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
Employee health

	ate:	<u> </u>	/^) - 1	Time in:	Time out:	License/F							Est. Type Risk Category Page 1 of	2
		20			9:53	11:17	FS 9		_	Invo	tige	tion		Elem Hsp Page of 6-Other TOTAL/SCO	
Establishment Name: Contact/Owner Name:							* Number of Repeat Violations:	KE							
_		ell E			ntary		RISD t control :		Но	od		Gre	ease	Number of Violations COS: etrap: Follow-up: Yes 2/98/	Α
	chel	I				Scho	ool		June	e 21		Sum	nme	or No .	
М	Compliance Status: Out = not in compliance IN = in compliance Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark V in appropriate box for IN, NO, NA, COS Mark an V in appropriate box for R											ch			
C	mpl	iance	Stat	tus	Prio	rity Items (3 I	Points) violation	s Requi	_	<i>nmedi</i> ompli:			-	ive Action not to exceed 3 days	
O U	N O A O Time and Temperature for Food Safety					R	O U	N		N C A O					
Т		./		S	1. Proper cooling time a	and temperature	,		T				S	12. Manag ement, food employees and conditional employees; knowledge, responsibilities, and reporting	
		Batch cooking 2. Proper Cold Holding temperature(41°F/ 45°F)										Proper use of restriction and exclusion; No discharge from	_		
w	~	✓ See 27					/	eyes, nose, and mouth RISD policy							
	/	3. Proper Hot Holding temperature(135°F) See						Preventing Contamination by Hands							
		4. Proper cooking time and temperature Logs				14. Hands cleaned and properly washed/ Gloves used				14. Hands cleaned and properly washed/ Gloves used properly	Т				
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)								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 Not allowed for hsp group									Gloves					
					Not allowed for hsp grou	ıp · ·						_		Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered	
					Ap	proved Source				'				Pasteurized eggs used when required	
					7. Food and ice obtaine good condition, safe, ar	d from approved s nd unadulterated;	source; Food in parasite							Chamitical	
					destruction Labbat									Chemicals	
	/				8. Food Received at pro Log on wall	oper temperature				/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	Ľ					fuom Contomin	ation			. /			-	Water only 18. Toxic substances properly identified, stored and used	+
	Protection from Contamination 9. Food Separated & protected, prevented during food														
	~				preparation, storage, dis No raw									Water/ Plumbing	
	~				10. Food contact surfact Sanitized at _200_				W					19. Water from approved source; Plumbing installed; proper backflow device Drain insert on floor	
		~			11. Proper disposition of reconditioned No. re	of returned, previo				/			Ì	20. Approved Sewage/Wastewater Disposal System, proper disposal	
							ion Items (2 Po	oints) v	iolat	ions I	Requ	uire (Cor	rective Action within 10 days	_
_	-	N	N	C				R	O U	I N			CO	Food Temperature Control/ Identification	R
U	N N	o	A	0	Demonstration	of Knowledge/ l	Personnel			- 1	0				
U		O	A	O S	21. Person in charge pro and perform duties/ Cer	esent, demonstrati	ion of knowledge,		2	1,	0		Š	27. Proper cooling method used; Equipment Adequate to	
		Ö	A		21. Person in charge pro	esent, demonstrati rtified Food Mana	ion of knowledge, ger (CFM)		T	•	0			Proper cooling method used; Equipment Adequate to Maintain Product Temperature Moved food out of cold pass Proper Date Marking and disposition	;
		0	A		21. Person in charge properties of the person in ch	esent, demonstrati rtified Food Mana nauthorized perso	ion of knowledge, iger (CFM)		T	'	0			 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature Moved food out of cold pass 28. Proper Date Marking and disposition Rotation. 29. Thermometers provided, accurate, and calibrated; Chemical/ 	;
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Elizabeth Contreras	Print:	Title: Person In Charge/ Owner Manager
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: ell elementary	Physical A		City/State: Rockwa l	II License/Permit # FS 9244	Page <u>2</u> of <u>2</u>						
	,		TEMPERATURE OBSERVAT	TIONS								
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Location	Temp I						
Wic		36	Line									
	Sample	41	Milk	32/33								
	Tomatoes	40	40 Freezer									
	Wif	-3	Steam table	144								
			Hot pass	165								
			Cold pass barely	41								
T,			SERVATIONS AND CORRECTIVE									
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	ENT HAS BEEN MADE. YOUR ATTENT	ION IS DIRE	CTED TO THE CONDITIONS OF	SERVED AND						
	Hot water 125 F											
	Watch walls in dry stor	rage										
W			d in pan - work order submit	ted								
			ement in ice machine - han									
	Watch what is stored a											
w	Plastic floor drain inse	rt is lifte	d and not flush with flooring	-gap to b	oe closed so that it is no	ot creating						
			st control - work order has b									
	RestroomEquipped	-		-								
W	Replace condiment container on line with washable container											
	Sandwiches cooked at 9:30 160F / making sandwiches for each lunch time /											
	Serving time - 10:40- 12:45/ precooked product /of temp falls to reheat to 165 within 2 hrs / served within 30 -45 mins											
27	Food from wic just placed into cold pass unit appears to not be operating properly - JUST not blowing cold air - all items removed (ambient temps 41-64)											
	Sanitizer 200 ppm in b	ouckets										
	Dishmachine - confirmed operation using 160 sr label											
2w	Watch shelving in dry storage and mop room											
27	Cold pass was just loaded and ambient temp taken to be 41-45 at top and 64 on bottom food removed and placed back into wice											
	Unit will not be used until working / food temp from wic											
D			D:4		mia p v ~~							
Received (signature)	"Spa show	/	Print:		Title: Person In Ch	arge/ Owner						
T	JEE ADUV	7 C	D:4									
Inspected (signature)	See abov Kelly kirkpo	utríck	Print:		0 1 27 33	щ11 / 1						
	- 1				Samples: Y N	# collected						