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
Allergy policy/training Vomit clean up Employee health
Employee health

Date: 12/07/2020		20	Time in: 3:41	Time out: <b>4:15</b>		Permit # 9342						Limited Risk Category Low  Page 1 of 2	2_			
										1	5-CO/Construction 6-Other TOTAL/SCO	RE				
						Contact/Owner Lakes region		:					* Number of Repeat Violations: ✓ Number of Violations COS:	_		
Ph	Physical Address: Pest control:					est control :		Hood Grease						4		
Airp	Airport $\frac{\text{Monday / Versacore}}{\text{Compliance Status:}} \frac{\text{IN} = \text{in compliance}}{\text{Out} = \text{not in compliance}} \frac{\text{IN} = \text{in compliance}}{\text{NO}}$							N/O Na ot observed $NA = not$					No N	lation W-Watch		
Ma	rk tl	he ap	prop	riate	points in the OUT box for	or each numbered i	item Ma	rk X in app	oropri	iate bo	ox fo	r IN,	NO,	NA, COS Mark an in appropriate box for R	:n	
Cor	mpli	iance	e Stat	tus	Pri	ority Items (3	Points) violatio	ns Requi	_	nmea Compl				ive Action not to exceed 3 days		
O U				R		O I N		N C								
T	(F = degrees Fahrenheit)  1. Proper cooling time and temperature				T		Ť	A	Š	12. Management, food employees and conditional employees;						
	1. Frojet cooming time and temperature					~				knowledge, responsibilities, and reporting						
		2. Proper Cold Holding temperature(41°F/ 45°F)				<u> </u>				13. Proper use of restriction and exclusion; No discharge from	H					
	~	See				~				eyes, nose, and mouth Posters in dry storage						
	3. Proper Hot Holding temperature(135°F)		5°F)							Preventing Contamination by Hands						
	4. Proper cooking time and temperature		e			1				14. Hands cleaned and properly washed/ Gloves used properly						
	5. Proper reheating procedure for hot holding (165°F in			olding (165°F in 2							15. No bare hand contact with ready to eat foods or approved	T				
	Hours)						V			alternate method properly followed (APPROVED Y. N. )						
		/			6. Time as a Public He	ealth Control; pro	ocedures & record	s						<b>Highly Susceptible Populations</b>		
					Α.	pproved Source				./				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
														None today		
					7. Food and ice obtain good condition, safe, a									Chemicals		
ľ					destruction									Chemicals		
					8. Food Received at pr		e			.,				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					To always che	eck ———				•				Water only		
	Protection from Contamination				3					Toxic substances properly identified, stored and used     To label and always use test strips						
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									Water/ Plumbing						
	No raw on site  10. Food contact surfaces and Returnables ; Cleaned and			+		Π				19. Water from approved source; Plumbing installed; proper						
3	Sanitized at _N/O_ ppm/temperature Clean interior ice machine		ie					backflow device								
	11. Proper disposition of returned, previously served or									20. Approved Sewage/Wastewater Disposal System, proper	T					
					reconditioned			$\perp \perp$		~				disposal		
0	I	N	N	С	Pr	iority Founda	ation Items (2)	Points) v	iolai O		Req	uire N	Cor	rective Action within 10 days	R	
Ŭ	N	0	A	o s	Demonstratio	on of Knowledge	e/ Personnel		U T	N	0	A	o s	Food Temperature Control/ Identification		
_														27. Proper cooling method used; Equipment Adequate to		
	/				21. Person in charge p and perform duties/ Ce			э,		1						
	<b>'</b>				and perform duties/ Co	ertified Food Ma	nager (CFM)	2,		/				Maintain Product Temperature		
	<b>'</b>					ertified Food Ma	nager (CFM)	2,		<b>'</b>	<u> </u>			Maintain Product Temperature  28. Proper Date Marking and disposition  Prepping for that day		
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: (signature) Balvinder Cantu	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: s Regional	Physical Address: 1525 airport		City/Stat Rock		License/Permit # Page 2 of 2						
			TEMPERATURI	E OBSERVATIONS								
Item/Loc		Temp F	Item/Location	Tem	p F Item/I	Location	Temp I					
2 door	cooler	31										
l Jr	right freezer	2/4										
<u> </u>	rigitt iroozor	<i>L</i> , 1										
		03	DOEDN'A TIONG AND	CORRECTIVE	TIONG							
Item	AN INSPECTION OF YOUR ES		BSERVATIONS AND ENT HAS BEEN MADE.			O THE CONDITIONS OBSE	ERVED AND					
Number	NOTED BELOW:											
	Kitchen is not in use curr	ently as a	II the individuals that	attend facility are	now home	e bound due to covid a	and using zoom					
	Hot water - 120											
	Not using Dishmachin											
_	Deep cleaning of kitch	nen will b	e done before us	ing								
45	To include air vents											
W	Will check Dishmachin		•									
W	Will detail clean ice machine interior new code starting back up											
	Dial thermo is being used and appears to be calibrated											
10	Supplies for setting up three compartment sink are on site - discussed using quats or bleach and not both											
<ul> <li>Label spray bottles and store we belowGloves and use and mix per label</li> <li>Clean interior of ice machine / sanitizer over 200 ppm To dilute</li> </ul>												
29	Clean interior of ice machine / sanitizer over 200 ppm To dilute											
23	Need quats test strips											
	-		T = -			Lance -						
Received (signature)	Soo Ahou	10	Print:			Title: Person In Charg	ge/ Owner					
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Inspected (signature)		atici al	Print:									
	newy numpe	mr ux	~ NJ			Samples: Y N	# collected					