

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
- Vomit clean up
- Employee health

Date: 10/04/2021	Time in: 4:56	Time out: 5:30	License/Permit # Fs 9416	Est. Type Conv	Risk Category Low	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other							TOTAL/SCORE
Establishment Name: Murphy USA 7699			Contact/Owner Name: Murphy's		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____		6/94/A
Physical Address: I-30		Pest control :		Hood Na	Grease trap :	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch
 Mark the appropriate points in the OUT box for each numbered item Mark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Health policy - emailed poster					
	<input checked="" type="checkbox"/>					Preventing Contamination by Hands					
3. Proper Hot Holding temperature(135°F)						14. Hands cleaned and properly washed/ Gloves used properly					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
4. Proper cooking time and temperature						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Tongs and gloves					
	<input checked="" type="checkbox"/>					Highly Susceptible Populations					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
	<input checked="" type="checkbox"/>					Chemicals					
6. Time as a Public Health Control; procedures & records						17. Food additives; approved and properly stored; Washing Fruits & Vegetables No prep on site					
Approved Source						18. Toxic substances properly identified, stored and used Avoid using pesticides for home in store					
	<input checked="" type="checkbox"/>					Water/ Plumbing					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial						19. Water from approved source; Plumbing installed; proper backflow device					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
8. Food Received at proper temperature To check						20. Approved Sewage/Wastewater Disposal System, proper disposal					
Protection from Contamination											
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature Spray											
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
11. Proper disposition of returned, previously served or reconditioned No returns											

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 1						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
22. Food Handler/ no unauthorized persons/ personnel All						28. Proper Date Marking and disposition Hot dogs					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Yes					
	<input checked="" type="checkbox"/>					Permit Requirement, Prerequisite for Operation					
23. Hot and Cold Water available; adequate pressure, safe See						30. Food Establishment Permit (Current/ insp sign posted) Posted					
	<input checked="" type="checkbox"/>					Utensils, Equipment, and Vending					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commercial or by request						31. Adequate handwashing facilities: Accessible and properly supplied, used Keep accessible					
Conformance with Approved Procedures						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Logs						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Supplies present					
Consumer Advisory											
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label On packaging											

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
1						<input checked="" type="checkbox"/>					
34. No Evidence of Insect contamination, rodent/other animals See						41. Original container labeling (Bulk Food)					
1						Physical Facilities					
35. Personal Cleanliness/eating, drinking or tobacco use See						42. Non-Food Contact surfaces clean See					
	<input checked="" type="checkbox"/>					1					
36. Wiping Cloths; properly used and stored Spray bottles						43. Adequate ventilation and lighting; designated areas used					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
37. Environmental contamination						44. Garbage and Refuse properly disposed; facilities maintained					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
38. Approved thawing method						45. Physical facilities installed, maintained, and clean See					
Proper Use of Utensils						46. Toilet Facilities; properly constructed, supplied, and clean					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used Watch						47. Other Violations					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
40. Single-service & single-use articles; properly stored and used Watch											

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Susan Willis	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Murphy USA	Physical Address: I-30	City/State: Rockwall	License/Permit # FS 9416	Page __ of __
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Hot dog rollers		Cold coffee unit	30		
Hot dogs	182/187	Cold coffee unit	32		
Cheese	139	Hot holding unit for sandwiches			
Chili	147	187/199/207			
Upright cooler		Wic	29-30's		
Hot dog	40	Door cheese	31/34		
Freezer below	0				
Beer cooler	32				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Hot water in restroom 108 F
	Hot water at hand sink 110 F
W	Watch floor storage of spray bottles that could be raised to food contact level
31	Keep back hand sink accessible
	Sinks are clear and may be used with soap and sanitizer
W	Reminder to date mark opens bags of hot dogs if not used within 24 hrs after opening
35	Store employee meals separated in cooler
	Watch storage of food items next to mop sink
34	Fruit flies around three comp sink
	Using nut hot holding unit for breakfast sandwiches in the morning
	DialThermo for food temps is next to the rollerGrill - appears to be calibrated
45	Floor chipped in wic - but clean!!
	All employees are food handlers
	Gina - CFM
	Using emergency ice
W	Working on leak from soda station drain - actively working
	Nightly cleaning all spigots
	General cleaning inside cabinets where needed
	Sanitizer in spray bottle 200 PPM
42	Clean behind teddy bull cooler and under behind and around other table top units
W	Sandwiches are heated in microwave prior to hot holding in hot unit
	Temps taken before loading sandwich and hot dogs are temped before serving
W	Tongs to be washed every 4 hrs or less while in use for hot dogs
	Sanitizer in spray bottles allow to air dry

Received by: (signature) See above	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Samples: Y N # collected

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