## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:		~~	Time in:	Time out:		License/Permit #							Est. Type Risk Category Page 1 of 2	2			
12/3/2020						12:35		FOOD5013  3-Complaint 4-Investigation 4						_			
Purpose of Inspection: V 1-Routine 2-Follow Up 3-Complai  Establishment Name: Contact/Owner N Napoli Italian Restaurant Zikri Nasufi						lame:	* Number of Repeat Violations: ✓ Number of Violations COS:					* Number of Repeat Violations: ✓ Number of Violations COS:					
Ph 40	Physical Address: 407 S Goliad Rockwall, TX  Pest control: First Strike/monthly							ly	Hood Miller/6mo Grease trap: Follow-up: Yes V						13/87/B		
Ma	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  NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch  Mark '\sigma' a checkmark 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												ch				
Co	Compliance Status  O I N N C Time and Temperature for Food Safety							R	Compliance Status O I N N C						R		
U T	N	0	A	o s	(F = de	grees Fahrenhe	eit)			U N O A O Employee Health							
	~				Proper cooling time and temperature						~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		
	~				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)							1				Preventing Contamination by Hands				
	4. Proper cooking time and temperature							~				14. Hands cleaned and properly washed/ Gloves used properly gloves used					
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)							~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N)					
	<b>&gt;</b>				6. Time as a Public Heal	lth Control; pro	ocedures &	records							Highly Susceptible Populations		
					Арр	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required  eggs cooked		
	<b>'</b>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Lisanti										Chemicals		
	v			8. Food Received at proper temperature						~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
					Check at receipt  Protection from Contamination						~				Water only 18. Toxic substances properly identified, stored and used		
3					Food Separated & protected, prevented during food preparation, storage, display, and tasting									Water/ Plumbing			
3					10. Food contact surface Sanitized at 100 p	es and Returnab opm/temperatur	oles ; Cleane re	ed and			~			-	19. Water from approved source; Plumbing installed; proper backflow device		
	/				11. Proper disposition of reconditioned disca	f returned, prev	iously serve	ed or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal		
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days																	
	-				1110	ority Founda	ation Item	ıs (2 Poi		_	_	_		_	rrective Action within 10 days		
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	/ Personnel		R R	o O U T	I N	N O	N A	Cor C O S	rrective Action within 10 days  Food Temperature Control/ Identification	R	
		N O		О	Demonstration  21. Person in charge pre and perform duties/ Cert  1	of Knowledge	ration of kno nager/ Poste	owledge,		O U	I N	N	N	C 0	·	R	
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## **Retail Food Establishment Inspection Report**

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below (signature)	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	ddress:	City/State:		License/Permit #	Page <u>2</u> of <u>2</u>			
Napoli Italian Restaurant		407 S	Goliad	Rockwa	all, TX	FOOD 5013				
Item/Loc		Temp F	TEMPERATURE OBSERVA  Item/Location		Item/Loca	4°	Т Т			
				Temp F	Item/Loca	uon	Temp I			
pizza cold top/sausage		41	reach in freezer ambien	12						
	cheese	41	reach in cooler/pasta	41/41						
desse	ert cooler/cheesecake	41	salad cold top/cut tomatoes	41						
hot well/meatballs		156	under/salami	42						
WIC	/cooked chicken	38								
	eggplant	39								
lasa	agna/lasagna	38/38								
lasa	gna/cannelloni	39/40								
		OB	SERVATIONS AND CORRECT	IVE ACTION	NS					
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO T	HE CONDITIONS OBSER	VED AND			
	Hand sink 109 F									
40			to to go lids (in drink co	unter). S	tore low	and separate ir	ıstead			
32	Rusty shelves unde	er prep ta	ables							
45	Clean walls, floors		1. 1 1 11							
45		lls. Nee	d to be made cleanable	by hand	sink					
	3 comp sink 120 F		217 12 2 4 1 1							
32			oil/slicer is stored unde	er prep ta	ible					
36	Store wiping cloths									
35	Store employee drinks low and separate									
40	Dishwasher not sanitizing. Will use 3 comp sink instead									
42										
42	Clean in/around/on									
9			ind separate in WIC (ra	w chicke	en)					
45	Patch holes in walls									
36	Avoid storing wiping									
42 10										
10	RR sinks 100 F									
	TATA SITING TOO I									
Received (signature)			Zikri Na	asufi		Title: Person In Charge.	Owner			
Inspected	l by:		Print:			<del> </del>				
(signature)	Zikri Nasufi Christy C	orte		Cort	ez	Samples: V N	# collected			