

# Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: <b>6/13/2023</b>	Time in: <b>1:30</b>	Time out: <b>2:40</b>	License/Permit # <b>FOOD5013</b>	Est. Type	Risk Category	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
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Establishment Name: <b>Napoli Italian Restaurant</b>	Contact/Owner Name: <b>Zikri Nasufi</b>	* Number of Repeat Violations: _____	<b>16/84/B</b>
		✓ Number of Violations COS: _____	

Physical Address: <b>407 S Goliad Rockwall, TX</b>	Pest control : <b>First Strike/6-1-2023</b>	Hood <b>Miller/8-2020</b>	Grease trap : <b>IMC/5-27-2023/80gal/monthly</b>	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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 '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X 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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
W						✓					
	✓					✓					
	✓					<b>Preventing Contamination by Hands</b>					
	✓					✓					
	✓					✓					
	✓					<b>Highly Susceptible Populations</b>					
						✓					
	✓					<b>Chemicals</b>					
	✓					✓					
						3					
	✓					<b>Water/ Plumbing</b>					
W						✓					
	✓					✓					

### 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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
2						2					
	✓					✓					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
	✓					2					
	✓					✓					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
	✓					✓					
<b>Consumer Advisory</b>						<b>Physical Facilities</b>					
	✓					2					
	✓					✓					

### 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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
	✓					✓					
1						<b>Physical Facilities</b>					
1						1					
	✓					✓					
	✓					✓					
<b>Proper Use of Utensils</b>						<b>Physical Facilities</b>					
1						1					
	✓					✓					
	✓					✓					

**Retail Food Establishment Inspection Report**

Received by: (signature) <i>Zikri Nasufi</i>	Print: <b>Zikri Nasufi</b>	Title: Person In Charge/ Owner <b>Owner</b>
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: <b>Christy Cortez, RS</b>	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: <b>Napoli Italian Restaurant</b>	Physical Address: <b>407 S Goliad</b>	City/State: <b>Rockwall, TX</b>	License/Permit # <b>FOOD5013</b>	Page <u>2</u> of <u>2</u>
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**TEMPERATURE OBSERVATIONS**

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
cold wells/cut tomatoes	41	dessert cooler/cheesecake	41	back white freezer ambient	13
shrimp	41	reach in freezer ambient	5	back freezer ambient	14
steam wells/meatballs	167	reach in cooler/pasta	41		
Pizza cold top/sausage	41	pizza	41		
cheese	41	WIC/chicken	112		
beef crumbles	41	pasta	41		
salad cold top/cut tomatoes	41	lasagna	41		
under/tomatoes	41	sausage	41		

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Back hand sink 100+F with soap and paper towels
	To post health employee poster
	Dishwasher sanitizing at 100 ppm chlorine sanitizer
	3 comp sink 125 F
42/45	Need to clean hand sink/walls, under equipment
36	Store wiping cloths in sani buckets
45	Maintenance to walls and floors, ceilings/to be cleanable
	When replacing ceiling tiles, replace with cleanable tiles
45	Need to clean walls, food splatters
42	To clean in/around/on equipment
18	Sani bucket setup too strong. COS to 100 ppm chlorine sanitizer
29	Inspector provided test strips/chlorine. Need quats test strips for spray bottles used in front and dining room only
W	Discussed not using 2 different sanitizers on same surface
18	Store spray bottles low and separate/not on prep areas
36	Avoid using rags to wrap shelves above mixer
39	to clean mixer and store clean
36	Avoid using wiping cloths to line shelves/and inside coolers to absorb condensation
42	Need to clean inside reach in upright cooler/freezers
27	Chicken made an hour previous/moved to a shallow metal pan, uncovered/placed in WIC
	Cooling down temps are 2 hours to 70 then 4 hours to 41F or below
35	Store personal items, cups, drinks low and separate
45	Maintenance to walls, floors in back storage/large holes in walls to be repaired
45	Ceiling tile in back storage to be replaced/exposed insulation
32	Rusty shelves in various places and under prep tables
21	Need certified food manager on duty at all time during prep and service

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Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: <b>Christy Cortez, RS</b>	Samples: Y N # collected

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