Retail Food Establishment Inspection Report First aid kit Allergy policy/training Vomit clean up 																		
Date: Time in: Time out: License/Perm														Food handlers Food managers				
05-06-2022 3:40 4:28 FS 94					_					Employees One Page 1 of 2								
Es	Purpose of Inspection: I-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N Minspectrum Contact/Owner N								4-Investigation 5-CO/Construction 6-Other * Number of Repeat Violations:						Œ			
Minced meal prep Aspelund Physical Address: Pest control :								Ноо	od				se trap : Follow-up: Yes Z 3/97/A	1				
1300 ralph hall F 5 quarterly Compliance Status: Out = not in compliance IN = in compliance						$\mathbf{O} = not$	Ma Na No						h					
Compliance Status:Out = not in complianceNO = not observedNA = not applicableCOS = corrected on siteR = repeat violationW- WatchMark the appropriate points in the OUT box for each numbered itemMark $$ in appropriate box for IN, NO, NA, COSMark an $$ in appropriate box for RPriority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																		
Compliance Status Time and Temperature for Food Safety 0 I N C Time and Temperature for Food Safety							R	_			e Statu N							
U T	N	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					U T	N	0	A	O S	Employee Health 12. Management, food employees and conditional employees;						
	1. Proper cooling time and temperature							~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting						
3					2. Proper Cold Holding See			~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth						
			~		3. Proper Hot Holding temperature(135°F)									Preventing Contamination by Hands				
		4. Proper cooking time and temperature							~			14. Hands cleaned and properly washed/ Gloves used proper						
			~		5. Proper reheating proc Hours)				~			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N. No food handling						
		~			6. Time as a Public Hea Stocking only	lth Control; proce	edures & records			I	1	1		Highly Susceptible Populations				
					Арј	proved Source						~		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Permitted facility in Rowlett									Chemicals				
	8. Food Received at proper temperature								~		17. Food additives; approved and properly stored; Washing Fruits & Vegetables							
	Protection from Contamination						~				Prepackaged 18. Toxic substances properly identified, stored and used	-						
	~	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						•				Water/ Plumbing						
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>Na</u> ppm/temperature					~				19. Water from approved source; Plumbing installed; proper backflow device				
		~			11. Proper disposition or reconditioned To di			~				City approved 20. Approved Sewage/Wastewater Disposal System, proper disposal						
0	Priority Foundation Items (2 Poi						oints) v		ons l	-	_	_						
O U T	I N	N O	N A	C O S	Demonstration	к	O U T	N N	N O	N A	C O S		R					
	~				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) One on duty					~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
					22. Food Handler/ no un				/			28. Proper Date Marking and disposition Exp date on foods						
Safe Water, Recordkeeping and Food Package Labeling							~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	ĺ						
	23. Hot and Cold Water available; adequate pressure, safe										Yes Permit Requirement, Prerequisite for Operation							
w					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled					~				30. Food Establishment Permit (Current/ insp sign posted) Posted				
			Much better Conformance with Approved Procedures										Utensils, Equipment, and Vending					
			~		25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions None on site					~				31. Adequate handwashing facilities: Accessible and properly supplied, used				
Consumer Advisory						~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used								
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label On labels						┨		~		33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided No warewashing								
0	Ι	N	N	С	Core Items (1 Poin	t) Violations R	equire Corrective	Action	n Not	to Ex	ccee N	<i>d 90</i> N) Da C	ays or Next Inspection , Whichever Comes First	R			
Ŭ T	N	0	A	0 S		of Food Contami			Ŭ T	N	0	A	Ö S	Food Identification				
\vdash	/				34. No Evidence of Inse animals35. Personal Cleanliness						/			41.Original container labeling (Bulk Food)				
					36. Wiping Cloths; prop			+			_			Physical Facilities 42. Non-Food Contact surfaces clean				
⊢	~ ~				37. Environmental conta	amination		+		マ マ	\neg			Watch interiors 43. Adequate ventilation and lighting; designated areas used	┣─			
╞	Watch floor storage in back rooM 38. Approved thawing method			+		v v				44. Garbage and Refuse properly disposed; facilities maintained	-							
		*			Prope	er Use of Utensils	I		$\left \right $	- -	-			Watch 45. Physical facilities installed, maintained, and clean Watch	-			
	~				39. Utensils, equipment dried, & handled/ In us	, & linens; proper	ly used, stored,			~				46. Toilet Facilities; properly constructed, supplied, and clean Equipped				
w					40. Single-service & sin and used Protect to go co						~			47. Other Violations				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Kaytlyn leerskov	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: ed mealPrep	Physical A Ralph		City/State: Rockwal	I	License/Permit #	Page	<u>2</u> of <u>2</u>			
Item/Loc	ation	TEMPERATURE OBSERVA Temp F Item/Location		TIONS Temp F	Item/Location			Temp F			
	it. Back up cooler				Item/Locat			<u>remp r</u>			
	· · · · · · · · · · · · · · · · · · ·	33 34/35	Cooler 3 Cheese cake	41-43 43							
2	nd back up										
	Ice chest		Unit just stocked and								
	Cooler 1		Was in defrost as								
	Tumeric	43	Just came back or	ו							
	Cooler 2		Will Followup								
	34/35/36										
Item	AN DISDECTION OF VOUD D		SERVATIONS AND CORRECTI								
Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temps F	TABLISHME	ENT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	E CONDITIONS OBS	ERVED AI	ND			
	All prepackaged rte items / manufactured in Rowlett and packaged and transported in fridge truck										
	To site and placed into cooler to sell / satellite location										
	Hot water In restroom 132 - watch										
	Hanging mop to allow to dry into mop sink										
	Chemicals stored belo		•								
	Best practice to have thermo in warmest location										
02	Watch floor storage in		7 and was holding 43 prod	uct temp	unit w	as just stocked	as wall	1			
02				-		-					
	Unit turned to colder setting and will Followup it was tested this am to be in compliance Unit 3 was also holding borderline temps 42 and was off at insp then kicked back on										
	Defrost should not bring food into dangerzone as they should be lower to begin with										
	Have defrost checked and monitor coolers										
	Check temps hourly until confirmed										
	allergens posted on each label labels are more complete and confirm us to improve										
	Dial thermo for food temp is also on site to check food in coolers										
W	Turned cooler down at insp to followip										
	New TExas code focus on temps and employees knowing etc having allFood handler cert would aid in this training										
	Employee heath policy to be at hand sink										
Received	ceived by: Print: Title: Person In Charge/ Owner										
(signature)	See abov	/e				THE, TEISON IN CHAR	50 Owner				
Inspected (signature)	See abov Kelly kirkpo	7	Print:								
(Binning)	κειιν κίγκρο	ıtrick	/KS			Samples: Y N	# collecte	ed			