## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

6					Time in: 2:55	Time out: <b>4:10</b>		License/Po							Est. Type Risk Category Page 1 of 2	<u>}</u>
Ramen Head Physical Address: Pest cor					Contac	3-Complaint 4-Investigation tact/Owner Name: nara Kolleck rol: Hood Grease tr							* Number of Repeat Violations:   * Number of Violations COS:   se trap: Follow-up: Yes \[ \sigma \]	6/94/A		
11	2 N	Sa	ın J	aci	nto  tatus: Out = not in co	R	Reyna/4-2	21-2023	$\mathbf{O} = \text{not}$	TxW	ay/4-		Ea	igle	e/40gal/4-2023 № 🗌	
Ma					points in the OUT box for	r each numbered		Mark '	√' a ch	eckm	ark in	appı	ropria	te bo	pplicable COS = corrected on site R = repeat violation W-Watch oox for IN, NO, NA, COS Mark an in appropriate box for R  tive Action not to exceed 3 days	.1
O U	Compliance Status  O I N N C Time and Temperature for Food Safety						R		Compliance S		N	C	Employee Health			
T		U	А	s	(F = degrees Fahrenheit)  1. Proper cooling time and temperature					T			Α.	s	12. Management, food employees and conditional employees;	
	~				2. Proper Cold Holding	x tamparatura(A	41°E/ 45°E)				~				knowledge, responsibilities, and reporting	
	~				2. Proper Cold Holding	g temperature(4	41 F/ 43 F)				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
		~			3. Proper Hot Holding					Preventing Contamination by Hands						
		•			4. Proper cooking time			59E in 2			~				14. Hands cleaned and properly washed/ Gloves used properly	
		~			5. Proper reheating pro Hours)	cedure for not	noiding (16	5°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 Health Control; procedures & records											Highly Susceptible Populations				
					Approved Source						~		1		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required eggs cooked	
	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Columbia/Hardie's															
					destruction Colum	•								Chemicals		
	~				8. Food Received at procheck at rece		ıre				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only	
	L			Protection from Contamination							~				18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & preparation, storage, di			food							Water/ Plumbing	
	~				10. Food contact surface Sanitized at _200			ned and			~			1	19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition or reconditioned disc		eviously ser	ved or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
							dation Ite	ms (2 Po	ints) v	riolat	tions	Req	uire	Cor	rrective Action within 10 days	
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledg	ge/ Personn	el	R	O U T	N	N O	N A	C O S		R
	~				21. Person in charge prand perform duties/ Ce						~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	~				22. Food Handler/ no u	nauthorized pe	ersons/ perso	onnel			~				28. Proper Date Marking and disposition	
Safe Water, Recordk La			ordkeeping and Labeling	d Food Pac	kage		2					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips need test strips				
	~				23. Hot and Cold Water available; adequate pressure, safe								Permit Requirement, Prerequisite for Operation			
	~				24. Required records a destruction); Packaged		stock tags; p	arasite			~				30. <b>Food Establishment Permit</b> (Current/insp report sign posted) 12/31/2023	
					Conformance vita V										Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	
	~				HACCP plan; Variance processing methods; m	e obtained for s	specialized	,		2					supplied, used	
					Con	sumer Adviso	ory				~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	~				26. Posting of Consum foods (Disclosure/Rem						~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	
0	I	N	N	С	Core Items (1 Poin	nt) Violation	s Require (	Corrective	Action	Not		Excee		Da C	ays or Next Inspection , Whichever Comes First	R
U T	N	0	A	o s		of Food Conta				U T	N	0	A	o s	Food Identification	
	~				34. No Evidence of Insanimals						~				41.Original container labeling (Bulk Food)	
	<b>'</b>				35. Personal Cleanlines 36. Wiping Cloths; pro			.co use							Physical Facilities  42. Non-Food Contact surfaces clean	
	~				37. Environmental con		. storeu			-	V				43. Adequate ventilation and lighting; designated areas used	
_					38. Approved thawing					1	~				44. Garbage and Refuse properly disposed; facilities maintained	
	<b>/</b>						neile			1					45. Physical facilities installed, maintained, and clean	
					39. Utensils, equipmen	er Use of Uten	IISIIS									
	ار			l				stored,			./				46. Toilet Facilities; properly constructed, supplied, and clean	
	<b>'</b>				dried, & handled/ In use	se utensils; pro	operly used				<i>y</i>				Toilet Facilities; properly constructed, supplied, and clean     Tother Violations	

Received by:  (signature) Tamara Kolleck	Print: Tamara Kolleck	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: <b>en Head</b>	Physical A	San Jacinto	City/State: Rockw	all. TX	License/Permit # FS-9493	Page <u>2</u> of <u>2</u>						
			TEMPERATURE OBSERVA		J, 12 t								
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F						
2 doo	r/pork belly	41/41/41	under counter freezer ambien										
por	k belly sliced	41/41	2 door reach in/butte										
e	ggs cooked	41	lime for reference										
reach	n in freezer ambient	5	white freezer ambient	3									
reach	n in freezer ambient	-3											
col	d top/shrimp	41											
	corn	41											
	pork	41											
_	-	OB	SERVATIONS AND CORRECT	VE ACTIO	NS		, ,						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:												
	Kitchen hand sink 100F equipped with soap and paper towels												
	Hand sink in kitchen has been re-wired so isn't sharing power source for heater with slicer												
	Should have hot wa	ater all th	ne time										
	Cold and hot water handles reversed. Indicate hot water as only one works (at 100F)												
44	Need to clean trash around back door												
31	Remodeled kitchen/removed warewash hand sink/only one hand sink												
	Moved dishwasher to back wall. No landing. front door opening out												
	Removed dry storage closet so more open												
	New epoxy flooring in kitchen/new FRP in kitchen and dish area												
15	3 comp sink 120 F												
45	Seal gaps in walls/seal any exposed drywall												
	Digital thermo Sani bucket at 200 ppm quats												
29													
23													
	No changes to menu/no variances  All foods to required temps												
	More organized and clean.												
	Will need to refer changes to Building and Kelly												
	vviii need to refer changes to building and Kelly												
Received (signature)	Tamara Kolleck	,	Tamara	Kolle	eck	Title: Person In Charge Owner	ge/ Owner						
Inspected (signature)	d by:	ton 1	RS Christy C	ortez	RS								
5 511.0	6 (Revised 09-2015)	<i>104, 1</i>	Contracty O		1 10	Samples: Y N	# collected						