurized foods used; prohibited food not offered	
					•	proved Source		T 1:							Pasteurized eggs used when required eggs cooked	
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction								Chemicals			
	~				8. Food Received at pro	per temperature	e				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					Protection	from Contami	ination				~				18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & propreparation, storage, dis	otected, prevent	ted during	g food			1-				Water/ Plumbing	
	_				10. Food contact surface	es and Returnab	oles ; Clea	aned and	Н		T				19. Water from approved source; Plumbing installed; proper	
	~				Sanitized at						~				backflow device	
	~				11. Proper disposition o reconditioned	of returned, prev	viously se	rved or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
				_												
0	T	N	N	С	Pric	ority Founda	ation It	ems (2 Po	_	_	_	_		_	rrective Action within 10 days	D
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	e/ Personi	nel	ints) 1	o U T	I N	Req N O	nire N A	C C O S	Food Temperature Control/ Identification	R
		N O		O	Demonstration 21. Person in charge preand perform duties/ Cer	of Knowledge	e/ Personi	nel knowledge,	_	O U	I N	N	N	C 0		R
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## **Retail Food Establishment Inspection Report**

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below (signature)	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: er #575 - Bakery	Physical A Ridge	ddress: e Road	City/Si		II, TX	FS-8031	Page <u>2</u> of <u>2</u>				
			TEMPERATUR	E OBSERVATION	S							
Item/Loc		Temp F	Item/Location	Te	emp F	Item/Loca	tion	Temp				
WIC a	ambient	34										
W	/IF ambient	-14										
Gourr	net cake case ambient	35.9										
cake	e case ambient	31-38										
cake is	sland on defrost ambient	43-47										
mod	chi case ambient	-6.4										
Freeze	er glass front case ambient	-6.3										
T.		OB	SERVATIONS AND	CORRECTIVE A	CTION	S						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	front hand sink 129											
	3 comp sink 127											
	dishwasher sanitizi	ng per te	emp rite strips									
	dishwasher hand sink 100+											
W	Watch floor hose/sp	orayer a	djacent to clea	n dish side o	f 3 co	omp sir	ık					
37	Condensation in WIF											
42	General cleaning and organizing of shelves											
34	Fruit flies											
	Gloves used by all employees for all ready to eat/packaging											
	Sani spray at 200 ppm quats											
	Self serve donuts. Allergen disclaimer. Ingredients upon request. Tissues used for handling.											
	Cake island on defrost. will followup on temps.											
	Mochi all individual	ly wrapp	ed now. All in	gredients liste	ed in	packag	e.					
	Bolillo case. Discu	ssed WI	RS tongs ofter	n. Ingredients	upoi	n reque	est.					
	All packaged breads, muffins with dates and ingredients listed.											
32	Discussed using a		e surface not i	ncluding wicl	ker.							
45	Broken tiles, baseb											
45	Clean floors under equipment											
	Covid-19 Response. On main Insp report. Refer to corporate policies.											
Received	•	e. On m	ain insp repor	ı. Reier to co	pora	ate poll	CIES. Title: Person In Char	ge/ Owner				
(signature)				chael O'l	Brie	en		g - ···				
Inspecte (signature)	d by:	, ,	Print:		4							
. 5	CM isty C	orte	g⁄∣ Ch	risty C	ort	ez	Samples: Y N	# collected				