

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

| | | | | | | |
|----------------------------|-------------------------|--------------------------|------------------------------------|---------------------------|---------------------------|---------------------------|
| Date: 04/15-2023 | Time in: 4:23 | Time out: 5:27 | License/Permit # FS 9203 | Food Managers 1 | Food Handlers 1 | Page <u>1</u> of <u>2</u> |
|----------------------------|-------------------------|--------------------------|------------------------------------|---------------------------|---------------------------|---------------------------|

| | | | | | | |
|--|--|--|---|--|---|--|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other <input type="checkbox"/> TOTAL/SCORE | | | | | | |
| Establishment Name: Lake pointe church cafe | | | Contact/Owner Name: Lakepointe | | * Number of Repeat Violations: ____ ✓ Number of Violations COS: ____ | |
| Physical Address: I-30 | | | Pest control : Rockwall 04/2023 | | Hood Na | |
| | | | Grease trap / waste oil : Les | | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pics | |
| 6/94/A | | | | | | |

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch
 Mark the appropriate points in the OUT box for each numbered item Mark ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ in appropriate box for R

| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | |
|---|----|----|----|-----|--|---|-----|----|----|----|-----|---|---|--|--|
| Compliance Status | | | | | Compliance Status | | | | | | | | | | |
| OUT | IN | NO | NA | COS | Time and Temperature for Food Safety (F = degrees Fahrenheit) | R | OUT | IN | NO | NA | COS | Employee Health | R | | |
| | | | | | 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 | | | |
| | | | | | Discarded all TCS | | | | | | | To post at all | | | |
| | | | | | 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 | | | |
| | | | | | 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.) | | | |
| | | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | Highly Susceptible Populations | | | |
| | | | | | Approved Source | | | | | | | | | 16. Pasteurized foods used; prohibited food not offered | |
| | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | Chemicals | | | |
| | | | | | Ben e Keith | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | |
| | | | | | 8. Food Received at proper temperature | | | | | | | 18. Toxic substances properly identified, stored and used | | | |
| | | | | | Taking at receipt / oak farms | | | | | | | Water/ Plumbing | | | |
| | | | | | Protection from Contamination | | | | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | |
| | | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | City approved | | | |
| | | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature | | | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | |
| | | | | | 11. Proper disposition of returned, previously served or reconditioned | | | | | | | | | | |
| | | | | | Discarded | | | | | | | | | | |

| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | | | |
|--|----|----|----|-----|--|---|-----|----|----|----|-----|--|---|--|--|
| Compliance Status | | | | | Compliance Status | | | | | | | | | | |
| OUT | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel | R | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R | | |
| | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | |
| | | | | | 1 | | | | | | | Watch hot bar | | | |
| | | | | | 22. Food Handler/ no unauthorized persons/ personnel 1 and all others are volunteers | | | | | | | 28. Proper Date Marking and disposition | | | |
| | | | | | 1 | | | | | | | Plans Discard milk etc on Sunday | | | |
| | | | | | 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 | | | | | | | Permit Requirement, Prerequisite for Operation | | | |
| | | | | | See | | | | | | | 30. Food Establishment Permit (Current/ insp sign posted) | | | |
| | | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | | Posted and posted sign separate | | | |
| | | | | | Muffins handed to customers | | | | | | | Utensils, Equipment, and Vending | | | |
| | | | | | Conformance with Approved Procedures | | | | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | | Equipped | | | |
| | | | | | Consumer Advisory | | | | | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label Ingredients available by request | | | | | | | Watch white shelves inside coolers | | | |
| | | | | | 1 | | | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | |
| | | | | | 122 F / sanitizer at 200 ppm | | | | | | | | | | |

| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | | | | | | | | | | |
|--|----|----|----|-----|--|---|-----|----|----|----|-----|---|---|--|--|
| Compliance Status | | | | | Compliance Status | | | | | | | | | | |
| OUT | IN | NO | NA | COS | Prevention of Food Contamination | R | OUT | IN | NO | NA | COS | Food Identification | R | | |
| | | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | | | | | 41. Original container labeling (Bulk Food) | | | |
| | | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | Physical Facilities | | | |
| | | | | | Watch hats etc | | | | | | | 42. Non-Food Contact surfaces clean | | | |
| | | | | | 36. Wiping Cloths; properly used and stored | | | | | | | See | | | |
| | | | | | To store in sanitizer when not in use | | | | | | | 43. Adequate ventilation and lighting; designated areas used | | | |
| | | | | | 37. Environmental contamination | | | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | |
| | | | | | Watch in freezer | | | | | | | Watch | | | |
| | | | | | 38. Approved thawing method | | | | | | | 45. Physical facilities installed, maintained, and clean | | | |
| | | | | | Cooler or rt | | | | | | | See | | | |
| | | | | | Proper Use of Utensils | | | | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | | | | |
| | | | | | Watch co2 tanks | | | | | | | | | | |
| | | | | | 40. Single-service & single-use articles; properly stored and used | | | | | | | 47. Other Violations | | | |
| | | | | | 1 | | | | | | | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|---|--------|--------------------------------|
| Received by: Anne Shields | Print: | Title: Person In Charge/ Owner |
| Inspected by: <i>Kelly Kirkpatrick RS</i> <small>(signature)</small> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|---|----------------------------------|--------------------------------|---------------------------------|-------------|
| Establishment Name: Lakepointe cafe | Physical Address: I-30 | City/State: Rockwall | License/Permit # 9203 | Page 2 of 2 |
|---|----------------------------------|--------------------------------|---------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|------------------|--------------|--|--------------|---------------|--------|
| Cooler cold 1 | 36 | Beverage cooler in kitchen | 35 | | |
| Hot bar | 54 | Milk cooler | 34 | | |
| Milk /1/2 | 54/57 | Milk | 36 | | |
| Bev cooler sodas | 35 | Freezer HTT | 11 | | |
| Water units | Na | 1/2 and 1/2 at self serve | 41/39 | | |
| Cold 2 | 32 | <small>Creamers are replaced several time during service p</small> | | | |
| Hot 2 | 36 | | | | |
| Milk | 39 | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| | |
|-------------|--|
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: temps in F |
| | Hot water 108 to 121F |
| 02 | Door to hot bar not closed when arriving - to adjust door as all Tcs foods were discarded at 54 F |
| Cos | Need thermo in warmest location |
| W | Watch inside cabinets dark Formica difficult to see |
| | Only serving muffins and donuts non Tcs |
| | Using tongs for muffins placed on plates and heated in microwave |
| | No hand contact directly |
| | Sanitizer 200 in bucket - discussed microfibers and cotton and quats binding - wet first |
| | Discussed STIRR holder |
| | Using laser and digital |
| | Work on keeping thermos by door |
| W | Address shelving where needed in coolers |
| W | Address small amount of ice in freezer and use pan to hold if this is part of defrost |
| 42 | Time to deep clean rubber mats on shelving under coffee pots |
| | Ingredients by request \ discussed allergens |
| 47 | To secure co2 tanks ... |
| | Drains cleaned monthly |
| | Ice machine cleaned weekly |
| | Reminder shelving to be 6 inches from floor |
| | Also using quats no rinse wipes -200 ppm tested |
| | Hot bar 1 lowered to 41 at exit and turned down further -to monitor for freezing |
| Cos | Watch plastic fork storage - invert |
| 42/45 | Minor cleaning inside all cabinets and all coolers and under shelving in dry storage |
| | |
| | |
| | |
| | |

| | | |
|--|--------|--------------------------------|
| Received by: See above <small>(signature)</small> | Print: | Title: Person In Charge/ Owner |
| Inspected by: <i>See above</i> <small>(signature)</small> | Print: | Samples: Y N # collected |

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