

Additional followups
\$50.00 fee

Retail Food Establishment Inspection Report
City of Rockwall

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

Date: 07/22/2024	Time in: 1:15	Time out: 5:21	License/Permit # Food 5142	Food handlers <small>All within 30 days of hire</small> 2	Food managers 2	Page <u>1</u> of <u>2</u>
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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: Loves travel center			Contact/Owner Name: Love's		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____	
Physical Address: 1990 Ei-30 Rockwall Texas			Pest control : Orkin 6/12/2024		Hood See carls	
			Grease trap/ waste oil See carls		Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
17/83/B						

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	R	
				Time and Temperature for Food Safety (F = degrees Fahrenheit)		
		<input checked="" type="checkbox"/>				
3						
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Approved Source		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Protection from Contamination		
		<input checked="" type="checkbox"/>				
3						
		<input checked="" type="checkbox"/>				
				Employee Health		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Preventing Contamination by Hands		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Highly Susceptible Populations		
		<input checked="" type="checkbox"/>				
				Chemicals		
				<input checked="" type="checkbox"/>		
				<input checked="" type="checkbox"/>		
				Water/ Plumbing		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days						
Compliance Status				Compliance Status		
OUT	IN	NO	NA	COS	R	
				Demonstration of Knowledge/ Personnel		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Safe Water, Recordkeeping and Food Package Labeling		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Conformance with Approved Procedures		
				<input checked="" type="checkbox"/>		
				Consumer Advisory		
		<input checked="" type="checkbox"/>				
				Food Temperature Control/ Identification		
				<input checked="" type="checkbox"/>		
2						
		<input checked="" type="checkbox"/>				
				Permit Requirement, Prerequisite for Operation		
		<input checked="" type="checkbox"/>				
				Utensils, Equipment, and Vending		
		<input checked="" type="checkbox"/>				
2						
		<input checked="" type="checkbox"/>				

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	R	
				Prevention of Food Contamination		
1						
W						
		<input checked="" type="checkbox"/>				
1						
		<input checked="" type="checkbox"/>				
				Proper Use of Utensils		
		<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				
				Food Identification		
		<input checked="" type="checkbox"/>				
				Physical Facilities		
1						
		<input checked="" type="checkbox"/>				
1						
1						
1						
1						
1						

One bucket of sanitizer at soda station was corrected to be 200ppm

Currently selling both loves
and reddy ice bags

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Monica Luna	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Creamer unit 35 f

Two lines of taquitos being heated at insp
using a probe thermo to check temps

Establishment Name: Loves travel center	Physical Address: 1990 I-30	City/State: Rockwall	License/Permit # Food 5142	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Cold top ambient	35?	Ice cream. Upright freezer	-4.4	Condiment unit non Tcs ph controlled	54
Cut melons	41	Beer wic	36-39	Freezer for roller bites	3/8
Below / grated cheese	41	Main wic	40-46	Hot holding unit	
Bacon / chorizon	38/33	Freezer upright unit	11	Tacos	150
Upright coolers	57	Open air cooler	47	Corny dogs (using tphc)	121
(Not use)		Grilled cheese -ham and Swiss	46/47 days	Roller bites cooked from Frozen	140's
Chicken and steak cooler		Hot dog rollers		Hot dog cooler	38
Tapped tacos	41/41	143/136-9-140		Taquitos 136-150	

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: ALL TEMPS TAKEN in F
	Prep kitchen hot water at the three comp-110 / hand sink 124;
	All meats used for breakfast tacos are refined precooked frozen / thawed I. Cooler
	Upright cooler repair in service channels - not being used currently
42:45	General cleaning needed under behind and around equipment in prep area
28	Using 8 days instead of 7 days for date marking to adjust and get with company
	Digital nsf approved thermos used
	Test strips -2/2016 in date for quats
	Sanitizer at three compSink /200 ppm
	Gloves used to touch rte foods
	Taking temps with blue tooth that communicates with iPad 4 times per day
	Using Alto shaam oven to cook
46	Women's RR hot water at hand sinks 84 F and middle one hot water not during on at all - all to be 100 min
45	Mop sink area could use some tlc - grout issues allows for standing water and. Leaning issues
47	Reminder that floor storage under towel racks racks is not allowing for ease in cleaning in mop room
45/32	Maint needed to Walls around ice cream freezer
45 /43	Need to clean floor under racks in wic / and racks too
47	Need to eliminate floor storage under racks in wic
	Wic is holding 40-41 in Area of Tcs foods
	Other areas are up to .45 to have checked (non Tcs areas)
W	Avoid over stocking top shelves in Wic especially behind compressor boxes
42	To dust fan guards in wic and clean shelves too
47	Back room - reminder to eliminate floor storage of card board boxes to clean under shelving
02	Will have wic and and open air unit serviced to correct temps
47/32	To line baskets with plastic that are used for edible skin fruit / and change as needed / baskets should be washable making it easy to clean 🍌
10	Tongs for hot dogs wrs-2hrs / to scrub Ice dispenser tubes free of slime / discussed with Monica as is a food contact
42/45	To clean under soda station- / inside cabinets where needed
34	Back doors area not closing tightly - gap in between
44	Need to clean around dumpsters / and also need to clean around spent oil containers and do a better job of filling containers

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

Form EH-06 (Revised 09-2015)