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
Allergy policy/training Vomit clean up Employee health
Employee health

	ate: 2/0	1/2	റാ	20	Time in: 12:29	Time of 12:5			Permit # 945 1							Est. Type	Ris	sk Category OW	Page 1	of 2
					tion: 1-Routine		llow Up	3-Comp			Inve	stiga	ation	1	5-CO/Cons			6-Other	TOTAL/S	CORE
E	stabli	shme	nt N	Vam	ne:		Co	ntact/Owne				~8		_	* Number o	of Repeat Vio	olations:			0
_		ed me		•	rep		Pest cor	pelund		Но	od		Gı	rease	e trap :	or violations		w-up: Yes	1/99	/A
	lph F		ar C.				F 5 pest			Na			Na		•		No 🔽			
M	Compliance Status: Out = not in compliance IN = in compliance Mark the appropriate points in the OUT box for each numbered item NO = Mark V											N/ box f	$\mathbf{A} = \mathbf{n}$	ot ap	plicable COS D, NA, COS	cable $COS = corrected on site R = repeat violation W-Watch A, COS Mark an Mark an$				7atch
										ire In	nmea	liate	Cor	recti	ive Action not to					
О	ompliance Status I N N C Time and Temperature for Food Sofety							R	О			С						R		
U T		N O A O Fine and Temperature for Food Safety (F = degrees Fahrenheit)						U T		0	A	o s	Employee Health 12. Management, food employees and conditional employees;							
		/			1. Proper cooling time a	and tempe	erature				1				12. Managemer knowledge, resp				l employees;	
		2. Proper Cold Holding temperature(41°F/45°F)						+						13. Proper use of	per use of restriction and exclusion; No dischar				+	
	~				See	·					~				eyes, nose, and	mouth				
	3. Proper Hot Holding temperature(135°F)								Preventing Contamination by Hands							nds				
	4. Proper cooking time and temperature								14. Hands cleaned and properly washed/ Gloves u						used properly					
			1		5. Proper reheating proc	cedure for	hot holding	(165°F in 2			15. No bare hand contact with ready to eat foods or									
	Hours)									/	alternate method properly followed (APPROVED Y Prepackaged					O Y _. _. N _. .)				
		ı	/		6. Time as a Public Hea	alth Contro	ol; procedur	es & record	3						Highly Susceptible Populations					
					An	proved S	ource								16. Pasteurized Pasteurized egg		•		fered	
	1 1							P 1 in							1 asicurized egg	s used when	require			
					7. Food and ice obtained good condition, safe, an												Chemic	als		
					destruction															
	1				8. Food Received at pro Licensed facilit	_							/		17. Food additiv & Vegetables	ves; approve	d and pr	operly stored;	Washing Frui	iS
							ontaminatio	n			/				18. Toxic substa	ances proper	ly identi	ified, stored a	nd used	
					9. Food Separated & propreparation, storage, dis			ring food								Wat	ter/ Plu	mhina		
					10.5	1.0	. 11 6	Toonad and	\perp		1				10 Water from			Ü	ladi propar	
	•				Sanitized at Na	ppm/temp	perature C	hlorox			•				19. Water from backflow device City	e			• •	
					11. Proper disposition of	of returned	1 previously	corved or							20. Approved S	lewage/Waste	ewater I	Disposal Syste	em, proper	
		/			reconditioned Disca	ard	i, proviously	scrvcd or			~				disposal	Ü				
		/			reconditioned Disca	ard			Points)	violat	tions	Req	uire	Cor		vithin 10 da	ys			
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Kekela Aspelund	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: ed meal prep	Physical A Ralph			City/State: Rockwal	l	License/Permit # FS 9451	Page 2 of 2				
		•	TEMPERATUI	RE OBSERVA	TIONS							
Item/Loc		Temp F	Item/Location		Temp F	Item/Locati	<u>ion</u>	Temp I				
Coole	r 1	35 /36										
	Cooler 2	39/40										
	Cooler 3	38/41										
Ba	ck up coolers											
	33/39											
			SERVATIONS ANI									
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	All items are prepack	ed and re	ceived from loc	ation in Ro	wlett that s	serves as	the manuf					
	Shots of juice are avail							ginal container				
W	Thermos on all cooler							-				
	Labels are inspected				•							
	Hot water 128 F	•										
	Watch back door for a	ny gaps										
37	Need to address condensation issue in unit on rt											
	Mop storage looks great											
	Using chlorox wipes on common surfaces - non food contact											
			T = -									
Received (signature)	See abov	/e	Print:				Title: Person In Char	ge/ Owner				
Inspected (signature)	See abou	<i>+</i> / 7	Print:									
	кешу кикро	urick	KS				Samples: Y N	# collected				