Followup fee of																							
\$50.00 after Retail Food Establishment Inspection Report Image: First aid kit First Followup Image: Allergy policy																							
Vomit clean up																							
City of Rockwall Employee health Date: Time in: Time out: License/Permit # CPFM Food handlers																							
Date: Time in: Time out: License/Per 6/11/24 8:00 9:07 FS-92											$\begin{array}{c c} CPFM & Food handlers \\ 5 & 20 & Page \underline{1} & of \underline{2} \end{array}$												
Purpose of Inspection: 1-Routin			tion: 🖌 1-Routine	2-Follo	w Up	3-Complai		_	4-In	vesti	igat	tion		5-CO/Construction 6-Other TOTAL/SCOR	E								
Establishment Name: Contact/Owner N QuickTrip #935 Oscar Millan							Vame	:						Number of Repeat Violations: <u>6</u> Number of Violations COS: <u>1</u>									
Physical Address: Pest control : 2006 S Goliad Rockwall, Tx Orkin 6/7/24								E N/	łood /a	l				e trap :/ waste oil Follow-up: Yes	3								
Compliance Status: Out = not in compliance IN = in compliance NO = not observed N										NA	= nc	ot ap	pplicable $COS = corrected on site R = repeat violation W= Watcl$	h									
Mark the appropriate points in the OUT box for each numbered item Mark '\' a checkmark 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 Time and Temperature for Food Safety 0 I N N C U N O A O						R	_	0	nplian I I N (N	Stati N A	US C O	Employee Health	R									
T	1	U	A	s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature						T		,	A	s								
		~			· · · · · · · · · · · · · · · · · · ·						L					knowledge, responsibilities, and reporting Sign posted at all hand sinks							
	~	2. Proper Cold Holding temperature(41°F/45°F) See													13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth								
-	~				3. Proper Hot Holding t See	emperature(135°F)									Preventing Contamination by Hands							
	•	~			4. Proper cooking time										~	14. Hands cleaned and properly washed/ Gloves used properly	_						
					5. Proper reheating proc Hours)	cedure for h	ot holding (1	65°F in 2							-	15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)							
		~			,	lth Control:	procedures	& records								Gloves used	_						
	~				6. Time as a Public Health Control; procedures & records									Т		Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered							
					Арј	proved Sou	rce				ŀ					Pasteurized eggs used when required Eqgs							
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite													Chemicals								
		destruction QT distribution center 8. Food Received at proper temperature										Т		17. Food additives; approved and properly stored; Washing Fruits									
	~				Checking	per tempere	lure				·					All precut and packaged							
					Protection from Contamination						L	/				18. Toxic substances properly identified, stored and used							
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											Water/ Plumbing							
3					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature					ľ						19. Water from approved source; Plumbing installed; proper backflow device							
_	~		11. Proper disposition of returned, previously served or reconditioned Discard					*	-				_		Air gap approved by building 20. Approved Sewage/Wastewater Disposal System, proper disposal								
DISCAIO Priority Foundation Items (2 Poi							ints)	viol	latio	ns R	eau	ire	Cor	rective Action within 10 days									
O U	O I N N C				R		0 U	II	N	N A	C O	Food Temperature Control/ Identification	R										
Т	./			S	21. Person in charge present, demonstration of knowledge,						Т				S	27. Proper cooling method used; Equipment Adequate to							
	V				and perform duties/ Certified Food Manager (CFM) 5 22, Food Handler/ no unauthorized persons/ personnel 20					_	ŀ					Maintain Product Temperature 28. Proper Date Marking and disposition							
											•					29. Thermometers provided, accurate, and calibrated; Chemical/							
					Safe Water, Recordkeeping and Food Package Labeling						•					Thermal test strips Digital thermo and strips current							
23. Hot and Cold Water available; adequ GOOD pressure				dequate pre	ssure, safe								Permit Requirement, Prerequisite for Operation										
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						L					30. Food Establishment Permit/Inspection Current/ insp posted Posted and current										
					Commercial Conformance with Approved Procedures											Utensils, Equipment, and Vending							
	~				25. Compliance with Va HACCP plan; Variance	obtained fo	r specialized				2					31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped, no hot water at one station							
	-				processing methods; ma	sumer Advi										32. Food and Non-food Contact surfaces cleanable, properly							
					Cons	amer Auvi	501 y			١	Ν					designed, constructed, and used Tea ice machine stand							
2					26. Posting of Consume foods (Disclosure/Remi	nder/Buffet			★	F				T		33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided							
-					Pastry case, no labe		ons Reauire	e Corrective		on N	lot to	o Exc	eed	190	Da	Confirmed 160 St ys or Next Inspection, Whichever Comes First							
O U T	I N	N O	N A	C O	Prevention				R		0 U	II	N	N A	C O	Food Identification	R						
т 1				S	34. No Evidence of Inse animals See	ect contamir	ation, roder	nt/other	★		Т				S	41.Original container labeling (Bulk Food)	_						
	~				35. Personal Cleanlines	s/eating, dri	nking or tob	acco use	\square							Physical Facilities							
	~				36. Wiping Cloths; prop Stored in solut	perly used an	nd stored		\square	Ī	1					42. Non-Food Contact surfaces clean							
	~				37. Environmental cont	amination				1	1						★						
	~	38. Approved thawing method Refrigerator					[1						★									
					-	er Use of Ut					1					45. Physical facilities installed, maintained, and clean							
1	39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used				★		·	/				46. Toilet Facilities; properly constructed, supplied, and clean Stocked and clean											
F	~				40. Single-service & single-use articles; properly stored and used						1			1		47. Other Violations CO2 tanks	★						
L																							

Retail Food Establishment Inspection Report

City of Rockwall

Received by:	Print:	Title: Person In Charge/ Owner
(signature) Oscar Millan	Oscar Millan	GM
Inspected by: (signature) Richard Hill	Print:Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: Trip #935	Physical A 2006 S	S Goliad	City/State: Rockwall	, Tx	License/Permit # Page 2		2 of 2					
Item/Loc	ation	Тетр	TEMPERATURE OBSERVA Item/Location	TIONS Temp	Item/Location			Temp					
	o roller grills	Temp	Ice freezer	18/16				36/34					
1	48,151,150,152		WIC beer	39	Pizza cooler								
Hot do	ogs 145,150, 152,151		WIF htt	10	Mozz,egg, sausage			38/38/34					
Sel	f serve sandwichs		WIC soda	39	Below macnchz			37					
Pizza ⁻	46, sausages croissa	148	Tortillas warmer	143	S	ub cooler							
E	Brisket egg taco,	160	Cold brew coffee cooler	- 36	36 Ham/turkey			36/36					
Sa	ausage egg taco,	155	Soft serve	39/39	Blend chz/chicken 36			36/37					
lo	e cream freezer	10			Cut lettuce/slice t			37/34					
OBSERVATIONS AND CORRECTIVE ACTIONS													
Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F													
42													
42/45	Clean all under cabinets at frozen drink station and behind												
10	Clean ice tea ice chute												
47	CO2 tanks need to be	e secure	to wall										
26	Allergen label on self serve pastry												
	Restrooms equipped	100 in b	oth rooms										
31	Hand sink equipped g	reater th	nan 105 throughout kitche	en except	by tortill	as warmer							
	3 comp sink set up, 115 quat sani 200ppm												
39	Hang mops to dry properly, sitting in bucket will attract flying insects												
	Dishwasher confirmed												
43	Light out over ice mac		•										
45	•		neath around shelves, obv	iously a re	ecent spill	exist							
44/34	Missing lids on dumps		tor organization shalves a	nd flooro	undor ohd	luce very dirty							
42/45			ter organization, shelves a za dough 34, slice cheese										
12/15			eath frozen drinks, behind										
34	Fruit flies observed be			machines,	11001, wa								
- 04													
D	h					Title, D	<u></u>						
Received (signature)	See abov	′e	See ab	ove		Title: Person In Charge/ C	Jwner						
Inspected (signature)		R		d Hill		<u> </u>	11	1					
Form EH-06	Form EH-06 (Revised 09-2015) V (