## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

	ate: 128	3/2	202	24	Time in: Time out: 4:05	FS-0			02	2			Est. Type Risk Category Page 1	of <u>2</u>
					tion: 1-Routine 2-Follow Up	3-Compla		_	Inve		ation	1	5-CO/Construction 6-Other TOTAL/	SCORE
Es	tabli	ishm	ent	Nan		ntact/Owner N	Name:						* Number of Repeat Violations:  Vumber of Violations COS:	<u> </u>
Pł	vsic	al A	ddre	ess:	Pest con			Но			G	reas	te trap: Follow-up: Yes 10/9	0/A
10					ckwall, TX owner to o	to email	$\mathbf{O} = \mathbf{not}$	n/a		N	-		to Teddy  No   Poplicable COS = corrected on site R = repeat violation W-	W/s+sls
M					points in the OUT box for each numbered item	Mark '	√' a ch	eckm	ark in	appı	opria	ite bo	ox for <b>IN</b> , <b>NO</b> , <b>NA</b> , <b>COS</b> Mark an in appropriate box for <b>R</b>	waten
Co	mpli	iance	e Sta	tus	Priority Items (3 Poin	ts) violations	Requi	_	nmed Compl				tive Action not to exceed 3 days	
O U	I N	N O	N A	C	Time and Temperature for Food Sa (F = degrees Fahrenheit)	afety	R	O U	N	N O	N A	C O	Employee Health	R
Т	_			S	Proper cooling time and temperature			T				S	12. Management, food employees and conditional employees;	
	•								~				knowledge, responsibilities, and reporting	
	<				2. Proper Cold Holding temperature(41°F/ 45°	°F)			<				<ol> <li>Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth</li> </ol>	
			_		3. Proper Hot Holding temperature(135°F)				Ľ					
			<b>'</b>		4. Proper cooking time and temperature								Preventing Contamination by Hands  14. Hands cleaned and properly washed/ Gloves used properly	
			~			(1650E : 2			~					
			~		5. Proper reheating procedure for hot holding Hours)	(103 F III 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED YN.	.)
	~				6. Time as a Public Health Control; procedure	es & records			1				Highly Susceptible Populations	
				<u> </u>					Π				16. Pasteurized foods used; prohibited food not offered	
					Approved Source				~				Pasteurized eggs used when required <b>NO EGGS</b>	
					7. Food and ice obtained from approved source good condition, safe, and unadulterated; paras									
	~				destruction								Chemicals	
					8. Food Received at proper temperature								17. Food additives; approved and properly stored; Washing Fr	iits
	•								~				& Vegetables USING FIT	
					Protection from Contamination			3				~	18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & protected, prevented dur preparation, storage, display, and tasting	ing food							Water/ Plumbing	
3				~	10. Food contact surfaces and Returnables ; C Sanitized at ppm/temperature	leaned and			~			+	19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition of returned, previously reconditioned	served or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
					Priority Foundation	T4 (2.D.	inta) -	i a I a s	tions	Rea	uire	Cor	rrective Action within 10 days	_
					1110110, 1 0 0 1 1 0 1 1	Items (2 Po	mus) v	wa						
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OUU	N V V V V V V V V V V V V V V V V V V V	N	A	O S	21. Person in charge present, demonstration of and perform duties/ Certified Food Manager/ 22. Food Handler/ no unauthorized persons/ p  Safe Water, Recordkeeping and Food Labeling  23. Hot and Cold Water available; adequate p.  24. Required records available (shellstock tag destruction); Packaged Food labeled  Conformance with Approved Proce.  25. Compliance with Variance, Specialized Presential Processing methods; manufacturer instruction.  Consumer Advisory  26. Posting of Consumer Advisories; raw or use foods (Disclosure/Reminder/Buffet Plate)/ All.  Core Items (1 Point) Violations Required Prevention of Food Contamination.  34. No Evidence of Insect contamination, rode animals.  35. Personal Cleanliness/eating, drinking or to the second process.  36. Wiping Cloths; properly used and stored.  37. Environmental contamination.  38. Approved thawing method.  Proper Use of Utensils.  39. Utensils, equipment, & linens; properly uses.	onnel of knowledge, Posted ersonnel  Package ressure, safe s; parasite  dures rocess, and ed s  under cooked elergen Label ire Corrective on ent/other obacco use	Action	2  VM	I N V V V V V V V V V V V V V V V V V V	N O	N A N N N N N N N N N N N N N N N N N N	C O S	Food Temperature Control/ Identification  27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature  28. Proper Date Marking and disposition  29. Thermometers provided, accurate, and calibrated; Chemica Thermal test strips  Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/insp report sign por 12/31/2024  Utensils, Equipment, and Vending  31. Adequate handwashing facilities: Accessible and properly supplied, used  32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used  33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided  tys or Next Inspection, Whichever Comes First  Food Identification  41.Original container labeling (Bulk Food)  Physical Facilities  42. Non-Food Contact surfaces clean  43. Adequate ventilation and lighting; designated areas used  44. Garbage and Refuse properly disposed; facilities maintained, and clean	sted)

## **Retail Food Establishment Inspection Report**

Received by: (signature) Asma Ziadeh	Print: Asma Ziadeh	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Item/Locate WIF an WIC/be strawb	· ·	Temp F 1 36	TEMPERATURE OBSERVA  Item/Location  front reach in freezer ambier	ATIO	NS	all, TX					
WIF an WIC/be strawb under	nbient erries for reference	1		1							
WIC/be strawb under	erries for reference	•	front reach in freezer ambier		Temp F	Item/Loca	tion	Tem			
strawb under		36		nt	17						
under	perries for refernce		front cooler/self serv	⁄e	34						
		39									
under o	counter cooler/juice	37									
	under counter freezer/acai										
cold top	b/berries for reference	41									
pineapple for reference		41									
unde	er/chia pudding	41									
	_	Ol	SERVATIONS AND CORRECT	TIVE	ACTIO	NS		L Comment			
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
E	Back hand sink 104F equipped										
E	Back hand sink 108	F									
	3 comp sink 130F										
	Sani sink setup to 200ppm quats										
	Test strips on site										
	Sani bucket to be setup during prep and service/setup at inspection  Spray bottles to be labeled/chemicals to be stored low and separate/ not over 3 comp sink/COS										
	Spray bottles to be labeled/chemicals to be stored low and separate/ not over 3 comp sink/COS  Condensation in WIE/to protect foods under/discarded bananas with Condensation on them from above										
	'										
	<u> </u>										
	Spinach out for service/small amounts only/kept overnight in WIC  Juicer cleaned after every order/strainer as well										
		•									
	Blenders WRS after			lo 0							
			scoop/not a disposabl	e c	up						
	Front hand sink 118										
		•	except turmeric and ginger sho				•				
-	Using FIT for fruits and vegetables										
	Food Allergen disclaimer on front display and on menu boards, front door as well										
-	<u> </u>										
45	To clean walls behi	nd 3 co	mp sink								