Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Da 7		2/2	2/2024 Time in: Time out: License/Permit # Risk Category Pag		1 1 1 1 1 1	2_											
					tion: 1-Routine	2-Follow U		Complair		_	Inve				5-CO/Construction 6-Other TOTAL/SCOR	RE	
		ishme KWA			rsing Care Cer	nter	Contact/C	Owner Na	ame:						* Number of Repeat Violations: ✓ Number of Violations COS:	<u> </u>	
Ph	ysic	cal Ac	ldre	ss:	ockwall, TX	Pe	est control :	/2x moı	nth	Hoo GL/4		2024	Gı Fa	ease tBo	se trap : Follow-up: Yes V	1	
		Comp	oliar	ice S	tatus: Out = not in co points in the OUT box for	impirance	compliance		= not	obser	ved	NA	= no	ot ap	pplicable COS = corrected on site R = repeat violation W-Watch	h	
										re In	nmed	iate	Cor	recti	tive Action not to exceed 3 days		
O U	I N	N O	N A	C O		nperature for Fo			R	O U	N	N O	N A	C O	Employee Health	R	
Т	~			S	1. Proper cooling time a	egrees Fahrenhe and temperature	-			Т	7			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		
	_				2. Proper Cold Holding	temperature(41°	°F/ 45°F)								13. Proper use of restriction and exclusion; No discharge from		
	~				_						~				eyes, nose, and mouth		
	~				3. Proper Hot Holding t										Preventing Contamination by Hands		
		~			Proper cooking time Proper reheating process.			Zin 2			~				Hands cleaned and properly washed/ Gloves used properly So bare hand contact with ready to eat foods or approved		
		~			Hours)	cedure for not no	olding (105 F	7 III 2			~				alternate method properly followed (APPROVED Y. N.)		
	~				6. Time as a Public Hea	alth Control; prod	cedures & re	ecords							Highly Susceptible Populations		
					Ap	proved Source					~				Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite												liquid and pre-hard boiled only		
	~				destruction Benek		, parasite								Chemicals		
	/				8. Food Received at pro		;				_				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					check at rece	PIPT n from Contami	nation				~				18. Toxic substances properly identified, stored and used		
					9. Food Separated & pr	otected, prevente	ed during foo	od							Water/Dhunking		
	~				preparation, storage, dis			and							Water/ Plumbing 19. Water from approved source; Plumbing installed; proper		
3				~	Sanitized at	ppm/temperature	re				~				backflow device		
	/				11. Proper disposition of reconditioned disc		iously served	lor			1				20. Approved Sewage/Wastewater Disposal System, proper disposal		
							ntion Items	s (2 Poi	_	_	_	_		_	rrective Action within 10 days		
U T	I N	O	A A	C O S		of Knowledge/			R	O U T	N	N O	N A	C O S		R	
	~				21. Person in charge pr and perform duties/ Cer 3						~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		
	~				22. Food Handler/ no u	nauthorized pers	sons/ personn	iel			~				28. Proper Date Marking and disposition		
	L				Safe Water, Reco	rdkeeping and l	Food Packag	ge			/				29. Thermometers provided, accurate, and calibrated; Chemical/	-	
	V										•				Thermal test strips		
					23. Hot and Cold Water	Labeling		e, safe							digital		
					24. Required records av	Labeling r available; adequation and the control of	uate pressure			١٨.					Thermal test strips digital Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted)		
	~				24. Required records av destruction); Packaged	Labeling r available; adeq vailable (shellsto Food labeled	uate pressure			W					Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted) need current/to post		
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Received by: (signature) Estela Perea	Print: Estela Perea	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: vall Nursing Care Center	Physical A	ddress:	City/State: Rockwal	II TY	License/Permit # need current/to post	Page <u>2</u> of <u>2</u>					
TOOKW	all Nursing Care Certici	200 3	TEMPERATURE OBSERVA		II, IA	riced currents post						
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
steam	table/cabbage	182	cut lettuce	41								
SW	eet potatoes	181	3 door cooler/pickles for reference	41								
freeze	rs in next building/white	2										
	reach in	16										
2 0	2 door freezer											
2 doo	r reach in cooler/egg	39										
	potatoes	38										
3 door	3 door reach in cooler/cheese											
		OB	SERVATIONS AND CORRECT	VE ACTIONS	S							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
	Back hand sink 120	F equip	ped									
	3 comp sink 125F											
	3 comp sink sani di	spenser	at 200ppm quats									
	Test strips on site											
	Dishwasher sanitizi		• •									
45			places/ceiling and behi		•							
10	One sani bucket at 0ppm	/COS/in b	etween lunch and dinner/char	nge every 2	to 3 hou	rs/to be 200-400ppn	า quats					
42	To clean inside freezers/some food debris											
37	To defrost white fre	ezer in o	other building									
45		eezer ro	om/adjacent building									
34	Some fruit flies											
40 No cardboard to be used for storage/ use a cleanable container instead for storage of d							os/lids					
45			o wall, seal with caulkin	g								
	Gloves and hair net											
	Allegedly records of	•										
	Once food leaves k											
	Self serve coffee ar	nd wate	r, covered. No TCS cre	eamers, e	etc							
<u> </u>												
Received (signature)	Fetala Ponon		Estela l	Perea	a	Title: Person In Charge/Manager						
Inspected (signature)	l by:	ton 1	RS Christy C	ortoz	_	<u> </u>						
Form EH 06	6 (Revised 09-2015)	10g, 1	Co Chilisty C			Samples: Y N #	collected					