-							nil Foo				ent	In	spe	ect	ion Report			mploye		1
Date: Time in: Time out: License/Pe 12/13/2022 3:53 4:55 FS-9												E	Est. Type	Risk	Category	Page <u>1</u>	of <u>2</u>			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla						int	4	-Inve	estig	atioı	n	5-CO/Constru			-Other	TOTAL/SO	CORE			
Establishment Name: Contact/Owner N RGAC Snack Bar/Bar							Name:						★ Number of F✓ Number of V				10/04	ם/ ר		
Physical Address: Pest control : 2600 Champions Rockwall, TX Versacor/monthly						/	Ho n/a	ood a				e trap : as info		Follow- No 🗌	-up:Yes 🗸	18/82	2/B			
Compliance Status: Out = not in compliance IN = in compliance NO						$\mathbf{O} = \mathrm{not}$				A = n	not ap					olation W-W te box for R	7atch			
	Mark the appropriate points in the OUT box for each numbered item Mark Priority Items (3 Points) violations									ire I	mme	diate	liate Cor					пі арргорпа	te box for K	
Co O U	mpli I N	ianco N O	e Sta N A	tus C O	tus C Time and Temperature for Food Safety						D I	lianc N O	A O	С						R
Ť				Š	(F = degrees Fahrenheit) 1. Proper cooling time and temperature					T		Ŭ		Š	12. Management, food employees and conditional employees					
	~										~				knowledge, responsibilities, and reporting					
	~				2. Proper Cold Holding temperature(41°F/45°F)						~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
-		~			3. Proper Hot Holding temperature(135°F)						<u> </u>				Preventing Contamination by Hands					
		~			4. Proper cooking time a	and temperature	2				~				14. Hands cleaned and properly washed/ Gloves used properly					
		~			5. Proper reheating proce Hours)	edure for hot ho	olding (16	65°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y, N,					
		•			6. Time as a Public Heal	lth Control; pro	cedures	& records			Ľ	<u> </u>								
_	~					· 1			\square		Т			r	H 16. Pasteurized for		-	Populations		
						proved Source					~				Pasteurized eggs u	ised when r	required			
	 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction 													Chemicals						
-	8. Food Received at proper temperature								~			Γ	17. Food additives & Vegetables	s; approved	and proj	perly stored;	; Washing Fruit	s		
	Check at receipt						\square							ces properly	v identifi	ied stored a	nd used			
				1	Protection from Contamination 9. Food Separated & protected, prevented during food					_	~				18. Toxic substances properly identified, stored and used					
3				~	preparation, storage, disp	play, and tasting	g				-	Water/ Plumbing 19. Water from approved source; Plumbing installed; proper								
3					10. Food contact surface Sanitized at <u>200</u> p			ined and			~				backflow device	proved sou	rce; Plur	mbing instal	led; proper	
					11. Proper disposition of	f returned, prev	iously ser	rved or							20. Approved Sew	age/Waster	watar Di	isposal Syste	em, proper	
	~				reconditioned		•				~				disposal	age, waste	water Di			
0	I	N	N	C		ority Founda	ation Ite				tions		_			-				R
O U T	I N	N O	N A	C O S	Prio	of Knowledge/	/ Personr	ems (2 Po nel	pints) R	viola C	utions	Req N O	n N A	e Con C O S	disposal rrective Action with	hin 10 day.	5	rol/ Identifi		R
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Retail Food Establishment Inspection Report

Received by: (signature) Will Haven		Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: RGAC Snack Bar/Bar		Physical A 2600	ddress: Champions	City/State: Rockwa	all <u>, T</u> X	License/Permit #	Page <u>2</u> 0	Page <u>2</u> of <u>2</u>				
T4	-4:	TEMPERATURE OBSERVA		TIONS		4						
Item/Loc		Temp F	Item/Location	Temp F	Item/Locat	10 n	16	emp F				
glass front cooler/pub		41										
glass front cooler/pub		34										
glass front cooler/pub		28										
bee	er cooler/pub	39										
mair	h bar/beer cooler	38										
		OB	SERVATIONS AND CORRECT	TIVE ACTION	NS							
Item Number	AN INSPECTION OF YOUR ES		NT HAS BEEN MADE. YOUR ATTE			IE CONDITIONS OBSE	RVED AND					
		h soap a	and paper towels. Post	employee	health i	poster at hand	sink.					
9			in cooler above beer. (· · ·								
W	Rolling ice bin to be	drained	d nightly									
39	Keep ice scoop har	ndle out	of ice									
	Shelf stable creame	ers										
39	Avoid storing cutting	g board	on hand sink behind h	andles								
32	Clean cutting board	s where	e discolored or badly s	cored								
42	Clean inside coolers	s/food d	ebris									
	Pub hand sink 108	F with s	oap and paper towels									
10/33	Pub dishwasher not	sanitizi	ng. Will need to take u	pstairs to	warewa	ash						
	Sani buckets at 200											
45	Clean floors, behind		equipment hand sink/to be emptied often to prevent fruit flies									
			· · · · · ·									
36		cloths	to drain beer mugs/use	e a draina	able mat	instead						
40/00	Main Bar					. Litabana dia buur						
10/33) ppm chlorine sanitizer. \	will need to	o use mai	n kitchen dishwa	Isner					
45	Bar hand sink 110 I		mont/under as well									
40												
31	Discard unsleeved straws in cup with syrup in it/store straws in a cleanable container											
34	Need new battery in soap dispenser. COS Some fruit flies											
01	Beer taps cleaned/maintained by supplier											
	Margarita machines every other day											
	-				•							
Received (signature)						Title: Person In Charge						
Increated	Will Haven		Will Ha	ven		Manage						
Inspected (signature)	Will Haven ^{1 by:} Chrísty Cov	tez, 1	RS Christy C	ortez.	RS	Complex X X	# 20111					
Form EH-06	6 (Revised 09-2015)			,		Samples: Y N	# collected					