

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: <b>02/08/2022</b>	Time in: <b>9:59</b>	Time out: <b>11:16</b>	License/Permit # <b>FS 8645</b>	Food handlers <b>3</b>	Food managers <b>1</b>	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	TOTAL/SCORE
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Establishment Name: <b>RISD Shannon Elementary</b>	Contact/Owner Name: <b>RISD</b>	* Number of Repeat Violations: _____	<b>4/96/ A</b>
Physical Address: Fontana		Follow-up: Yes <input checked="" type="checkbox"/> No <input 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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
<b>3</b>											
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
<b>Approved Source</b>						<b>Highly Susceptible Populations</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>											
<b>Protection from Contamination</b>						<b>Water/ Plumbing</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
						<input checked="" type="checkbox"/>					
<b>Consumer Advisory</b>						<input checked="" type="checkbox"/>					
<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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>											
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Proper Use of Utensils</b>						<b>Physical Facilities</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					

