## Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:			^	1	Time in:	Time out:		License/Pe							Est. Type Risk Category Page 1 of 2	2		
9/20/2021 11:00 11:56 FS- Purpose of Inspection: 1-Routine 2-Follow Up 3-Com						-Inve	etia	ation	<del>. </del>	5-CO/Construction 6-Other TOTAL/SCOR								
Establishment Name:  R Donuts  Contact/Owner Name											-11176	suga	auoi	1	* Number of Repeat Violations: ✓ Number of Violations COS:	XE.		
Physical Address: Pest control:										Hood Grease Vent Hood US/yearly Trimble			G	reas	e trap : Follow-up: Yes / 15/85/	В		
33					tatus: Out = not in cor	TAT .	event/6r		) = no	٠								
Compliance Status: Out = not 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  NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark '\s' a checkmark 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																		
Co	Compliance Status						R	(	Compliance Status		tus C							
U T	N	0	A							U N O A O Employee Health					Employee Health  12. Management, food employees and conditional employees;			
	~				1. Froper cooling time a	and temperature	3				~				knowledge, responsibilities, and reporting			
3								13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth										
)					3. Proper Hot Holding to	. Proper Hot Holding temperature(135°F)								•				
	4 Pr				4. Proper cooking time and temperature						V				Preventing Contamination by Hands  14. Hands cleaned and properly washed/ Gloves used properly			
		5. Proper reheating procedure for hot holding (165°F in 2				°F in 2	$\dashv$		15. No bare hand contact with ready to eat foods or			15. No bare hand contact with ready to eat foods or approved						
	Hours)										alternate method properly followed (APPROVED Y N. )							
	6. Time as a Public Health Control; procedures & records stickers on trays										Highly Susceptible Populations  16. Pasteurized foods used; prohibited food not offered							
					Approved Source						~				Pasteurized eggs used when required  eggs COOKed			
	V			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Dawn, TX Bakery										Chemicals				
				8. Food Received at proper temperature  check at receipt						~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
				Protection from Contamination						~				Water only 18. Toxic substances properly identified, stored and used				
	~	9. Food Separated & protected, prevented during food									Water/ Plumbing							
					10. Food contact surface	es and Returnab	bles ; Clean	ed and							19. Water from approved source; Plumbing installed; proper			
3					Sanitized at 100	ppm/temperatur	re				~				backflow device			
	~				11. Proper disposition o	_	viously serv	ed or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal			
		Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days										Req						
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OUTT	N V V V V V V V V V V V V V V V V V V V	N	N	O S	21. Person in charge proper and perform duties/ Cer 1  22. Food Handler/ no ur Safe Water, Record 23. Hot and Cold Water 24. Required records av destruction); Packaged 1  Conformance w 25. Compliance with Variance processing methods; ma Cons 26. Posting of Consume foods (Disclosure/Remi Core Items (1 Poin Prevention of 34. No Evidence of Inseanimals 35. Personal Cleanlines: 36. Wiping Cloths; proper 37. Environmental contains 38. Approved thawing response 39. Utensils, equipment	ratified Food Manauthorized personal Labeling ravailable; adectariance, Special obtained for spanufacturer instructions of Food Contarted Contamination obtained for spanufacturer instruction of Food Contarted Contamination of Food Contarted Contact Contamination of Food Contarted Contact Conta	ration of known an ager/ Post resons/ person  Food Pack quate pressure ock tags; pathological processor ock tags; pathological ructions  Ty aw or under tate)/ Allerget ruction on, rodent/on gor tobaccon on tobaccon occurrence of the processor o	owledge, ed  nnel  stage  ure, safe  rasite  storective  stored,	*	2	V V V V V V V V V V V V V V V V V V V	O Carrette N	A A A A A A A A A A A A A A A A A A A	C O S	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature  28. Proper Date Marking and disposition  29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital  Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/insp report sign posted)  12/31/2021  Utensils, Equipment, and Vending  31. Adequate handwashing facilities: Accessible and properly supplied, used  32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used  33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided  28. Provided Testing Properly designed Contact surfaces cleanable, properly designed, used			

## **Retail Food Establishment Inspection Report**

1st followup is free. Any additional followups will result in a \$50 fee.

Received by:	Print:	Title: Person In Charge/ Owner
(signature) Tiyoung Hur	Jiyoung Hur	Owner
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	Address: N Goliad 105	City/State: License/Permit # Page 2 of State: FS-9410								
			TEMPERATURE OBSE		,	1 0 0 1 10						
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Locat	ion	Temp 1					
2 door	cooler/ham	44										
	sausage	44										
	cheese	44										
2 door freezer ambient		9										
2 door	2 door glass front cooler ambient											
Item	AN INSPECTION OF VOLDES		SSERVATIONS AND CORR			IE CONDITIONS ODSI	EDVED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 100+F											
			oods. Will attach TPH	IC form to be	filled out	and emailed to	o city.					
	Advised to keep red											
2	2 door cooler must	cold ho	ld at 41 or below. V	Vill check ba	ck in 3	days for follov	vup.					
	3 comp sink 110+F											
	back hand sink 100+F											
32	Must use commerc	ial equij	oment NSF in kitche	en								
40	<del>-  </del>											
	Must wash, rinse, sanitize all dishes, utensils used in kitchen											
35	35 Store employee items low and separate in coolers											
32	Rusty shelf where of											
39			een prep table and v									
47			on top of the mixer		d fall in	dough						
40			heets, one time use									
10 Sani bucket not to 100 ppm chlorine sanitizer. Use strips to check.												
			to store food in coo	lers								
37			floor to clean under									
42/45	Clean floors, cooler handles, in/around/on equipment											
Received	•		Print:			Title: Person In Charg	ge/ Owner					
(signature)	Tiyoung Hur		Jivou	ng Hur	•	Owner						
Inspected (signature)	<i>Jiyoung Hur</i> <sup>11by:</sup> Chvisty Cov		Print:			<del>-</del> -						
(. g)	Christy Cov	tez, 1	หร Christy	Cortez,	KS	Samples: Y N	# collected					