

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: 12/28/2022	Time in: 12:44	Time out: 2:03	License/Permit # FS 9257	Food handlers 2	Food managers 1	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other **TOTAL/SCORE**

Establishment Name: Rockridge assisted living	Contact/Owner Name: Legends senior living	* Number of Repeat Violations: <u> </u> ✓ Number of Violations COS: <u> </u>	10/90/A
Physical Address: 720 E Ralph hall	Pest control : Terminix 12/15/2022	Hood 08/2022	Grease trap//waste oil Americans 3000 12/2022
Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pic			

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 X in appropriate box for IN, NO, NA, COS Mark an X 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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
3						<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"/>					
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						<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
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					W					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
						2					
	<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"/>					

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
Prevention of Food Contamination						Food Identification					
1						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>					1					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
						1					
1						1			<input checked="" type="checkbox"/>		
W						<input checked="" type="checkbox"/>					

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Latonya Powell <small>(Printed / covid)</small>	Print:	Title: Person In Charge/ Owner Kitchen manager
Inspected by: <i>Kelly kirkpatrick RS</i> <small>(signature)</small>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Rockridge	Physical Address: Ralph hall	City/State: Rockwall	License/Permit #	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Ice cream freezer	-12	Unit 3			
Cooler 1 Barely	41	Milk	40		
Tomatoes	41	Freezer 1	9.9		
Unit 2		Freezer 2	10		
Butter	39	Steam table			
Cheese	39	Soup	165		
Cooked oatmeal	54				
Cooked eggs	54				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW. ALL TEMPS TAKEN IN F
	Preset silverware is not covered or rolled per company ... hsp group ... will research
	Butter on tables are for meal only ... then discarded
	Hot water 120 F at hand sink
Cos	One paper towels dispenser is stuck - battery replaced at insp
	Dishmachine is sanitizing 50-100 ppm
42/45	General cleaning of air vents etc and minor details sunder around and behind of past accumulation
	Unit 1 was heavily used today
02	Eggs and oatmeal at 53 made at 7:30 am (at 1:04 pm) will discard this time ad practice a more aggressive cool down metho d
	Cooling down temps 2 hrs - 135 F down to 70 F then 4 more hours 70 F down to 41 F - checking every 30 mins
	Organized cooler to have raw meat on bottom
	Good date marking
	Transferred cheese from can to container
	Sanitizer bucket 200 ppm in bucket - discussed how to store cloth towels and to wet first
	Thawing under cool running water
	New manager is deep cleaning ... drawers are on list,
40	Remove paper liner in drawers
	Digital thermo on site and swabs too
39	Best to use scoops with handles for dry goods!
	Discussed providing ingredients by request ... unknown bags out of boxes no ingredients to provide
	Discussed using NSF approved containers
34	Avoid storing wet mop heads in mop sink - hang them to allow to dry
W	Avoid reusing cardboard boxes Ex chemical bottle storage
	Discussed washable wicker and discussed employee drinks
29	Need test strips for all

Received by: See above <small>(signature)</small>	Print:	Title: Person In Charge/ Owner
Inspected by: <i>Kelly kirkpatrick RS</i> <small>(signature)</small>	Print:	Samples: Y N # collected

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