reo Foll	q u ow	ire			of \$50.00 is ifter 1st			City of	Rock	Ś		In	spe	ecti	ion Report		Allergy po Vomit clea Employee	olicy/traini an up	ng
	ate:	8/2	20	20	Time in: 9:15	Time out: <b>11:00</b>		License/F								Est. Type	Risk Category	Page $\underline{1}$ of	2
					tion: 🖌 1-Routine	2-Follow U		3-Compla	31	4-	Inve	estiga	atior	1	5-CO/Constru	uction	6-Other	TOTAL/SCO	ORE
	tabli <b>xas</b>				esby CAFE		Pres	tact/Owner	Name:						<ul><li>★ Number of F</li><li>✓ Number of V</li></ul>			2/98/	٨
	ysica izon	ul Ao	ddre	ess:		Ma	st cont ssey m	onthly		Ho 09/2	od 2020				e trap : 2020 3000		Follow-up: Yes	2/90/	A
M					tatus: Out = not in components in the OUT box for	mpliance $IN = in$	complia	nce N Mark	$\mathbf{O} = \text{not } \mathbf{O}$					-	$\begin{array}{l} \text{oplicable} & \text{COS} = c\\ \text{D, NA, COS} \end{array}$	corrected on a	site $\mathbf{R}$ = repeat views from $\mathbf{R}$ = repeat	plation W-Wat	tch
					-					re In	nmed	diate	Cor	rect	ive Action not to ex				
Co O U	mpli I N	nce N O	Stat N A	tus C O		perature for F		°ety	R	0	0 I		nce Statu N N 0 O A 0		Employee Health				
Ť				Š	(F = de 1. Proper cooling time a	egrees Fahrenhe and temperature	it)			Ť		-		ŝ	12. Management, f		yees and conditional	employees;	
															knowledge, respon				
	~	2. Proper Cold Holding temperature(41°F/ 45°F)							13. Proper use of restriction and exclusion; eyes, nose, and mouth						nd exclusion; No dis	charge from			
	~				3. Proper Hot Holding t See	temperature(135	°F)								Policy Prev	venting Cor	ntamination by Har	nds	
	-	4. Proper cooking time and temperature												14. Hands cleaned	and proper	rly washed/ Gloves	used properly		
					5. Proper reheating proc Hours)	cedure for hot ho	olding (	165°F in 2			~						ready to eat foods of owed (APPROVED		
	6. Time as a Public Health Control; procedures & records							Gloves Highly Susceptible F						eptible Populations					
	Ľ	-			Prep only - hsp group	proved Source									16. Pasteurized for	ods used; pr	ohibited food not of		1
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite											Using P egg	Pasteurized eggs used when required Using P eggs Chemicals					
	-	_			destruction US / fre 8. Food Received at pro								- 1		17. Food additives	; approved a	and properly stored;	Washing Fruits	
	~				Checking at ar						~				& Vegetables		h test strips / te	-	,
						ı from Contami					~				18. Toxic substanc	es properly	identified, stored ar	nd used	
	~				9. Food Separated & propreparation, storage, dis			ig food								Wate	r/ Plumbing		
	~				10. Food contact surface Sanitized at _200_			eaned and			~			-	19. Water from ap backflow device <b>City inspec</b>	· .	ce; Plumbing install	ed; proper	
		~			11. Proper disposition or reconditioned <b>Disc</b>	of returned, previous arded	iously s	erved or			~						vater Disposal Syste	m, proper	
			_				tion I	tems (2 Po	oints) v	iolat	tions	Req	uire	Cor	rrective Action with	hin 10 days	3		+
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	Person	mel	R	O U T	Ν	N O	N A	C O S	Food T	emperatur	e Control/ Identific	cation	R
	~				21. Person in charge pre and perform duties/ Cer						~				27. Proper cooling Maintain Product		ed; Equipment Ade	quate to	
	· •/				3 22. Food Handler/ no un	nauthorized pers	ons/ pe	rsonnel		-					28. Proper Date M	•			_
					13 Safe Water, Recor	rdkeeping and l Labeling	Food P	ackage			~				Thermal test strips		ccurate, and calibra	ted; Chemical/	
	~				23. Hot and Cold Water Over 120	r available; adeq	uate pre	essure, safe			<u> </u>				Yes Permit Re	quirement,	, Prerequisite for O	peration	T
					24. Required records av destruction); Packaged		ck tags;	parasite			~					hment Per	mit (Current/ insp s	ign posted )	Т
	<b>-</b>				Conformance v	with Approved	Proced	ures			ľ				Posted	ensils. Equi	pment, and Vendir	g	
	~				25. Compliance with Va HACCP plan; Variance processing methods; ma	ariance, Speciali obtained for spe	zed Pro cialize	cess, and			~						cilities: Accessible a	-	
					Cons	sumer Advisory	7			W	~				designed, construc	ted, and use	ct <u>surfaces cleanabl</u> e <u>d</u>	e, properly	
	. /				26. Posting of Consume foods (Disclosure/Remi					١.					Watch cone 33. Warewashing I Service sink or cur	Facilities; ir	nstalled, maintained,	used/	┢
_	<u> </u>				Ingredients by reque	est / placed or	n meni	1			ľ.			_	Will Follow	/up oñ	machine w	<u>nen ready</u>	
O U	I	N O	N	C	Core Items (1 Poin				R R	0	Ι	Ν	Ν	С	ys or Next Inspect				R
T	N	0	A	O S	34. No Evidence of Inse	of Food Contan				U T		0	A	O S	41.Original contain		dentification (Bulk Food)		
					animals 35. Personal Cleanlines				+		r				6 vonati				
				-	36. Wiping Cloths; prop	-	-		+	_					42. Non-Food Con	•	cal Facilities		
	<ul> <li></li> </ul>			-	In buckets 37. Environmental cont	amination			+	-		$\left  - \right $			43. Adequate vent	ilation and l	ighting; designated	areas used	+
$\vdash$	•			-	Watch conden 38. Approved thawing r Pull	isation in	WIT		+	-	•	$\left  - \right $			*		erly disposed; faciliti		┢
		<b>~</b>	_	_			1			-	<u>Ľ</u>	$\vdash$		_			l, maintained, and cl		_
					rrope	r   co of   tong				11	1	1			Bomodol / Ma	unt issue	s and etc F W C	•	1
					39. Utensils, equipment		erly use							-	46. Toilet Facilitie	s; properly	constructed, supplie	d, and clean	
	<u>~</u>				39. Utensils, equipment dried, & handled/ In us Watch 40. Single-service & sir	t, & linens; prop se utensils; prope	erly use erly use	f		1			_	_	46. Toilet Facilitie	ed will b		d, and clean	

## **Retail Food Establishment Inspection Report**

## City of Rockwall

(signature) Nichole Anguiano	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: DY CAFE	Physical A Horizo		City/State: Rockwal		License/Permit # FS 8646	Page	<u>2</u> of <u>2</u>				
Item/Loca	otion	Tomp E	TEMPERATURE OBSERVAT	1	Itom/Logotic	Location Temp F						
Bev co		<u>Temp F</u> 35,	Upright cooler	Temp F 33	Item/Location Alto sham potatoes							
	Salad unit	37/39	Cheese	39	Steam table tray line							
	Vilk cooler	37/40	Warmer		Stew / Gravy			168/189				
	oda cooler	38	Potatoes / burgers	167/169	Salad cold top empty			33				
	cream freezer	35	Wic	,		nit Salad n						
	old top in grill	36	Butter near door	41		ne upright /n						
	eam ambient	188	Hard boiled eggs			Wif		-1				
	oright freezer	-8	Stew / cheese	37/37								
Observations and corrective actions												
Item Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
Number	Noted Below:											
	Items made on site are packaged for self service now - replacing salad bar - labeling with common Name and ingredients by request											
	Name and ingredients by request           Customers are filling cups self service -no refills at this time											
	Best Invert styro clam	•		-								
	Hot water 136 F - wate											
	Sani bucket 200 ppm											
		utting boards to rotate on site										
	Sink sanitizer 200 ppm											
	Gloves used to touch											
		at you put next to hand sink in warewashing areas										
45	Dry storage area - crowded but looks good											
40	<ul> <li>Maint issues with flooring etc will be addressed with remodel</li> <li>Keep an eye on bamboo strainer - wire is questionable</li> </ul>											
	Discussed storage of bacon and P eggs Draining Dishmachine after each meal											
Cos	Will Followup on Dish	machine	this afternoon - unit just refi	lled and	heating u	p at insp						
	Unit reached temp at e	end of ins	p confirmed with label									
	Using peroxide in dining area and quats in food prep areas / social distancing / masks / employees											
<b>D</b> (	Screened prior to entry /											
Received (signature)	See abov	/e	Print:			Fitle: Person In Charge/ (	Uwner					
Inspected (signature)			Print:									
Form FU oc	(Revised 09-2015)	ur ur			5	Samples: Y N #	collecte	ed				