

Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: 09/14/2023	Time in: 4:39	Time out: 6:32	License/Permit # FS 9499	Food handlers 3	Food managers 2	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other **TOTAL/SCORE**

Establishment Name: RISD Wilkerson stadium concessions visitor	Contact/Owner Name: RISD	* Number of Repeat Violations: _____	3/97/A
Physical Address: 1201 tl townsend		Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
W						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>									
Approved Source									<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>				Chemicals					
		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		
Protection from Contamination						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Water/ Plumbing					
		<input checked="" type="checkbox"/>				W					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					

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
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Safe Water, Recordkeeping and Food Package Labeling						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Permit Requirement, Prerequisite for Operation					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Consumer Advisory						W					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					

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
Prevention of Food Contamination						Food Identification					
W						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Physical Facilities					
		<input checked="" type="checkbox"/>				1					
1						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Proper Use of Utensils						1					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					

