

Retail Food Establishment Inspection Report

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

Date: 6/2/2021	Time in: 12:55	Time out: 1:44	License/Permit # FOOD5013	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
--------------------------	--------------------------	--------------------------	-------------------------------------	-----------	---------------	---------------------------

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: Napoli Italian Restaurant	Contact/Owner Name: Zikri Nasufi	* Number of Repeat Violations: _____	19/81/B
		✓ Number of Violations COS: _____	

Physical Address: 407 Goliad Rockwall, TX	Pest control : First Strike/monthly	Hood Miller/3mo	Grease trap : IMC/80gal/monthly	Follow-up: Yes <input checked="" type="checkbox"/> No <input 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 '✓' 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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
	✓						✓				
	✓						✓				
	✓					Preventing Contamination by Hands					
		✓					✓				
		✓					✓				
	✓					Highly Susceptible Populations					
Approved Source							✓				
	✓					Chemicals					
	✓						✓				
Protection from Contamination							✓				
W						Water/ Plumbing					
3							✓				
	✓						✓				

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					
2							✓				
	✓					W					
Safe Water, Recordkeeping and Food Package Labeling							✓				
	✓					Permit Requirement, Prerequisite for Operation					
	✓						✓				
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	✓					2					
Consumer Advisory						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
Prevention of Food Contamination						Food Identification					
1							✓				
1						Physical Facilities					
1						1					
	✓					1					
1							✓				
Proper Use of Utensils						1					
1							✓				
1						1					

Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

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

TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
WIC/meatballs	41	Pizza cold top/sausage	41		
lasagna/ lasagna	41/41	beef	41		
manicotti	41	cheese	41		
reach in cooler/pasta	41	salad cold top/cut tomatoes	41		
pasta/pasta	41/41	cheese	41		
reach in freezer ambient	11	glass front cooler/cheesecake	41		
hot wells/beef broth	171	back freezer ambient	-2		
meatballs	190	back freezer ambient	11		

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:
	hand sink 122 F
	3 comp sink 124 F
10	Must have sani bucket setup during prep and service
	Dishwasher 100 ppm bleach
36	Store wiping cloths in sani buckets
42	Lots of debris on walls in WIC above food/clean
40	Discard cardboard boxes after initial use. Can attract pests
35	Store employee drinks low and separate, not over prep areas
32	Seal exposed wood under prep table where slicer is stored
45	Maintenance to walls in back
36	Wiping rags on shelf over dough mixer/remove
42	Clean air return vents and ceiling tiles
38	Thaw in cooler or under running cold water
31	Avoid blocking hand sink with pans, etc. Use only for hand washing
39	Avoid using disposable aluminum pans for storage
42	Clean in/around/on equipment especially middle island/lots of food debris
45	Clean floors, under equipment, walls
47	Organize, discard unused equipment, items to better clean
42	Clean inside glass front cooler
39	Avoid use of string in kitchen for shelving, lights. Use a cleanable material instead
43	Need working light in back storage to clean
34	Do not prop back door open. Could allow pests to enter.
32	Seal exposed wood in back shelving area
39	Avoid use of cardboard to line shelves
21	Must have certified food manager on duty during prep and service
W	All Cooks, servers must have a food handler within 60 days of hire
	Tea/nozzles WRS daily
W	Date mark food if not used within 24 hours

Received by: (signature) <i>Zikri Nasufi</i>	Print: Zikri Nasufi	Title: Person In Charge/ Owner Owner
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Samples: Y N # collected

Form EH-06 (Revised 09-2015)