\$50.00 reinspection fee Retail Food Establishment Inspection Report																			
Date: Time in: Time out: License/Per 11/17/2022 4:50 pm 5:41 Need																			
11/17/2022 4:50 pm 5:41 Need Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain							<u> </u>	permit			ation		5-CO/Construction 6-	Other	TOTAL/SCO				
Es	Establishment Name: Contact/Owner N								Name:			11101		* Number of Repeat Violations:			KL.		
Nandoo nutrition Deneane Nar Physical Address: Pest control :											Greas	✓ Number of Violations COS:			4				
811 E yellow jacket Tri county / to coordinate with building								Na			То	chec	k No						
Ma									obser pprop						R = repeat viol / in appropria	ation W-Wate te box for R	ch		
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days Compliance Status Compliance Status												-							
O U T	I N	N O	N A	C O S	Time and Tem (F = de	R		I N	N O	N A	C O S	Employee He		R					
		~			1. Proper cooling time and temperature					~				12. Management, food employees and conditional employees knowledge, responsibilities, and reporting					
3					2. Proper Cold Holding temperature(41°F/ 45°F)					~	,			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
_			~		3. Proper Hot Holding temperature(135°F)					<u> </u>				To post at hand sink / emailed Preventing Contamination by Hands					
_			• •		4. Proper cooking time	and temperature				14. Hands cleaned and properly washed/ Gloves u							-		
			• •		5. Proper reheating procedure for hot holding (165°F in 2						./			15. No bare hand contact with ready to			+		
			 Hours) 6. Time as a Public Health Control; procedures & records 						alternate method properly followed (APPROVED Y Scoop or label Highly Susceptible Populations						1				
			•		4			16. Pasteurized foods used; prohibited foo					-	ered	-				
		Approved Source 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite											Pasteurized eggs used when required Chemical	c					
	destruction Commercial 8. Food Received at proper temperature							T				17. Food additives; approved and prop		Washing Fruits					
	~				To check							~		& Vegetables 18. Toxic substances properly identific	ed stored and	used			
	Protection from Contamination						W					16. Toxic substances property identifi	erry identified, stored and used						
	~											Water/ Plum	8						
W					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature Not set up					~			•	19. Water from approved source; Plun backflow device	nbing installe	d; proper			
		~			11. Proper disposition of reconditioned		20. Approved Sewage/Wastewater Disposal System, prop disposal					n, proper							
					Pri	iority Foundat	tion Items (2 Po		_	_			_	rective Action within 10 days					
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/	Personnel	R	O U T	Ν	N O	N A	C O S	Food Temperature Contr	ol/ Identifica	tion	R		
	~				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 1 on duty					~				27. Proper cooling method used; Equ Maintain Product Temperature	upment Adeq	uate to			
	22. Food Handler/ no unauthorized persons/ personnel To get all new employee within 30'days of hire					w	,				28. Proper Date Marking and dispositi Date marking	ion							
Safe Water, Recordkeeping and Food Package Labeling				•		w	,				29. Thermometers provided, accurate, Thermal test strips								
	~				23. Hot and Cold Water	er available; adequ	ate pressure, safe			1				Need digital / provide on Permit Requirement, Prereq					
	./				24. Required records av destruction); Packaged		k tags; parasite		w					30. Food Establishment Permit (Cu	irrent/ insp si	gn posted)			
	-				Commercial	with Approved P	rocedures			1				Need to post Utensils, Equipment,	and Vending	F			
			~		25. Compliance with Va HACCP plan; Variance processing methods; ma	ariance, Specializ	ed Process, and cialized		w	V	•			31. Adequate handwashing facilities: supplied, used Equipped / need hand	Accessible an	d properly			
					Cons	sumer Advisory			w	~				32. Food and Non-food Contact surface designed, constructed, and used See 45	ces cleanable,	properly	Ť		
	~				26. Posting of Consume foods (Disclosure/Remi Ingredients by reque	inder/Buffet Plate					~			33. Warewashing Facilities; installed, Service sink or curb cleaning facility p Discussed		ised/	t		
					<u> </u>		Require Corrective		_		-			DISCUSSED ys or Next Inspection , Whichever C	Comes First				
O U T	I N	N O	N A	C O S	Prevention	of Food Contami	ination	R	O U T	Ν	N O	N A	C O S	Food Identific	cation		R		
1	~			0	34. No Evidence of Inse animals	ect contamination	, rodent/other		1		~		0	41.Original container labeling (Bulk F	Food)				
W	~				35. Personal Cleanlines Store low an	ss/eating, drinking	or tobacco use	$\uparrow \uparrow$						Physical Faci	lities				
	~				36. Wiping Cloths; prop Discussed stor	perly used and sto	ored	\uparrow		~				42. Non-Food Contact surfaces clean					
		~			37. Environmental cont					~				43. Adequate ventilation and lighting;	designated a	reas used	1		
	38. Approved thawing method				\uparrow		~				44. Garbage and Refuse properly disp	osed; facilitie	s maintained	+					
					Prope	er Use of Utensils	S		1	-				45. Physical facilities installed, mainta	ained, and cle	an	+		
	~				39. Utensils, equipment dried, & handled/ In us	t, & linens; proper se utensils; proper	rly used, stored, ly used				~			46. Toilet Facilities; properly construct Shared with facility	cted, supplied	, and clean	†		
-					40. Single-service & sir and used	ngle-use articles;	properly stored	+			~			47. Other Violations			+		
Ľ																			

Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

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	nent Name:	Physical A		City/State:	1	License/Permit # Page 2 of 2				
ivand	po nutrition.	812 ye	ellow jacket	Rockwal	1	Need permit				
Item/Loca	tion	Temp F	TEMPERATURE OBSERVA	TIONS Temp F	Item/Locat	ion	Temp F			
Refrige										
wh	ipped cream	43/44								
Т	urned down									
	Temps lowered	l to								
	39/40 F									
			SERVATIONS AND CORRECT		IC					
Item	AN INSPECTION OF YOUR ES		SERVATIONS AND CORRECT NT HAS BEEN MADE. YOUR ATTEN			E CONDITIONS OBSERVED	AND			
Number	NOTED BELOW: all temps F									
	Hot water at 118 F									
	Using rack over sinks for drying pitchers									
	Using regular chlorox bleach and test strips on site									
	Discussed setting up Sani buckets and storing wiping cloths in colutoonb									
	Discussed 100 ppm te	sted with	Sani test strips							
	Sinks are set up as fol	lows was	h rinse and then sanitize							
	Watch storage of chemicals next to other items									
40/cos										
45	Watch rug in back prep area to replace with rubber stress mats that can be washed and is nonabsorbent									
W	To removed shipping liner from ice machine									
	Plumbing approved by building inspections - ice machine pump too									
	Cooler holding higher	temps	turned to colder setting							
02	Whipped cream at 43/	44 over r	night temp							
	Discussed using 6 day date marking expiration date									
	Owner is working on other items									
	And will send pics									
Received (signature)	by:		Print:			Title: Person In Charge/ Ow	ner			
(-ignature)	See abov	'e								
Inspected	See abov ^{by:} Kelly kírkpa		Print:							
(signature)	Kelly kírkpa	ıtríck	$\langle \mathcal{RS} $			Samples: V N # 2011	ected			
						Samples: Y N # coll	ecieu			