Followup fee of \$50.00 after initial Followup

Retail Food Establishment Inspection Report City of Rockwall

| irst aid kit |
|-----------------------------------------------------------|
| llergy policy/training |
| omit clean up |
| llergy policy/training omit clean up mployee health |
| |

| Date: | | ^^ | Time in: | Time out: | | License/Permit # FS 9475 | | | | | | | | l handlers | Food managers | Page 1 of | 3 | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------|---------------------------------------|--------------------|-----------------------------|----------------|---------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|------------------------|------------------------------------------|-------------------------------|----|
| | | | | | | | | | ion | | 2 | ion l | 6 Othon | TOTAL/SCO | | | | | |
| Establishment Name: Contact/Owner N | | | | | | | | | | 4-Investigation | | | | * Nu | 5-CO/Construction 6-Other | | | | KE |
| Rock ON Nutrition Josh / Lisa Physical Address: Pest control: | | | | | | | | I | Hood Grease to | | | | e trap : Follow-up: Yes | | | 2/98/ | Α | | |
| | 1203 ridge rd Rockwall pest 10/13/2022 | | | | | | | | | a | u | | | /2022 IMC 2 | 25 gals | Í | No 🗹 | | |
| Ma | | | | | tatus: Out = not in copoints in the OUT box for | прпансе | - 1 | $\mathbf{VO} = \mathbf{no}$ | | | | | | applicable IO, NA, COS | COS = corre | ected on s Mark | | lation W- Wat te box for R | ch |
| _ | Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | | |
| Compliance Status O I N N C U N O A O Time and Temperature for Food Safety C C C C C C C C C | | | | | | | | R | _ | 0 | I I | 1 | N (A (| ! | | Emplo | yee Health | | R |
| T | | | | S | (F = do | egrees Fahrenheit) and temperature |) | | - | T | | + | | | gement, food | | ees and conditional | employees; | |
| | | / | | | | • | | | | • | | | | knowledg | | | | | |
| | _ | | | | 2. Proper Cold Holding | temperature(41°F | E/ 45°F) | | | | / | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | |
| | | | | | 3. Proper Hot Holding t | emperature(135°F | 7) | | - | | | | To post at the hand sinks | | | | | | |
| | | | • | | 4. Proper cooking time | | | | | Preventing Contamination by Hands | | | | | | | | | |
| | | | ~ | | Proper cooking time Proper reheating proc | • | ling (165°E in 2 | | _ | 14. Hands cleaned and properly washed/ Gloves used p Gloves and scoop | | | | | | | | | |
| | | | ~ | | Hours) | cedure for not noic | illig (105 F ili 2 | | | 15. No bare hand contact with ready to eat foods or approalternate method properly followed (APPROVED Y | | | | | | | | | |
| | | / | | | 6. Time as a Public Hea | alth Control; proce | dures & records | | | | | | | | High | lly Susce | ptible Populations | | |
| | | <u> </u> | | | A | | | | - | ,,, | | Ţ | | | | | hibited food not off | ered | |
| | | | | | | proved Source | | | | W | | • | | Discus | ed eggs used ssed usir | when red | vaffles | | |
| | ~ | | | | 7. Food and ice obtained good condition, safe, and destruction | | | | | | | | | | | Ch | emicals | | |
| | • | | | | 8. Food Received at pro | oper temperature | | | | | T | | | 17. Food & Vegeta | | proved a | nd properly stored; | Washing Fruits | |
| | ļ | | | | | from Contamina | | | | • | / | | | 18. Toxic | | properly i | dentified, stored an | d used | |
| | ~ | | | | 9. Food Separated & propreparation, storage, dis | splay, and tasting | - | | | | | | | | | | / Plumbing | | |
| | ~ | | | | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature | | | | , | W | | | | backflow Slow | device device drain a | t hand | e; Plumbing installed sink to add | dress | |
| | | • | | | 11. Proper disposition of reconditioned Disc | | | | / | | | 20. Approved Sewage/Wastewater Disposal Syster disposal | | | | n, proper | | | |
| 0 | I | N | N | С | Pri | ority Foundati | ion Items (2 Po | oints) |) vio | | | _ | ire C | | ction within | 10 days | | | R |
| Ŭ T | N | o | A | o s | | of Knowledge/ I | | | | | |) | A C |) | Food Tem | perature | Control/ Identific | ation | |
| | ~ | | | | 21. Person in charge pre and perform duties/ Cer | tified Food Mana | | | | | | | | | er cooling me Product Ten | | d; Equipment Adeo | quate to | |
| Demo of knowledge 22. Food Handler/ no unauthorized persons/ personnel | | | | | | | - | | - | | | 28. Prope | er Date Mark | ing and d | isposition | | | | |
| Safe Water, Recordkeeping and Food Package | | | | | | _ | | 4 | | | 29. Then | nometers pro | ing wit ovided, ac | hin 24 hrs afte curate, and calibrate | r opening ed; Chemical/ | | | | |
| | | | | | • | Labeling | | | | | | | | Thermal | test strips | | | | |
| | ~ | | 23. Hot and Cold Water available; adequate pressure, safe Equipped | | | | | | | | | P | ermit Requi | rement, | Prerequisite for O | peration | | | |
| | ~ | | | | 24. Required records av destruction); Packaged Per order | | tags; parasite | | | • | / | | | 30. Food Poste | | ent Pern | nit (Current/ insp s | ign posted) | |
| | | | | | Conformance v 25. Compliance with V | vith Approved Prariance. Specialize | | | | | | | | 31. Adea | | | ment, and Vendin | | |
| | | | ~ | | HACCP plan; Variance processing methods; ma | obtained for spec | ialized | | | | / | | | supplied, Equip | used | Jing Inc | | na property | |
| Consumer Advisory | | | | | | | , | W | / | | | designed | , constructed | , and used | t surfaces cleanable I nasing to use | | | | |
| | ~ | | | | 26. Posting of Consume foods (Disclosure/Remi Ingredients by reque | inder/Buffet Plate) | | | | | / | | | 33. Ware | washing Fac | ilities; ins | stalled, maintained, acility provided | used/ | |
| 0 | | N | N | C | Core Items (1 Poin | nt) Violations R | equire Correctiv | e Acti | on N | | | | 1 90 I | ays or Next | | , Which | ever Comes First | | R |
| O U T | I N | N O | N A | C O S | | of Food Contami | | K | | | | | A (| | | | lentification | | K |
| | • | | | | 34. No Evidence of Inse animals | | | | | | | | | 41.Origin | nal container | labeling | (Bulk Food) | | |
| | ~ | | | | 35. Personal Cleanlines Watch hair re | s/eating, drinking Sstraints | or tobacco use | | | | | | | | | Physic | al Facilities | | |
| | ~ | | | | 36. Wiping Cloths; prop Stored in buck | perly used and stor ets | red | | | 1 | | | | 42. Non- | Food Contact | t surfaces | clean | | |
| | | / | | | 37. Environmental cont Watch shelvin | amination g less thar | 6 inches | | | | / | | | 1 | | | ghting; designated a | | |
| 38. Approved thawing method Using frozen | | | | | | | | , | w | / | | | Watch | ina and r | notifvin | ly disposed; facilitie | | | |
| | | | | | Prope | er Use of Utensils | | | , | w | | | | 45. Physi Watch | ical facilities flooring | installed, | maintained, and cle | | |
| 1 | | | | | 39. Utensils, equipment dried, & handled/ In us | | | | | | | | | 46. Toile | t Facilities; p | roperly c | onstructed, supplied | l, and clean | |
| • | | | | | 40. Single-service & sir | • • | | | | - | | | | Equi | ppea | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| Received by: Lisa Christian | Print: | Title: Person In Charge/ Owner OWNEr |
|------------------------------------|--------|--------------------------------------|
| Inspected by: Kelly kirkpatrick RS | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | ment Name: On Nutrition | Physical A | ddress: idge Rd | | City/State: Rockwal | License/Permit # Fs 9475 | Page <u>2</u> of <u>2</u> | | | | | |
|-------------------------------------------------|----------------------------------------------------------------------------------|------------|--------------------|---------------|------------------------|--------------------------|---------------------------|--|--|--|--|--|
| | | 1 | TEMPERATUR | | | | | | | | | |
| Item/Loc | cation | Temp F | Item/Location | | Temp F Item/ | <u>Location</u> | Temp 1 | | | | | |
| Small | cooler 1 | 35 | | | | | | | | | | |
| 0 n d | analar / franzar | | | | | | | | | | | |
| Zna | cooler / freezer | 28 | | | | | | | | | | |
| Uprig | ht cooler residential | 39 | | | | | | | | | | |
| | Freezer | 3.5 | | | | | | | | | | |
| | 1100201 | 0.0 | | | | | | | | | | |
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| _ | ı | | SERVATIONS ANI | | | | • | | | | | |
| Item Number | AN INSPECTION OF YOUR ES NOTED BELOW: all temps F | TABLISHME | NT HAS BEEN MADE | . YOUR ATTENT | TON IS DIRECTED T | TO THE CONDITIONS OBSI | ERVED AND | | | | | |
| | Hot water at hand sink | 114 | | | | | | | | | | |
| W | SlowDraining sink / sta | | | | | | | | | | | |
| | Sanitizer bucket 200 ppm in towel / 200 ppm in sink | | | | | | | | | | | |
| | Watching when reaching over area to access paper towels | | | | | | | | | | | |
| | Discussed quats binding with cloth towels | | | | | | | | | | | |
| 42 | Time to clean under mats on top of ice machine | | | | | | | | | | | |
| | Towels under driving lids are changed daily —- bar netting is a good replacement | | | | | | | | | | | |
| 39 Watch scoop handles and store out of dry mix | | | | | | | | | | | | |
| 39 | Shelving to be 6 inches to allow to clean underneath | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Allergy policy to separ | | | | | | | | | | | |
| | Watch shelving in back room too | | | | | | | | | | | |
| | Discussed cooking waffles best to use pasteurized egg product | | | | | | | | | | | |
| | If using shelled eggs t | o watch o | cross contact ar | nd also thor | oughly cooking | g to required temp | | | | | | |
| | | | | | | | | | | | | |
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| Received | l hv: | | Print: | | | Title: Person In Char | ge/ Owner | | | | | |
| (signature) | See ahou | / P | 111116. | | | Tiuc. I Cison in Chai | 54 Onio | | | | | |
| Ingers | d by | | Print: | | | | | | | | | |
| Inspected (signature) | | trick | RS Frince | | | | | | | | | |
| 1 | Kewy Nor My | ur un | 140 | | | Samples: Y N | # collected | | | | | |