

Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: 06/02/2021	Time in: 10:44	Time out: 11:32	License/Permit # FS 8728 need 2021 posted	Est. Type Pizza to go	Risk Category Med	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: Pizza Hut 27450 ridge / horizon	Contact/Owner Name: Premila	* Number of Repeat Violations: _____	✓ Number of Violations COS: _____	9/91/A
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Physical Address: Ridge road	Pest control : Ecolab 5/24/21	Hood 04/21	Grease trap : Southwaste 04/20/21 1500	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> HS
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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 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

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					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				Preventing Contamination by Hands					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				Highly Susceptible Populations					
								<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>				Chemicals					
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	
							<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				Water/ Plumbing					
		<input checked="" type="checkbox"/>				W					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				

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					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
		<input checked="" type="checkbox"/>				W					
		<input checked="" type="checkbox"/>									
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
				<input checked="" type="checkbox"/>		2					
Consumer Advisory						W	<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				

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							<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				Physical Facilities					
		<input checked="" type="checkbox"/>				1					
1						W					
		<input checked="" type="checkbox"/>				1					
Proper Use of Utensils						1					
1						1					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Garrido	Print:	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Pizza Hut 027450	Physical Address: Ridge road	City/State: Rockwall	License/Permit # FS 8728	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Beverage cooler	39	Proofer	40		
Beverage cooler in back	39	Wing freezer	12		
New pizza table		Small cooler for wings temp	32		
Chicken	41	PiZa warmer unit	154		
Cheese	41	Two door freeEr	1		
Meat mix	41	Wif	-10		
Tomatoes	41	Wic	26		
Ambient below	39/41	Wings /pasta	37/30		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Corrective Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
31	Hand sink in front -pedal for hot is not turning off BUT hand sink in back is available -126 F
31	Will repair hand sink asap / using one in back
W	Remind see to relieve the shipping liner on the new pizza table as it becomes difficult to clean.
	New pizza table borderline
42	Clean gaskets on new pizza table
	Sanitizer in bucket 200 ppm
42	Clean spills inside any and all equipment where needed
42	Clean food containers exteriors too
	Washing and sanitizing wing bowls every 4 hrs or less
	Hot water in restroom at 124 F
46	Restroom needs tlc - cleaning - observed insect in toilet
45	Repair tiles around back door
45	Repair opened cap to cleanout out side
39	Remove old equipment outside
44	Clean around grease container outside
45	Detailed cleaning around back door inside facility as well
45	Clean air vents where needed
W	Wif - New bulb on site / small amount of condensation from pipe behind fan box
W	New ceiling tiles on site to new replaced
45	Clean wall behind three comp sink and all around including drains
	Must watch sprayer at three comp sink to keep it self retracting above the over flow
42/45	Clean under shelving and shelving itself in wic
	Dishmachine 100 ppm
	Keep an eye on plastic lining in trash cans for pans
W	Address accumulation on rings / pans etc
	Clean conveyor to pizza unit

Received by: (signature) See above	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Samples: Y N # collected

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