Additional followupsRetail Food Establishment Inspection ReportImage: First aid kit\$50.00 feeCity of RockwallImage: Vomit clean upEmployee health											ng						
	Date: Time in: Time out: License/Pe 09/06/2023 10:14 11:40 FS 94											F	ood handler	s Food managers	Page <u>1</u> of	2	
P	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai								4-In	vesti	gat	ion	5-CO/Constru		6-Other	TOTAL/SCO	RE
Es	Establishment Name: Contact/Owner Na RISD - Burton CCA RISD							e:					★ Number of R✓ Number of V			1/00/	•
	Physical Address: Pest control : 2301 S John king School								Hood 6/202			Grea Sumn	ise trap/ waste oil		Follow-up: Yes	1/99//	A
Compliance Status: Out = not in compliance IN = in compliance NO						not ob	served	i N	IA :	= not a	applicable $COS = contractions contractions$	orrected on a	site \mathbf{R} = repeat vio	lation W-Wat	ch		
M	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																
O U	ompli I N	ance N O	Stat N A	C O	Time and Temperature for Food Safe	R		0 1 U 1	iplian (N N O		Status N C A O	Employee Health				R	
Т		~		S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature Batch cooking				Т	/		S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				T
					2. Proper Cold Holding temperature(41°F/ 45°F)	1		-					13. Proper use of restriction and exclusion; No discharge from				
	~	See						ŀ				eyes, nose, and mouth Need at all hand sinks now					
	~	3. Proper Hot Holding temperature(135°F) See						_			_		Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly				
		4. Proper cooking time and temperature Logs show good temps				5°E in 2		-	V				15. No bare hand contact with ready to eat foods or approve				
		~			5. Proper reheating procedure for hot holding (14 Hours))) Г III 2			L						owed (APPROVED		
		6. Time as a Public Health Control; procedures & records Prep and service only				& records		Ī			<u> </u>		Н				
					Approved Source			L				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Labbat / oak farms								Frozen egg product Chemicals				
	~				8. Food Received at proper temperature Log				L		Ι		17. Food additives & Vegetables Water only		and properly stored;	Washing Fruits	Γ
	<u> </u>				Protection from Contamination			-	L	/					identified, stored an	d used	
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									Water/ Plumbing			
	~				10. Food contact surfaces and Returnables ; Clea Sanitized at <u>200</u> ppm/temperature 160	ined and			L				19. Water from app backflow device City approv		ce; Plumbing install	ed; proper	
		~			11. Proper disposition of returned, previously se reconditioned				L				20. Approved Sewa disposal	age/Wastev	vater Disposal System	m, proper	
					Priority Foundation It	ems (2 Poi			_		-			nin 10 days	3		-
O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Person	nel	R		O I U I T	IN NO		N C A O S	Food T	emperatur	e Control/ Identific	ation	R
	~				21. Person in charge present, demonstration of k and perform duties/ Certified Food Manager (CH 1								27. Proper cooling Maintain Product 7		ed; Equipment Ade	quate to	
	~				22. Food Handler/ no unauthorized persons/ pers 3	onnel			U		T		28. Proper Date Ma	Ũ	*		
					Safe Water, Recordkeeping and Food Pa Labeling			L		29. Thermometers provided, accurate, and calibrated; Chem Thermal test strips Digital					ed; Chemical/		
	~				23. Hot and Cold Water available; adequate pres See attached								Permit Re	•	, Prerequisite for O	-	
	~				24. Required records available (shellstock tags;) destruction); Packaged Food labeled Commercial or made on sit	oarasite e			L				30. Food Establish Posted	hment Per	mit (Current/ insp s	ign posted)	
					Conformance with Approved Procedu 25. Compliance with Variance, Specialized Proc	res					1				pment, and Vendin cilities: Accessible a		
	~				HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Logs show time and temp	,			L				supplied, used	C			
					Consumer Advisory				L				32. Food and Non- designed, construct Watch		ct surfaces cleanable ed	e, properly	
	~				26. Posting of Consumer Advisories; raw or und foods (Disclosure/Reminder/Buffet Plate)/ Aller Allergies attached to child's account				U		T		33. Warewashing H Service sink or cur		nstalled, maintained, facility provided	used/	
	Allergies attached to child's account Confirmed Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First																
O U T	I N	N O	N A	C O S	Prevention of Food Contamination		R			I N N O		N C A O S		Food I	dentification		R
	~			U	34. No Evidence of Insect contamination, rodent animals	/other				V	•		41.Original contair	ner labeling	(Bulk Food)		T
	~				35. Personal Cleanliness/eating, drinking or toba	cco use		1						Physic	cal Facilities		
	~				36. Wiping Cloths; properly used and stored Stored in sanitizer				V	/			42. Non-Food Con				
		~			37. Environmental contamination				V						ighting; designated a		
	~				38. Approved thawing method Cooler and cooking				L				Watch		erly disposed; faciliti		
					Proper Use of Utensils				1				See		l, maintained, and cl		
	~				39. Utensils, equipment, & linens; properly used dried, & handled/ In use utensils; properly used				L				Equipped		constructed, supplied	d, and clean	
	~				40. Single-service & single-use articles; properly and used	v stored				~	,		47. Other Violation	ns			

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Angela Hill	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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Establishment Name: RISD Burton CCA	Physical A 2301 S	S John king	City/State: Rockwal		e of							
Item/Location	Temp F	TEMPERATURE OBSERVA Item/Location	TIONS Temp F	Item/Location	ocation Temp F							
Line 2	тетр г											
	25	Hot pass 1	138	Line 1 upright cooler								
Milk	35	Mac n cheese	149	Upright cooler 2	34							
Upright	34.9	Hot pass 2	148	Cooked veggies	145							
Slides on when loaded		Mac n cheese	153	Pizza cooler	41							
Upright milk	34-38	Line1		Cheese (thawing)	28							
Cold well	9.6	Steam table	144-149	Wic	37							
Ice plate	10	Cold well	17	Butter/ tomatoes	39-39							
Steam table	139-151	Ice plate	23	Sample tray/cheese 3								
		SERVATIONS AND CORRECT										
Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NUMBER NOTED BELOW: ALL TEMPS TAKEN in F												
Not using snack bar ar	Not using snack bar area											
Not using line 1 or any	Not using line 1 or any equipment in line 1 / if using will confirm all working											
Hot water at 117-128												
Sanitizer in bucket 200	Sanitizer in bucket 200											
Discussed storing item	Discussed storing items on ice plates etc											
Anything that is contain	Anything that is contained boated or bunned is discarded at end of day											
	Watching for dented cans											
	Minor cleaning of air vents - various											
•	Logs show time and temp											
	Confirmed air curtain working											
	Restroom equipped											
	Dishmachine confirmed using 160 sticker											
	Thermo in pizza upright											
	Pizza warmer 139-143											
	Wif -1.1 watch flooring and white film											
Also on floor in wic	Need to add panel buttons in wif behind condenser and various other places where missing											
	Using new digital thermos / labels for Dishmachine / quats test strips Discussed storage of sanitizer buckets											
Received by:		Print:		Title: Person In Charge/ Owne	r							
(signature) See abov	'e											
Inspected by: (signature) 77 77 7.7 7.7		Print:										
(signature) See above Print: (signature) Kelly kirkpatrick RS Samples: Y N # collecte												