Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Da 9 /		1/2	202	20		Time out: 12:10		icense/Per S-94							Est. Type	Risk Category	Page 1	of <u>2</u>
					tion: 1-Routine	2-Follow U		-Complair		4-	Inve	stiga	ation	1	5-CO/Construction	6-Other	TOTAL/SO	ORE
Establishment Name: R Donuts Physical Address: Contact/Owner N Sung Kim Pest control:							ame:	Hood Grease			Gı	rease	✓ Number of Violations Co	* Number of Repeat Violations: V Number of Violations COS: ap : Follow-up: Yes		6/B		
33	01	ÑG	Soli	ad	Rockwall, TX	Pre	event/6m	no							le/100gal/6mo	No 🗌		
Ma					Status: Out = not in compoints in the OUT box for e	each numbered is	item	Mark '✓		eckma	ark in	appı	opria	ite bo	plicable COS = corrected on sox for IN, NO, NA, COS Mar ive Action not to exceed 3 day	rk an 💢 in appropriate	lation W-W e box for R	atch
	mpli	iance								C	ompl	iance	e Stat	tus	ve recon not to exceed 5 day	y 3		
U T	N O A O Time and Temperature for Food Safety					R	O I N N N A			N A	C O S				R			
	1. Proper cooling time and temperature					~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting								
	~	2. Proper Cold Holding temperature(41°H					°F/ 45°F)	5°F)			~				13. Proper use of restriction are eyes, nose, and mouth	restriction and exclusion; No discharge from mouth		
	3. Proper Hot Holding temperature(135°F)												Preventing Con	ntamination by Han	ds			
		4. Proper cooking time and temperature			•								14. Hands cleaned and properly washed/ Gloves used properly Qloves used					
		5. Proper reheating procedure for hot I Hours)			edure for hot ho	olding (165°	ding (165°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N.)				
3					6. Time as a Public Heal	th Control; pro	ocedures &	records							Highly Susce	eptible Populations		
											.,				16. Pasteurized foods used; prohibited food not offered			
			Approved Source					1							Pasteurized eggs used when required eggs cooked			
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Dawn				ood in							Chemicals					
	~	8. Food Received at proper tempera			е				/				17. Food additives; approved a & Vegetables	and properly stored;	Washing Fruit	S		
						from Contami	ination			3					18. Toxic substances properly	identified, stored and	d used	
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting				ood							Water/ Plumbing						
	~				10. Food contact surface: Sanitized at 100 p			ed and			~				19. Water from approved sour backflow device	ce; Plumbing installe	ed; proper	
	~				11. Proper disposition of reconditioned disca	returned, previ	viously serve	ed or			~				20. Approved Sewage/Wastew disposal	vater Disposal Syster	n, proper	
					Prio	rity Founda	ation Iten	ns (2 Poi							rective Action within 10 days	3		
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge/	/ Personnel	l	nts) v	iolat O U T		Req N O	nire N A	C C O S		e Control/ Identifica	ation	R
				0		of Knowledge/	e/ Personnel	owledge,		O U	I	N	N	C 0		e Control/ Identificated; Equipment Adec		R
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Retail Food Establishment Inspection Report

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below (signature)	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	Address:	City/State:		License/Permit #	Page <u>2</u> of <u>2</u>				
	onuts		N Goliad	Rockwa	all, TX	FS-9410					
Item/Loc	eation	Tomp E	TEMPERATURE (Item/Location	DBSERVATIONS Temp F	Item/Loca	tion	Town D				
		Temp F	Tem/Location	тетр г	1tem/Loca	uvil	Temp F				
2 doo	r reach in cooler										
	cheese	41									
	ham	41									
2 do	or freezer ambient	5.8									
2 d	oor glass front	37									
		OF	 	ORRECTIVE ACTIO	NS						
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:					HE CONDITIONS OBSE	RVED AND				
	Hand sink 100+										
31	Must have soap and	d paper	Towels at hand	sink							
6	MUST have TPHC				ours.						
37	Floor storage. Mus				<u></u>						
35	Store employee drii				es						
	3 comp sink 110+		1								
	back hand sink 100)+									
32	Sand/bleach back p	rep tab	le near door								
40				aper and bags.	Use pla	astic lids instea	ad.				
18	Avoid re-use of styrofoam cups, also wax paper and bags. Use plastic lids instead. Spray bottles must be labeled appropriately. Sanitizer/ water, etc										
W	Pest control hasn't been performed in a year. owner called today.										
	Sani bucket setup t	o 100 p	pm bleach								
W	Vent Hood has not		•	nally. Will advis	se fire de	ept.					
29	Need metal stem th										
42	Clean dough mixer,	, equipn	nent								
	Covid 10 Pospons										
	Covid-19 Respons Employees wearing masks and gloves										
	Employees wearing masks and gloves Shield at register										
	Contact surfaces sanitized every 4 hours										
	Only self serve is coffee										
	Monitoring employee daily.										
	Testing if ill or expo										
Received (signature)	l by:		Print:			Title: Person In Charge	e/ Owner				
(Tiyoung Hur d by: Chvisty C		Jiyo	oung Hui							