

# Retail Food Establishment Inspection Report

## City of Rockwall

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

|                            |                         |                           |                                    |                            |                           |                           |
|----------------------------|-------------------------|---------------------------|------------------------------------|----------------------------|---------------------------|---------------------------|
| Date:<br><b>06/15/2022</b> | Time in:<br><b>9:40</b> | Time out:<br><b>11:35</b> | License/Permit #<br><b>FS 9289</b> | Food handlers<br><b>15</b> | Food managers<br><b>3</b> | Page <u>1</u> of <u>2</u> |
|----------------------------|-------------------------|---------------------------|------------------------------------|----------------------------|---------------------------|---------------------------|

|  |                                      |                                      |  |  |                                  |                    |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|--------------------|
| 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 | <b>TOTAL/SCORE</b> |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|--------------------|

|  |  |                                      |                |
|--|--|--------------------------------------|----------------|
| Establishment Name:<br><b>QuikTrip 935</b> | Contact/Owner Name:<br><b>Quiktrip</b> | * Number of Repeat Violations: _____ | <b>12/88/B</b> |
| Physical Address:<br><b>Goliad</b>         |  | ✓ Number of Violations COS: _____    |                |

|  |      |  |  |
|--|------|--|--|
| Pest control :<br><b>Ecolab 04/11/22</b> | Hood | Grease trap/ waste oil<br><b>BHS 02/15/22 1000</b> | Follow-up: Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> Pics |
|--|------|--|--|

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 |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
| 3   |    |    |    | ✓   |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   |  |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    | ✓  |    |     |   |
|   |    | ✓  |    |     |   |  |    |    |    |     |   |
| <b>Approved Source</b>  |    |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
| 3   |    |    |    | ✓   |   |  |    |    |    |     |   |
|   | ✓  |    |    |     |   | ✓  |    |    |    |     |   |
| <b>Protection from Contamination</b>                                    |    |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
| W   |    |    |    |     |   |  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>              |    |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
| W   |    |    |    |     |   |  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
| <b>Consumer Advisory</b>  |    |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
| W   |    |    |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    |    |    |     |   |

### 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 |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  |    | ✓  |    |     |   | ✓   |    |    |    |     |   |
|  |    | ✓  |    |     |   | ✓   |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  |    | ✓  |    |     |   | W   | ✓  |    |    |     |   |
|  |    | ✓  |    |     |   | W   | ✓  |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  |    |    |    | ✓   |   | ✓   |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | <b>Physical Facilities</b>                            |    |    |    |     |   |
| W  |    |    |    |     |   | ✓   |    |    |    |     |   |
|  |    | ✓  |    |     |   | ✓   |    |    |    |     |   |
|  |    | ✓  |    |     |   | ✓   |    |    |    |     |   |

### 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 |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   |                            |    | ✓  |    |     |   |
|   |    | ✓  |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|   |    | ✓  |    |     |   | 1                          |    |    |    |     |   |
| 1                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   | 1                          |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
| 1                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
|   |    | ✓  |    |     |   |                            |    |    |    |     |   |

# Retail Food Establishment Inspection Report

## City of Rockwall

|  |        |                                |
|--|--------|--------------------------------|
| Received by:<br>(signature) <b>Oscar Millan</b>          | Print: | Title: Person In Charge/ Owner |
| Inspected by:<br>(signature) <i>Kelly kirkpatrick RS</i> | Print: | Business Email:                |

Form EH-06 (Revised 09-2015)

|  |                                    |                                |                  |             |
|--|------------------------------------|--------------------------------|------------------|-------------|
| Establishment Name:<br><b>Quiktrip 935</b> | Physical Address:<br><b>Goliad</b> | City/State:<br><b>Rockwall</b> | License/Permit # | Page 2 of 2 |
|--|------------------------------------|--------------------------------|------------------|-------------|

| TEMPERATURE OBSERVATIONS                       |         |                             |            |                                     |             |
|--|---------|-----------------------------|------------|-------------------------------------|-------------|
| Item/Location                                  | Temp F  | Item/Location               | Temp F     | Item/Location                       | Temp F      |
| Island unit ambient                            | 33-37   | Taquito rollers (2) product | 141/159    | Sandwich table eggs                 | 38          |
| Hot dog 2 rollers product                      | 146-150 | Hot slides ambient          | 163-178    | Tomatoes / chicken / turkey         | 39/39/39    |
| Burrito / buffalo chicken rollers product      | 150-158 | <b>Burrito</b>              | <b>156</b> | <b>Floor cooler</b>                 | <b>30's</b> |
| Egg roll / corn dog                            | 139-148 | Soft serve unit             | 41         | Product on south side on outer edge | 46-54       |
| Hot drawers chicken                            | 179     | Dairy UC                    | 35/37      | Product at back                     | 39-40 F     |
| <b>Pork/ brisket</b>                           | 177/172 | Tortilla unit               | 136        | Sandwich cooler                     | 30-         |
| Cold top unit pizza inside Mac n cheese / eggs | 31/41   | Under counter freezer       | -10        | Main wic                            | 31-35       |
| Sausage gravy / sausage                        | 33/38   | UC Cooler pork              | 35         | Taquitos/ eggs/                     |             |

| OBSERVATIONS AND CORRECTIVE ACTIONS |  |
|-------------------------------------|--|
| Item Number                         | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:                                  |
| W                                   | Observed oil spill outside back door ... to address -left by milk guy / no fryers on site  |
| 42/45                               | Clean inside and under ice unit  |
|                                     | Hot water in womens restroom is 101 F / hand sink in prep 103  |
| 42                                  | Need to clean inside tea drawers under boxes / also to scrub old residual onnspogots   |
|                                     | All smoothie machines to be cleaned per manuf specs etc / powder and water unit- non dairy   |
| 42                                  | Tea spigots are w r s daily and scrubbed weekly - need to scrub outside  |
| W                                   | Need to have ingredients available for pastries self service/ some Ingredients on packaged are difficult to read Ex: donut holes                           |
| 07                                  | Watch for unsound condition for salami etc ... one package dis colored   |
|                                     | Hot holding cabinet is blowing hot air as well / food temps 150  |
|                                     | Hot water at hand sink in prep area 108 / hot water at three comp 136  |
|                                     | Tongs for self service e are replaced every 3 hrs / cutting boards replacing every two months  |
| W                                   | Avoid over filling meat drawers which allows the food to touch and accumulate on the interior of the unit - to be cleaned every 4 hrs or less              |
| 39                                  | Best to store scoops with handles out  |
| 37                                  | Condensation inside pizza table and pans of eggs are sitting in Water to address ASAP and store out of water   |
| 34                                  | Flies flies flies  |
| W                                   | Avoid placing a cup inside the drain under the steamer condensation line   |
| 42/45                               | General cleaning under behind and around equipment   |
| 02                                  | Discarded food in the danger zone in the floor cooler and rearrange to keep food cold in rear  |
| 40                                  | To eliminate use of cardboard inside cabinets under frozen unit  |
| 45/42                               | Maint walls needed in mop sink area and inside room under machines etc   |
| 3745                                | Floor storage is an issue in wic and need to clean floors under tanks etc / dust fan guards where needed   |
| 42/45                               | Wif - -13 F / to clean inside / wic for beverages 35 F also clean inside / floor / sticky etc  |
| 45                                  | Clean floor drains where needed /  |
|                                     | Ice is bagged on site / hands washed / never placing on floor etc - ice machine cleaned  |
| W                                   | Adding eye wash to hand sink in back has lowered the air gap at the faucet   |
| 42/45                               | General detailed cleaning under And around ice machine /sinks / shelving in back room / watch floor storage in side storage room / floor sticky in Bev WIC |
|                                     | Sink sanitizer 200 ppm/ hot water 136/ Dishmachine SR sticker 160  |
| W                                   | Store sanitizer buckets low but not on floor as well   |

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

Form EH-06 (Revised 09-2015)