\$50.00 reinspection fee required after 1st Followup

Retail Food Establishment Inspection Report City of Rockwall

✓ First aid kit
Allergy policy/training
Vomit clean up Employee health
Employee health

01/	። /11	/2	02	22	Time in: 3:45	Time out: 4:26		Permit # 9301		ee	d	20	22	Food handlers Food Managers New within 30 days 1 Page 1 of 2	2_
Pur	pose	e of I	İnsp	ect	tion: 1-Routine	2-Follow U	Jp 3-Comp	olaint	_	Inve				5-CO/Construction 6-Other TOTAL/SCOI	RE
Esta Little					e:		Contact/Owne Johns	er Name:						* Number of Repeat Violations: Vumber of Violations COS: 9/91/A	۸
Phys 2135				s:		Ter	est control : minex need info		Ho Nee	od ed info	0			e trap : Follow-up: Yes 7 9/9 1/7	1
Mark	Co	ompl	iano	ce St	tatus: Out = not in co points in the OUT box for	mpliance IN = in	compliance tem Mar	NO = not						plicable $COS = corrected on site R = repeat violation W-Watco$	h
									re In	nmed	liate	Corr	recti	ive Action not to exceed 3 days	
0 1	Î [nce S N N O A	N	C O		perature for F		R	O		N O	N A	C O	Employee Health	R
Т				S	1. Proper cooling time a	egrees Fahrenhe and temperature	•		T				S	12. Management, food employees and conditional employees;	
	ı								W	~				knowledge, responsibilities, and reporting Poster needed at hand sink per new code	
·	/				2. Proper Cold Holding See	temperature(41	°F/ 45°F)			/				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
-	/			ł	3. Proper Hot Holding t Ambient / discarding wit	temperature(135	°F) 5 hrs			<u> </u>				Preventing Contamination by Hands	
	ı				4. Proper cooking time					~				14. Hands cleaned and properly washed/ Gloves used properly	
				Ì	5. Proper reheating prod Hours)	cedure for hot ho	olding (165°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	alth Control: pro	cedures & record	s						No hand contact with rte	
	·					, F		~		T				Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered	
					Ap	proved Source						~		Pasteurized eggs used when required	
·					7. Food and ice obtaine good condition, safe, ar destruction									Chemicals	
·	/				8. Food Received at pro	oper temperature	·					~		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					Protection	from Contami	nation			~				18. Toxic substances properly identified, stored and used Watch	
·					9. Food Separated & pr preparation, storage, dis									Water/ Plumbing	
١	1				10. Food contact surfac Sanitized at <u>200</u>	ppm/temperatur	re		3				·	19. Water from approved source; Plumbing installed; proper backflow device Clear drain that is not used / etc	
	ı				11. Proper disposition of reconditioned Disc	of returned, previ arded	iously served or		W	~				20. Approved Sewage/Wastewater Disposal System, proper disposal See above	
										4:	D				
				_	Pri	ority Founda	ation Items (2)							rective Action within 10 days	_
O I U I		N N O	4	C O S	Demonstration	of Knowledge	/ Personnel	R	oiolai O U T	I N	N O	N A	Cor O S	Food Temperature Control/ Identification	R
U 1		N N A	4		Demonstration 21. Person in charge pre and perform duties/ Cer 1 on Site	n of Knowledge/ esent, demonstra rtified Food Mar	/ Personnel ation of knowledge nager (CFM)	R	O U	I N	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Fernando Flores	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: Caesar's	Physical A Ridge		City/State: Rockwall	License/Permit # Fs 9301	Page <u>2</u> of <u>2</u>						
			TEMPERATURE OBSERVA			_						
Item/Loc		37	Item/Location	 	Item/Location	Temp						
Sev co	Sev cooler		Pizza rack	1 hr	Upright freeze	r 3:3						
ŀ	Hot holding		Pizza table									
	137-145		Sausage	33								
	WIC	34	Ham	34								
	Sauce	35	Cheese	37								
			Below dough	38								
			BSERVATIONS AND CORRECTI									
tem Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temps F	TABLISHMI	ENT HAS BEEN MADE. YOUR ATTEN	ΓΙΟΝ IS DIREC	TED TO THE CONDITIONS OBSERV	ED AND						
	Hot water in restroom	100										
	Hot water in kitchen a		110									
19	Sink sanitizer 200 ppm also in bucket Front hand sink was taken off floor drain and hub is slow draining old floor, drain is full of water so will need to be addressed											
	To be draining / back drains are draining at insp											
34	Back door to close tightly											
45			e comp									
 45 Time to resilicone behind three comp 42/45 Minor General detailed cleaning under behind around over etc shelving etc 												
12/45												
	Employee food is Stored separately											
W	Avoid using card board under oil											
29	Need to replace your battery to your thermo											
W	Reminder that flour etc should be tied up or sealed at night											
	Wings etc are precooked and recooked and placed into hot holding											
	Watch and address floor storage in WIC											
	 											
	Watch grout etc											
Received	by:		Print:		Title: Person In Charge/ (Owner						
signature)	See abov	/ e			Vison in Omige							
Inspected	See abou		Print:									
(signature)	Kollai Kirkho	atrick	RS Fint:									
	Receip Rui Apo		7 100		Samples: Y N #	collected						