Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

7/8/24			11:32	12:35		8-90							2	2	Page 1	of 2		
Purpose of Inspec			tion: 1-Routine	2-Follow U	Јр 3-Со	omplair	nt _	_	Inve	stiga	tion	1	5-CO/Construction	6-Other	TOTAL/SO	ORE		
Establishment Name: Contact/Owner Name: Alejandro Pal													Number of Repeat Violations: 3 Number of Violations COS: 12/			07/D		
Physi 3084 I				110		est control : provide			Ho DFV		5/23	Gı Eag	rease	e trap :/ waste oil grease 8/4/23 1000g	Follow-up: Yes V	13/87	//D	
Mork				Status: Out = not in co	ompliance IN = in	compliance			obser					oplicable COS = corrected on sox for IN, NO, NA, COS Mai	site $\mathbf{R} = \text{repeat vio}$ rk an \mathbf{X} in appropriat	lation W= W	/atch	
														ive Action not to exceed 3 day		e box for K		
O I U N	N	N	C	Time and Ten	nperature for F	ood Safety		R	O U		iance N O	Stat N A	C O	Email	lawaa Waaldh		R	
T					T		U	S										
	/				1					~				knowledge, responsibilities, a				
3				2. Proper Cold Holding See	g temperature(41	°F/ 45°F)	,	*		/				13. Proper use of restriction at eyes, nose, and mouth	nd exclusion; No dis	charge from		
_				3. Proper Hot Holding See	temperature(135	5°F)								Preventing Cor	ntamination by Han	ds		
	_	+		4. Proper cooking time	and temperature	9				1				14. Hands cleaned and proper				
		,		5. Proper reheating pro	cedure for hot he	olding (165°F i	in 2							15. No bare hand contact with				
	_			Hours)	olth Control, ma					•				alternate method properly foll Gloves	owed (APPROVED	YN)		
\perp				6. Time as a Public He	ann Control; pro	ocedures & rec	cords			I					eptible Populations	d		
				Ap	Approved Source					/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required N/A				
				7. Food and ice obtaine good condition, safe, a			in											
•				destruction Lasanti		, purusite								C	hemicals			
V	,			8. Food Received at pro	oper temperature	e				/				17. Food additives; approved & Vegetables	and properly stored;	Washing Fruit	S	
				J	stion from Contomination					·				Water 18. Toxic substances properly identified, stored and used				
				Protection from Contamination 9. Food Separated & protected, prevented during food														
V				preparation, storage, di											r/ Plumbing	1		
V				10. Food contact surfact Sanitized at100			and		3					19. Water from approved sour backflow device City approved, leal	•	• •	ak	
				11. Proper disposition	of returned, prev	iously served o	or						Ì	20. Approved Sewage/Wastey disposal			IK	
	<u> </u>	L		reconditioned Disc		· T/	(2 D :	1		_			~	*				
				Pri	iority Founda	ation Items ((7 Pon	ntel i	violat	tions	Rea	uire	Cor	reactive Action within 10 days				
0 I	N		C	Domonetration			(2 1 011	R	0	I	N	N	С	rective Action within 10 days		otion	R	
O I N T			C O S	Demonstration 21. Person in charge pr	n of Knowledge	/ Personnel		_	_	I N	_			Food Temperatur	re Control/ Identific		R	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Sultan Jan	Print: Sultan Jan	Title: Person In Charge/ Owner MOD
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: o's Gourmet Pizza	Physical A		ity/State: Rockwal	l Tx	License/Permit # FS-9066	Page	<u>2</u> of <u>2</u>
mogn	o o ocamier izza	0001	TEMPERATURE OBSERVAT		1 17	1.0.000		
Item/Loc		Temp	Item/Location	Temp	Item/Locat	tion		Temp
	Freezer htt	8	Sauce/mozz	40/40				400
	e door freezer htt	10	beef	40	Chest freezer htt			2.4
	r refrigerator amb	39	Chicken/ham	40/41			llo	39/38
W	hole Tomato	40	Slice Tom/feta chz	+	1100110101119			
	Lettuce	40	Graded cheddar	45	Marinara/alfredo		lo	N/a
Shre	edded cheddar	39	Below		Prep cooler			
	Parm	39	Sauce/mozz	40/40	90		38/39	
Pizz	za prep cooler	0.1	Beef/pepp		Chiec Terrinitication			39/40
Item Number	AN INSPECTION OF YOUR ES' NOTED BELOW: all temperature	ГАВLISHMI	SERVATIONS AND CORRECTIVENT HAS BEEN MADE. YOUR ATTENTIFE			HE CONDITIONS OBSERV	VED A	ND
	Restrooms equipped, t	emp gre	ater than 103 in each restro	om				
	Hand sink equipped bo	oth great	er than 100					
29	3comp sink setup, 112	using cl	nlorine sani 100ppm, no chlo	rine test	strips			
33	Dishwasher not confirm	med but	using, no sanitizer, may con	tinue to	use to w	ash&rinse but nee	ed to	setup
	Sanitizer in 3 comp to	dip pans	and utensils and allow to ai	r dry				
	Icecream freezer not s	elling ice	cream, unit turned off					
	Dessert in Display cas	e only fo	or display, not held cold betw	een 32-4	41F			
19	Hand sink rear kitchen							
2			heese, beef crumble discard	ded within	n 4 hours	3		
42	Microwave need gener							
	·		nanagement, much cleaner			pment		
29	•		n warmest spot of reach in r			.1		
28			ber date open/prep plus 6 d	ays tnen	aiscarae	9 0		
VV	W Need 2024 Health permit							
Received (signature)		e	See abo	ove		Title: Person In Charge/	Owner	
Inspected (signature)	l ly:		Print: Richard					
Form EH 06	6 (Revised 09-2015)	7	Incliatu	1 11111		Samples: Y N #	collect	ed