Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:		~~	Time in:		License/Permit #							Est. Type Risk Category Page 1 of 2	2			
	1/19/2023 1:50 3:38 Purpose of Inspection:			FOOD5055 3-Complaint 4-Investigation						_						
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N Luigi's Italian Cafe Mario Smaj					ner Name		* Numbe					5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:				
Physical Address: 2002 Goliad Rockwall, TX Pest control: Latin/monthly/owner to set								Hood Grease trap : Follow-up: Yes V				e trap : Follow-up: Yes V	Α			
		Comp	plia	nce S	Status: Out = not in co	ompliance IN = in	compliance	NO = n	not ol				\ = n	ot ap	pplicable COS = corrected on site R = repeat violation W-Water	ch
Ma	ırk t	ne app	prop	riate	points in the OUT box for Prio								-		ox for IN, NO, NA, COS Mark an in appropriate box for R ive Action not to exceed 3 days	
O U	I	npliance Status I N N C N O A O			Time and Temperature for Food Safety			R		O U	ompliance S		Stat N A	C O	Employee Health	
T	.,		14	s	(F = d	legrees Fahrenhe and temperature	*			T	-11			Š	12. Management, food employees and conditional employees;	
	~										~				knowledge, responsibilities, and reporting	
3					2. Proper Cold Holding	g temperature(41	°F/ 45°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
	'				3. Proper Hot Holding	temperature(135	5°F)								Preventing Contamination by Hands	
	'				4. Proper cooking time	and temperature	e				~				14. Hands cleaned and properly washed/ Gloves used properly	
		/			5. Proper reheating pro- Hours)	cedure for hot he	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	ocedures & reco	rds							Highly Susceptible Populations		
												T		16. Pasteurized foods used; prohibited food not offered		
					•	oproved Source					•				Pasteurized eggs used when required pasteurized eggs used for dressing	
	~				7. Food and ice obtaine good condition, safe, and destruction		n							Chemicals		
	~				8. Food Received at pro	e				/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					check at receipt					W					18. Toxic substances properly identified, stored and used	+
	Protection from Contamination 9. Food Separated & protected, prevented during the separated in the separate				ted during food			VV								
	~				preparation, storage, di			1				1		Water/ Plumbing		
	•				Sanitized at 100	ppm/temperatur	re				~				19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition of reconditioned disc	of returned, prev arded	iously served or				~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
							4° T4 (/	. D		olati	ions	Dog				
						ority Found	ation Items (2) vu	_		_		_	rective Action within 10 days	
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge	e/ Personnel	R) vu	O U T		N O	N A	C C O S	rective Action within 10 days Food Temperature Control/ Identification	R
		N O		О	Demonstration 21. Person in charge pr and perform duties/ Ce 2	n of Knowledge resent, demonstr rtified Food Ma	ration of knowle nager/ Posted	R) vu	O U	I	N	N	C 0	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

Received by: (signature) Mario Smajli	Print: Mario Smajli	Title: Person In Charge/ Owner Owner
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: 's Italian Cafe	Physical A		City/State:	all TX	License/Permit # FOOD5040	Page <u>2</u> of <u>2</u>				
Luigi	3 Italian Cale	2002	TEMPERATURE OBSERVAT		III, IA	1 0000040					
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F				
Pizza cold top/sausage		39	chicken/cut tomatoes	41/41	WIC	C/pasta/pasta	a 37/39				
	ham	41	under/shrimp	41	lasagna/lasagna raw chicken/cheese dessert cooler/cake		37/36				
unde	er/cut tomatoes	41	cold top/ham	41			e 37/40				
col	d wells/pasta	42	cut tomatoes/pasta	41/41			e 34				
	pasta	41	under/calamari	41							
stea	am wells/pasta	54	glass front cooler/cut lettucd	41							
meat	tballs/meat sauce	162/168	Cream on counter	57							
cold	top/diced chicken	41	salad cold top/cut lettuce	41							
T4 -			SERVATIONS AND CORRECTI								
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
	Line hand sink 120	F with s	oap and paper towels								
2			d at 41F or below. To be	e discar	ded at	3pm/TPHC 4 hour	rs				
32			ls where discolored/bad			<u> </u>					
2		•	COS by placing in cooler to			at 41F. To be used fi	rst.				
			eed to seal cracks and gaps. Need								
W	Label all spray bottl			<u>.</u>							
35	•		•	over pr	en area	ns					
- 00	Store personal water bottles low and separate, not over prep areas 3 comp sink 122F with sani sink setup to 100 ppm chlorine sanitizer										
			Oppm chlorine sanitizer		<u> </u>	<u> </u>					
			soap and paper towels								
	•		opm chlorine sanitizer								
36	Store wiping cloths										
	Using pasteurized e										
	Bellini machine clea										
34	Seal gaps under do										
45	Need to clean floors										
45	Missing grout throu										
42											
42 Need to clean in/around/on equipment and coolers32 Repair exposed wood in bar/under bar lip where broken											
<u> </u>	I repair exposed wood in par/under par lip where proken										
Received	l hv•		Print:			Title: Person In Charge/ Ow	mer				
				majl	i	Owner					
Inspected (signature)	Mario Smajli d by: Chvisty Cov	ten 1	RS Christy Co								
	6 (Revised 09-2015)	y, 1	of insty of) i lū∠,	1.0	Samples: Y N # col	lected				