

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: 02/07/2024	Time in: 10:59	Time out: 11:45	License/Permit # Food 6674	Food handlers 0	Food managers 1	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: Quest Academy	Contact/Owner Name: RISD	* Number of Repeat Violations: _____	0/100/A
Physical Address: 1050 Williams		Follow-up: Yes <input type="checkbox"/> No <input checked="" 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 X 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					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
1. Proper cooling time and temperature No left overs						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
2. Proper Cold Holding temperature(41°F/ 45°F) See						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
	<input checked="" type="checkbox"/>					Preventing Contamination by Hands					
3. Proper Hot Holding temperature(135°F) See						14. Hands cleaned and properly washed/ Gloves used properly					
	<input checked="" type="checkbox"/>										
4. Proper cooking time and temperature Logs show good / no raw Cooked						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Gloves					
			<input checked="" type="checkbox"/>			Highly Susceptible Populations					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Frozen /pasteurized					
			<input checked="" type="checkbox"/>			Chemicals					
6. Time as a Public Health Control; procedures & records Prep and service only						17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water					
	<input checked="" type="checkbox"/>					18. Toxic substances properly identified, stored and used Stored in Laundry room					
Approved Source						Water/ Plumbing					
	<input checked="" type="checkbox"/>					19. Water from approved source; Plumbing installed; proper backflow device					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						20. Approved Sewage/Wastewater Disposal System, proper disposal					
	<input checked="" type="checkbox"/>										
8. Food Received at proper temperature On logs											
Protection from Contamination											
	<input checked="" type="checkbox"/>										
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											
	<input checked="" type="checkbox"/>										
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature 160 SR											
			<input checked="" type="checkbox"/>								
11. Proper disposition of returned, previously served or reconditioned											

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"/>					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) One man kitchen 1 manager						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
22. Food Handler/ no unauthorized persons/ personnel None						28. Proper Date Marking and disposition Good					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
	<input checked="" type="checkbox"/>					Permit Requirement, Prerequisite for Operation					
23. Hot and Cold Water available; adequate pressure, safe See						30. Food Establishment Permit (Current/ insp sign posted) Posted					
	<input checked="" type="checkbox"/>					Utensils, Equipment, and Vending					
Conformance with Approved Procedures						31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped					
	<input checked="" type="checkbox"/>					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Watch					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Confirmed						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Confirmed					
Consumer Advisory											
	<input checked="" type="checkbox"/>										
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label New poster / allergies attached to accounts											

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					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
34. No Evidence of Insect contamination, rodent/other animals Back door looks good						41. Original container labeling (Bulk Food)					
	<input checked="" type="checkbox"/>					Physical Facilities					
35. Personal Cleanliness/eating, drinking or tobacco use Stored low						42. Non-Food Contact surfaces clean Watch					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
36. Wiping Cloths; properly used and stored Stored in bucket						43. Adequate ventilation and lighting; designated areas used					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
37. Environmental contamination See						44. Garbage and Refuse properly disposed; facilities maintained					
	<input checked="" type="checkbox"/>					45. Physical facilities installed, maintained, and clean Watch					
38. Approved thawing method Wic or oven						46. Toilet Facilities; properly constructed, supplied, and clean Equipped					
Proper Use of Utensils						47. Other Violations					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used See											
	<input checked="" type="checkbox"/>										
40. Single-service & single-use articles; properly stored and used											

