Follow	up fee of										
\$50.00	\$50.00 after initial Retail Food Establishment Inspection Report										
Followup City of R					I			Vomit clean up	ອ		
Date:	License/Permi						Employee health				
05/03/202	Time in:         Time out:           3         2:07         2:52	Fs 945						Food handlers Food managers $1$ Page $1$ of $2$			
	ction: 🖌 1-Routine 📃 2-Follow Up 📃	3-Complaint		4-In	vestig	atio	n	5-CO/Construction 6-Other TOTAL/SCOR	E		
Establishment Name: Contact/Owner N Minced meal prep Aspelund			»:					* Number of Repeat Violations:     ✓ Number of Violations COS:	۸		
Physical Address: 1300 E Ralph hall	H Na	lood a			ireas a no	e trap :/ waste oil Follow-up: Yes 0/100//	4				
Compliance	Status: $Out = not in compliance$ $IN = in compliance$	NO – II						plicable $COS = corrected on site R = repeat violation W-Watch NA. COS Mark an  in appropriate box for R$	ı		
Priority 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           U         N         O         Time and Temperature for Food Safety				Com O I U N	Employee Health	R					
T S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature			T			S	12. Management, food employees and conditional employees;			
	2 Deces Collins II and a constant (410E/ 450E	<u>`</u>		V				knowledge, responsibilities, and reporting			
	2. Proper Cold Holding temperature(41°F/ 45°F) See							13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth <b>No prep</b>			
	3. Proper Hot Holding temperature(135°F)					1		Preventing Contamination by Hands			
	4. Proper cooking time and temperature			V				14. Hands cleaned and properly washed/ Gloves used properly			
<b>~</b>	5. Proper reheating procedure for hot holding (1 Hours)	65°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 Health Control; procedures	& records		<u> </u>	_	<u> </u>		Highly Susceptible Populations			
	Approved 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 Commercial / commissary					•		Chemicals			
~	8. Food Received at proper temperature Taking temps			Τ		~		17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
	Protection from Contamination			V	/			18. Toxic substances properly identified, stored and used Behind counter not near food			
	9. Food Separated & protected, prevented durin preparation, storage, display, and tasting	g food						Water/ Plumbing			
	10. Food contact surfaces and Returnables ; Cle Sanitized at <u>200</u> ppm/temperature	aned and		V				19. Water from approved source; Plumbing installed; proper backflow device			
	11. Proper disposition of returned, previously served or reconditioned <b>Discarded</b>			v				20. Approved Sewage/Wastewater Disposal System, proper disposal			
	Priority Foundation It		<u> </u>					rective Action within 10 days			
0 I N N C U N O A O T		nel		O I U N T		N A	C O S	Food Temperature Control/ Identification	R		
~	21. Person in charge present, demonstration of k and perform duties/ Certified Food Manager (Cl 1 person on site			v				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature			
	22. Food Handler/ no unauthorized persons/ per	sonnel			/			28. Proper Date Marking and disposition			
Safe Water, Recordkeeping and Food Package Labeling				v				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips			
	23. Hot and Cold Water available; adequate pressure, safe					I	L	Probe and Permit Requirement, Prerequisite for Operation			
	<ul> <li>115</li> <li>24. Required records available (shellstock tags; destruction); Packaged Food labeled</li> </ul>	parasite						30. Food Establishment Permit (Current/ insp sign posted )			
	Conformance with Approved Procedu	ires	╎┝					Posted Utensils, Equipment, and Vending			
	25. Compliance with Variance, Specialized Proc HACCP plan; Variance obtained for specialized	cess, and						31. Adequate handwashing facilities: Accessible and properly supplied, used			
	processing methods; manufacturer instructions			V				Equipped			
	Consumer Advisory			v				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used			
w	26. Posting of Consumer Advisories; raw or und foods (Disclosure/Reminder/Buffet Plate)/ Aller On labels					~		33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Not washing on site			
0 I N N C		Corrective Act		ot to	-	ed 9 N	<i>0 Da</i> [ С	ys or Next Inspection, Whichever Comes First	R		
U N O A O T S	Prevention of Food Contamination	L			N O	A	o s	Food Identification	ĸ		
	34. No Evidence of Insect contamination, roden animals			V				41.Original container labeling (Bulk Food)			
	<ul> <li>35. Personal Cleanliness/eating, drinking or tobs</li> <li>Watch</li> <li>36. Wiping Cloths; properly used and stored</li> </ul>				<u>_</u>			Physical Facilities 42. Non-Food Contact surfaces clean			
	37. Environmental contamination			V			$\square$	43. Adequate ventilation and lighting; designated areas used			
	38. Approved thawing method		╽┝				$\square$	44. Garbage and Refuse properly disposed; facilities maintained			
	Proper Use of Utensils			ע ע			$\vdash$	Watch dumpster           45. Physical facilities installed, maintained, and clean			
	39. Utensils, equipment, & linens; properly used		-	-				46. Toilet Facilities; properly constructed, supplied, and clean			
	dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properl			V				Equipped 47. Other Violations			

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: Kekela Aspelund	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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Establishment Name: Minced meals	Physical Address: 1300 e Ralph hall			ty/State: <b>lockwal</b>	I	License/Permit # Page <u>2 of 2</u> Fs 9451				
	TEMPERATURE OBSERVA		TIONS							
Item/Location	<u>Temp F</u>	Item/Location		<u>Temp F</u>	Item/Locati	on		<u>Temp F</u>		
2 door not working / not used		Extra storage cooler	1	36						
Drink fridge	37/38	Cooler 2		34						
Meal fridge	24/23									
Snack	31/37									
Personal										
	OB	SERVATIONS AND CORRECT	IV	E ACTION	NS					
Item         AN INSPECTION OF YOUR ES           Number         NOTED BELOW: all temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	ITIC	ON IS DIRE	<mark>CTED TO TH</mark>	E CONDITIONS OBSE	ERVED A	<mark>√D</mark>		
Microwave is for custo	Microwave is for customers after purchasing food - self service									
Labeling must better										
Two thermos in each o										
	-	commercial products too	/							
Hot water 118 F at har		ahan in Doudatt rafria tru	مار							
	Foods delivered from facility kitchen in Rowlett - refrig truck									
	Checking temps Yellow digital thermo for food									
•		e surfaces inside coolers a	nd	Imicrow	ave and	table				
•		kitchen in Rowlett in packa					itchen	offsite		
	-	oth on site for staff and er								
No food handling on s										
Keep up good work	Keep up good work									
Dessived by:		<b>D.</b>			I	Tida, Dame I of	w/ ();			
(signature) See aboy	/e	Print:				Title: Person In Charg	e owner			
(signature) See abov Inspected by: (signature) Kelly Kírkpo	~	Print:								
(signature) Kelly Kirkpo	ıtríck	(RS				Samples: Y N	# collect	ed		
Form EH 06 (Povisod 09 2015)										