Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

| 1/ ⁻ | | 24 | Ļ | 7:50 8:42 | | FOO | | | 66 | | | | 4 | Exempt | Page 1 of | 2 | |
|--|---|--|--------------------------------|--|---|--|--------|--|------------------------------------|--|--|---|--|--|--|-----|--|
| Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai | | | | | int | 4 | -Inv | estig | ation | n [| 5-CO/Construction | 6-Other | TOTAL/SCO | RE | | | |
| Establishment Name: Contact/Owner Name: Rockwall County Jail Rockwall County Sail Rockwall Rockwall County Sail Rockwall Rockwall County Sail Rockwall Rockw | | | | | | | : | | | | Number of Repeat Viol Number of Violations | 'OS· | | / A | | | |
| Physical Address: Pest control: 950 TL Townsend Rockwall, Tx Envirotech monthly | | | | | | | | | | | | te trap :/ waste oil Follow-up: Yes No | | | Ά | | |
| | Cor | nplia | nce S | tatus: Out = not in compliance In | N = in complia | ance NO | | ot obse | erved | N. | $\mathbf{A} = \mathbf{n}$ | not ap | · | n site $\mathbf{R} = \text{repeat vio}$ ark an \mathbf{X} in appropriat | olation W= Wat | ch | |
| Mark | the a | pprop | riate | points in the OUT box for each numb | ered item | Mark ' | | | | | | | ive Action not to exceed 3 do | | e box for R | | |
| Compliance Status O I N N C Time and Temperature for Food Safety | | | | R | - | Compliance Status O I N N C | | | | | | R | | | | | |
| U I | 0 | A | A O S (F = degrees Fahrenheit) | | | | | U N | 0 | A | o s | Emp | | | | | |
| | ~ | | | Proper cooling time and temperature | | | | | ~ | • | | | 12. Management, food emplo knowledge, responsibilities, a | employees; | | | |
| v | | | | 2. Proper Cold Holding temperatu See | re(41°F/ 45° | F) | | | ~ | , | | | 13. Proper use of restriction a eyes, nose, and mouth | and exclusion; No dis | charge from | | |
| | ~ | | | 3. Proper Hot Holding temperature | e(135°F) | | | | | | | | Preventing Co | ontamination by Han | nds | | |
| | / | | | 4. Proper cooking time and temper | rature | | | | / | <u>' </u> | | | 14. Hands cleaned and prope | erly washed/ Gloves u | ised properly | | |
| | / | , | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | ~ | • | | | 15. No bare hand contact wit alternate method properly fol Gloves available | | | | |
| | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | | | Highly Susceptible Populations | | | | |
| | | | | Approved Source | | | | | ~ | , | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Boiled only | | | | |
| V | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction BEK | | | | | | | | | | | Chemicals | | | | |
| · | | | | 8. Food Received at proper temper Checking temps | rature | | | | • | , | | | 17. Food additives; approved & Vegetables Water | and properly stored; | Washing Fruits | | |
| | | | | Protection from Cor | ntamination | | | | ~ | ' | | | 18. Toxic substances properly | y identified, stored an | nd used | | |
| V | | | | Food Separated & protected, preparation, storage, display, and to | | ng food | | | | | | | Wat | er/ Plumbing | | | |
| V | | | | 10. Food contact surfaces and Retr Sanitized at <u>200</u> ppm/temper | | eaned and | | | / | , | | | 19. Water from approved sou backflow device City approved | irce; Plumbing install | ed; proper | | |
| 44 | 11. Proper disposition of returned, previously served or reconditioned No returns | | | | ~ | , | | | 20. Approved Sewage/Waste disposal | ewater Disposal System | m, proper | | | | | | |
| | | | | | , | | | | | | | | _ | | | | |
| 0 1 | N | N | C | | | Items (2 Po | | | _ | | _ | | rective Action within 10 day | ys | | l D | |
| O I I I I I I I I I I I I I I I I I I I | | N A | C O S | Priority For | undation I | nnel | ints) | 1 | ution: | N | uire N A | C C O S | · | vs ure Control/ Identific | eation | R | |
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Retail Food Establishment Inspection Report

City of Rockwall

| Received by: Magdalena Lozano | Print: Magdalena Lozano | Title: Person In Charge/ Owner |
|--|-------------------------|--------------------------------|
| Inspected by: Richard Hill (signature) | Print: Richard Hill | Business Email: |

Form EH-06 (Revised 09-2015)

| | ment Name: | Physical A | | City/State: | l Tv | License/Permit # | Page <u>2</u> of <u>2</u> | | | | |
|--------------------------|--|------------|---|-------------|----------|----------------------------|---------------------------|--|--|--|--|
| HOCK | wall County | 950 1 | _ Townsend TEMPERATURE OBSERVA | Rockwal | I, IX | FOOD5166 | | | | | |
| Item/Loc | cation | Temp | Item/Location | Temp | Item/Loc | eation | Temp | | | | |
| 2 Door refrigerator amb | | 41 | 11 WIC 1 | | WIC 2 | | 37 | | | | |
| | WIF amb | -2 | Milk | 38 | Bre | ead/buns only | y | | | | |
| / | All food htt | | Chili beans | 35 | | | | | | | |
| 2 doo | or refrigerator amb | 41 | Butter | 35 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | OF | SERVATIONS AND CORRECTI | VE ACTION | NS | | | | | | |
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND | | | | | | | | | | |
| | Restrooms equipped to | emp grea | ater than 106 on both room | S | | | | | | | |
| | Hand sinks temps great | ater than | 112 throughout entire kitch | en | | | | | | | |
| | 3 comp sink not set up | | • | | | | | | | | |
| W | Keep eye on cutting boards getting time to either sand | | | | | | | | | | |
| | Dishwasher confirmed 160 surface temp | | | | | | | | | | |
| | Great date marking | | | | | | | | | | |
| | Only raw meat is ground beef, frozen until thawed in WIC cook to atleast 155 | | | | | | | | | | |
| | Meals assembled on trays, placed into hot holding cabinets and transported to inmates | | | | | | | | | | |
| W | Minor cleaning on top of spent grease container needed | | | | | | | | | | |
| | Kitchen is in great shape, equipment very clean and organized | | | | | | | | | | |
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| Received (signature) | | e | See ab | ove | | Title: Person In Charge/ O | wner | | | | |
| Inspected (signature) | | Cτ | Richard Richard | lliH b | | Samples: Y N #c | | | | | |