2nd Followup \$50.00 feeRetail Food Establishment Inspection Report City of RockwalllImage: First aid kit Allergy policy Vomit clean up Employee health																
Date 09/		202	Time in: 3 11:17	Time out: <b>12:09</b>	License/P Food		77				$\begin{array}{c c} \text{Handlers} & \text{CFM} \\ 12 & 2 \end{array} \qquad Page \underline{1}  \text{of} \underline{1} \\ \end{array}$	2				
Purpose of Inspection:         I-Routine         2-Follow Up         3-Complaint           Establishment Name:         Contact/Owner Name						4-In	nvestig	ation		5-CO/Construction     6-Other     TOTAL/SCO     Xnumber of Repeat Violations:	RE					
Rockwall High school     RISD       Physical Address:     Pest control :						Hood				se trap : Follow-up: Yes O/100/	Ά′					
Yellow jacket         School           Compliance Status:         Out = not in compliance         IN = in compliance								d N	$\mathbf{A} = \mathbf{n}\mathbf{c}$			ch				
Compliance Status:       Out = not in compliance       IN - in compliance       NO = not observed       NA = not applicable       COS = corrected on site       R = repeat violation       W= Watc         Mark the appropriate points in the OUT box for each numbered item       Mark '*' a checkmark in appropriate box for IN, NO, NA, COS       Mark and in appropriate box for R         Priority Items (3 Points)       violations Require Immediate Corrective Action not to exceed 3 days																
0 1	N 0 A 0					R	O U	npliano I N N O	Employee Health	R						
Т		5					Т			S	<ul> <li>S</li> <li>12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting</li> </ul>					
			2. Proper Cold Holding temperature(41°F/ 45°F)								13. Proper use of restriction and exclusion; No discharge from					
•			See 3. Proper Hot Holding temperature(135°F)				eyes, nose, and mouth To post at all hand sinks									
	4. Proper cooking time and temperature						Preventing Contamination by Hands           14. Hands cleaned and properly washed/ Gloves used properly									
	5. Proper reheating procedure for hot holding (165°F in 2									15. No bare hand contact with ready to eat foods or approved alternate method property followed (APPROVED, Y, N, )						
	Hours) 6. Time as a Public Health Control; procedures & records						alternate method properly followed (APPROVED YN Gloves									
	Serving time										Highly Susceptible Populations           16. Pasteurized foods used; prohibited food not offered					
			7. Food and ice obt	Approved Source ained from approved source	rce: Food in		-				Pasteurized eggs used when required Frozen					
L			good condition, safe	e, and unadulterated; para at / oak farms							Chemicals					
	8. Food Received at proper temperature							Π		17. Food additives; approved and properly stored; Washing Fruits & Vegetables						
	Protection from Contamination									Water           18. Toxic substances properly identified, stored and used						
			9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					·			Low Water/ Plumbing					
			10. Food contact surfaces and Returnables ; Cleaned and				19. Water from approved source; Plumbing installed; prop									
			Sanitized at <u>160 F</u> ppm/temperature <b>200</b>							-	backflow device City approved 20. Approved Sewage/Wastewater Disposal System, proper					
	11. Proper disposition of returned, previously served or reconditioned						disposal									
0 1	N	N (	2			oints) <i>vi</i> R	0	I N	Ν	С		R				
U N T	N 0	A C	Demonstration of Knowledge/ Personnel           21. Person in charge present, demonstration of knowledge,				U T	N O	Α	0	· · · · · · · · · · · · · · · · · · ·					
~										S						
			and perform duties/	Certified Food Manager	(CFM)		•			S	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
V			and perform duties/ 2 22. Food Handler/ r All but 1	/ Ĉertified Food Manager	· (CFM) personnel					S						
			and perform duties/ 2 22. Food Handler/r All but 1 Safe Water, R	<ul> <li>Certified Food Manager</li> <li>no unauthorized persons/</li> <li>Recordkeeping and Food</li> <li>Labeling</li> </ul>	r (CFM) personnel					S	Maintain Product Temperature 28. Proper Date Marking and disposition Good					
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## **Retail Food Establishment Inspection Report**

## City of Rockwall

(signature) <b>Received by:</b> Cynthia lemmons	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Rockwall High School		Physical Address: Yellow jacket		Ro	City/State: Rockwall		License/Permit # Page Page		<u>2</u> of <u>2</u>	
TEMPERATURE OBSERVATIONS           Item/Location         Temp         Item/Location									Temp	
		_			Тетр	Item/Locau			Temp	
Beverage unit		37	Line 1/2			Line 3/4				
Back u		38	Soft serve		40/39	Cold pass / hot pass		ass	36/159	
Pizza unit s	slide upper	250	Hot holding veggie	S 1	157/135	F	Pizza unit		162-180	
136/14	4/lower		Pasta / taco mea		149/160	Steam table veggies		ies	136/:135	
Flat hot	holding	157-168	Pizzas	1	169/203	Pasta/ taco meat			156:174	
Upright ho	ot holding	132/144	Freezer plates	-	16/5.8	Freezer plates			17/16	
Hot pass	line 1 /2	142/159	Cold wells		34/32	Cooler wells			42/41	
Cold pas	s line 1/2		Beverage		37/30				31/39	
Item AN INSPE			SERVATIONS AND CORRECT						ID	
	ELOW: temps taken ir		NT HAS BEEN MADE. YOUR ATTEN	NHOP	N IS DIREC	JIED IO IH	E CONDITIONS OBSERV	ED AF	ND	
Annex	area - hot wate	r at hand	sink 122							
Sanitize	er in bucket 20	0 ppm								
All hot t	All hot foods are discarded at end of meals									
Lines 1/2 Sanitize	er bucket at 20	0Ppm								
Line 3/4 Sanitize	er bucket 200 p	opm								
Dishma	chine tested w	vith 160'S	R strips							
Pizza u	nit -37/36/upri	ght unit39	)							
Wif -2 F	-									
Batch c	Batch cooking and using freezer if needed									
	Wic peppers 41/tomatoes 37 / pizza 39/ steak fingers 38									
	er 200 ppm in l									
	ips and thermo									
1	•		rain under ice machine / to	o ad	ddress p	pipe locat	tion and Maint air	gap	too	
	ter at three cor	•								
Logs sh	now time and te	emp								
Received by: (signature)       Print:       Title: Person In Charge/ Owner         Inspected by: (signature)       Reclly kirkpatrick RS       Print:										
Inspected by: (signature)	lly kírkpa	utríck	Print:						_	
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