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
Employee health

	ate:	3/2	20	21	Time in: 1:14	Time out: 2:09		License/Per							Est. Type Risk Category Page 1 of	2_
					tion: 1-Routine	2-Follow		3-Complain		4-]	Inves	stiga	tion		5-CO/Construction 6-Other V TOTAL/SCO	ORE
E	stabli	ishm	ent i	Nan			Contac	ct/Owner N	_						* Number of Repeat Violations: ✓ Number of Violations COS:	
_		Cae					Pest control	1:		Нос	od		Gr	rease	e trap : Follow-up: Yes 7	/B
		jacke					To provide							prov		
М	ark ti	Comp	pliai	nce S	Status: Out = not in co points in the OUT box for	mpliance IN =	= ın complianc red item	ce NO Mark M	not o						policable $COS = corrected on site$ $R = repeat violation W-Wa$ O, NA, COS Mark an \sqrt{n} in appropriate box for R	tch
										re Im	ımedi	iate	Cori	recti	tive Action not to exceed 3 days	
O	_	iance N	Sta	С	Time and Ten	anerature fo	or Food Safet	W.	R	Co		N	N	С		R
U T		О	A	o s	(F = d)	egrees Fahre	enheit)	y		U T	N	0	A	o s	Employee Health	
		•			1. Proper cooling time a See	and temperat	ture								12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
					Proper Cold Holding		(419E/ 459E)								13. Proper use of restriction and exclusion; No discharge from	_
	~				2. Proper Cold Holding	, temperature	(41 F/ 43 F)				/				eyes, nose, and mouth	
H		<u> </u>			3. Proper Hot Holding t Ambient temps good	temperature((135°F)								Policy and posting	
-					4. Proper cooking time										Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
		~						50E: 0			~				Gloves when required	
		/			Proper reheating prod Hours)	cedure for ho	ot holding (16	5°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
F					6. Time as a Public Hea Premade pizzas on carts	alth Control;	procedures &	k records							Y	
3	Ш				Premade pizzas on carts	s -set timer-	ôver 30 today	′							Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered	
					Ap	proved Sou	rce						/		Pasteurized eggs used when required	
					7. Food and ice obtaine			Food in								
	~				good condition, safe, an destruction	nd unadultera	ated; parasite								Chemicals	
					8. Food Received at pro	oner temperat	ituro								17. Food additives; approved and properly stored; Washing Fruits	
	~				To always che		uurc				/				& Vegetables	
					•	n from Conta	omination				. /				Prewashed 18. Toxic substances properly identified, stored and used	+
	l I				9. Food Separated & pr			food							Stored on own rack	
	/				preparation, storage, dis										Water/ Plumbing	
	/				10. Food contact surfac Sanitized at 200			ned and		W					19. Water from approved source; Plumbing installed; proper backflow device See below	
					11. Proper disposition of	of returned, p	previously serv	ved or							20. Approved Sewage/Wastewater Disposal System, proper	+
					reconditioned Disc	arded				3					disposal Drain under hand sink is not draining!	!
0	l T	N	N	C	Pri	ority Four	ndation Ite	ms (2 Poi							rrective Action within 10 days	
O U T		N O	N A	C O S	Pri Demonstration				nts) vi	olati O U T		Requ N O	N A	C C O S	rrective Action within 10 days Food Temperature Control/ Identification	R
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Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

	ment Name: Caesars	Physical A Yellow		City/State: Rockwa		ge <u>2</u> of <u>2</u>					
			TEMPERATURE OBSERVAT	TIONS							
Item/Loc		Temp F	Item/Location	Temp F	Item/Location	Temp					
Bottle	cooler	34	Wic		Pizza table						
F	Pizza portal		Sauce	36	Ham	28					
Ar	mbient temp	148/140	Veggies	39	Bacon	28					
	Warmers		Dough	37	Beef						
	Unit 1	139	Upright freezer	-6	Sauce	37					
	Unit 2	150			Inside mozz cheese						
	Unit 3	167			1110100 111022 0110000	7 00					
	Offic 5	107				-					
		OP	SERVATIONS AND CORRECTIVE	VE ACTION	NC .						
Item					NS CCTED TO THE CONDITIONS OBSERVED A	AND					
Number	NOTED BELOW:										
			nd sink in kitchen / hot wate		•						
				contact	 COVID listing - 1 minute cont 	act tim					
W	Address gaskets on w	armers w	here needed								
20	Drain under front hand	d sink is a	again not draining to call plu	ımber AS	SAP						
34	Gap at back door - bo	ttom to a	ddress and selfClosing								
W	Paper towels at back I	nand sink	are located on shelving un	it - to pla	ce into dispenser						
W	Front hand sink cannot be used therefore only sink available for all employees is the back hand sink for nov										
32	Replace utensils with	handles t	hat are badly scored etc								
	All other drains found	to be dra	ining freely								
39	Watch trash storage n	ear clean	dish rack								
	Premade pizzas ready	y to cook	are only made for 2 hrs wo	rth befor	e cooking - using tphc						
6	You will need to provide time labels as over 30 pizzas are being staged at this time										
	This will not be an issu	ue on a n	ormal day during lunch and	being ho	ours						
	Buckets of sanitizer-2	00 ppm q	uats								
32	Toss pans that are bad	dly coated	d and unable to clean where	e needed							
	No hand food contact of rte foods after cooking cut and placed onto box hands free										
42											
	air curtain is also being addressed per manager										
42			ous locations over pizza cut	ting area	too						
			ришен от	g							
					I						
Received (signature)	See ahou	<i>Ι</i> Δ	Print:		Title: Person In Charge/ Owner	er					
-	See abov Kelly Kirkpo		l n t :								
Inspected (signature)	1 by:	, / / _1.	Print:								
	Kewy Kurkpo	uruk	(KS		Samples: Y N # colle	-43					