Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 12/16/2020		20	Time in: Time out:			License/Permit # FOOD5046							Est. Type Risk Category Page 1 of	2			
12/16/2020 Purpose of Inspec					0.00	11:20											
Establishment Name: Con					Conta	3-Complaint 4-Investigation cact/Owner Name: nee Dowlatshahi					auor	<u> </u>	S-CO/Construction	KE			
Physical Address: 561 I-30 Rockwall, TX Pest control: Terminix/monthly							wiais	Hood Grease trap: Follow-up: Yes			Follow-up: Yes / 11/89/	11/89/B					
56					Vall, IX Status: Out = not in cor	TNI - :	erminix/	00	$\mathbf{O} = \mathbf{not}$	obser	rved	N/	-		ole/25gal/monthly No Poplicable COS = corrected on site R = repeat violation W-Wat	ch	
Ma					points in the OUT box for	each numbered		Mark '	√' a ch	eckm	ark in	appr	opria	te bo	policable COS = corrected on site R = repeat violation W- Wat to so for IN, NO, NA, COS Mark an in appropriate box for R in appropriate box for R	CII	
O U	mpli I N	iance N O	Sta N A	tus C O	Time and Tem			ty	R	O		iance N O		C O	Employee Health	R	
T	-,			Š	(F = de 1. Proper cooling time a	egrees Fahrenhe and temperature				T				Š	12. Management, food employees and conditional employees;	+	
	~										~				knowledge, responsibilities, and reporting		
	~				2. Proper Cold Holding	temperature(41	1°F/ 45°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
		>			3. Proper Hot Holding to	emperature(135	5°F)								Preventing Contamination by Hands		
		~			4. Proper cooking time a					3					14. Hands cleaned and properly washed/ Gloves used properly		
		~			5. Proper reheating proc Hours)	cedure for hot h	nolding (16	55°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N.)		
	~				6. Time as a Public Hear	lth Control; pro	ocedures a	& records							Highly Susceptible Populations		
					Арр	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required eggs cooked		
	ار،				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite												
	~				destruction PFG/Sysco										Chemicals		
	<				8. Food Received at pro		e				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					check at rece		ination				~				Water only 18. Toxic substances properly identified, stored and used	+	
					Protection from Contamination 9. Food Separated & protected, prevented during food						<u> </u>						
	~				preparation, storage, dis			1 1	Ш			1 1			Water/ Plumbing		
W					10. Food contact surface Sanitized at _200_ p	ppm/temperatu	ire				~				19. Water from approved source; Plumbing installed; proper backflow device		
	11. Proper disposition of returned, previously served or reconditioned discarded							~				20. Approved Sewage/Wastewater Disposal System, proper disposal					
					J J.												
					Prio		ation Ite	ems (2 Po	ints) 1	viola	tions	Req	uire	Cor	trective Action within 10 days		
O U T	I N	N O	N A	C O S	Demonstration	ority Foundary	e/ Personn	iel	ints) 1	o U T	I N	Req N O	vuire 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/ Cer 1	ority Founda of Knowledge esent, demonstratified Food Ma	e/ Personn ration of k anager/ Po	nowledge, sted	_	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)

	nent Name: a Getti	Physical A		City/State:	wall, TX	License/Permit #	Page <u>2</u> of				
			TEMPERATURE OBSERVA		- ,						
Item/Loc	ation	Temp F	Item/Location	Temp	F Item/Loc	ation	Tem				
WIC/p	pasta	41	pizza cold top/sausag	- 							
COC	oked chicken	41	ham	39							
	meatballs	41	under/cheese	4′							
	lasagna	41	meat cold top/shrim	39)						
sa	lad cold top		cut tomatoes	40)						
CU	ıt tomatoes	41	under/lasagna	4							
coc	oked chicken	41	2 door freezer ambien	8							
3 dod	or freezer ambient	9									
			SERVATIONS AND CORRECT	IVE ACT	IONS						
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHMI	ENT HAS BEEN MADE. YOUR ATTEN	ITION IS D	IRECTED TO	THE CONDITIONS OBSE	ERVED AND				
	Hand sink 106 F										
31	Need paper towels	at hand	sinks and soap at dish	washe	r hand si	nk					
34	Need paper towels at hand sinks and soap at dishwasher hand sink Dead roaches. Call pest control. Have them come out as often till gone.										
	3 comp sink 142 F										
14	Must always first wa	ash han	ds upon entering resta	urant E	EFORE	gloving to start	prep				
42	Must always first wash hands upon entering restaurant BEFORE gloving to start prep Clean hood vents										
	Dishwasher hand s	ink 100	+ F								
40											
	Ice cream macaroons lo	cked. Si	gn posted to ask for assistar	ice. ing	redients up	oon request sign p	osted.				
45	Must clean walls be	hind pr	ep/stove								
42/45	Clean WIC under s	helves/	on floor, lots of food de	bris							
45	Maintenance to floo		·								
40			ial use. Behind dishwa	sher ha	and sink						
	Dishwasher 100 pp	m blead	ch								
	Sani bucket 200 pp	m quats	3								
42	Clean air return ver		ng tiles								
	Bar 3 comp sink 11	0 F									
	No bar hand sink										
W	Watch soda boots i										
W		tion in 2 door cooler									
	RR sinks 100 F		,				A.I.O.				
32			hout/rusty shelves und	er prep	tables, s	nelves under \	/VIC				
W			ut when prepping food								
	l emps were all god	od in all	coolers today. keep m	onitorir	ng.						
Received	by:		Print:			Title: Person In Charg	ge/ Owner				
(signature)	•	ahi	Samee D	owlat	shahi	Owner					
Inspected (signature)		orte	Christy	Co	rtez	Samples: Y N	# collected				