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

Date: 06/15/2024		24	Time in: 11.58	Time out: 1:38	Fs 9							Food handlers 2	Food managers	Page 1 of _	2_		
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain										5-CO/Construction	Construction 6-Other 70TAL/SCO		RE				
Establishment Name: Rock On nutrition Contact/Owner Name: Lisa							Name:						* Number of Repeat Violations: ✓ Number of Violations COS:			_	
Physical Address: Pest control:													e trap/ waste oil:	follow-up: Yes	3/97/A		
1203 ridge road Rockwal pest quarterly Compliance Status: Out = not in compliance IN = in compliance NO									Na 1 time per year No ✓ not observed NA = not applicable COS = corrected on site R = repeat violate					lation W- Wate	ch		
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						R	C	Compl	iance	ce Status					R	
U T	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						O I N N C U N O A O Employee Health							K			
		/			1. Proper cooling time and temperature					/				12. Management, food employe knowledge, responsibilities, and	employees;		
		\dashv			2. Proper Cold Holding	+						13. Proper use of restriction and	charge from				
	'				See attached			/				eyes, nose, and mouth Posted at hand sink					
			/		3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands						
			/			Proper cooking time and temperature				14. Hands cleaned and properly washed/ Gloves Gloves							
			/		5. Proper reheating procedure for hot holding (165°F in 2 Hours)					15. No bare hand contact with ready to eat foods or alternate method properly followed (APPROVED					r approved YN)		
		6. Time as a Public Health Control; procedures & records						Highly Susceptible Populations									
		_								16. Pasteurized foods used; prohibited food not offered						ered	
					•	proved Source	77.1:		L	~				Pasteurized eggs used when red If using for waffles wi	ll be pasteuri	zed	
	_				7. Food and ice obtained good condition, safe, and	nd unadulterated;	parasite							Cho	emicals		
					destruction Herbalife		epot / Herbalife			1				17 Food additions arranged as	- d d -	Washing Emits	
	~		8. Food Received at proper temperature Frozen from restaurant depot								~		17. Food additives; approved at & Vegetables Frozen and used f		wasning Fruits		
	L			Protection from Contamination						1				18. Toxic substances properly in Separated	dentified, stored an	d used	
	/				Food Separated & protected, prevented during food preparation, storage, display, and tasting									•	Plumbing		
					10. Food contact surface								+	19. Water from approved source backflow device	e; Plumbing installe	ed; proper	
	•	Sanitized at <u>200</u> ppm/temperature 11. Proper disposition of returned, previously served or					backflow device Air gap 20. Approved Sewage/Wastewater Disposal Sy					ater Disposal System	n, proper				
		'			reconditioned Disc	arded				/				disposal	1 ,	×1 1	
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0	I	N	N	С				ints)	0) I	N	N	C	rective Action within 10 days			R
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge/	Personnel			I J N				rective Action within 10 days Food Temperature	Control/ Identific	ation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (Printed) Lisa Christian	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	Address:	City	/State:		License/Permit #	Page 2 of 2				
	ON nutrition		ridge road	Ro	ockwal	<u> </u>	Fs 9475					
Item/Loc	ation	Temp F	TEMPERATURE Item/Location		NS Temp F	Item/Locat	ion	Temp I				
	in cooler small	35										
		-1.3										
	ach in freezer	-1.3										
	lential side by side											
FI	reezer(HTT)	-4										
	Cooler	36										
		OI	BSERVATIONS AND	CORRECTIVE	ACTION	IS						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: All temps F											
	All items for self service are commercially packaged											
	Hot water at 110 at three comp / sanitizer 200'ppm											
47	shelves still low - mov	e up to d	lean under									
47	Need to raise shelving to clean under											
	Restroom equipped with hot water 100											
	Mop sink watch storage next to rack if not used for chemicals - used for											
	Draining mops into buckets											
45	Shelving low in back room - to clean under											
	No Tcs today											
4=	Using quats sanitizer -			0) in sink								
45	To clean air vent where needed To seal holes in walls where needed in back room											
45				m								
20	Air gaps confirmed in											
39	Keep handles to smal	<u>'</u>	out of dry goods									
	Ingredients by request											
Received	by:		Print:				Title: Person In Charg	ge/ Owner				
(signature)	See abov	e /e										
Inspected (signature)	See abov Kelly kirkpa	itrick	Print:									
	Kewy Ku Kpu	ur un	/ NO				Samples: Y N	# collected				