

Followup fee of \$50.00 after initial Followup

Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy/training
- Vomit clean up
- Employee health

| | | | | | | |
|----------------------------|-------------------------|--------------------------|-------------------------------------|---------------------------------|---------------------------|---------------------------|
| Date: 01/26/2023 | Time in: 8:05 | Time out: 9:37 | License/Permit # Food5166 | Food handlers Inmates | Food managers 3 | Page <u>1</u> of <u>2</u> |
|----------------------------|-------------------------|--------------------------|-------------------------------------|---------------------------------|---------------------------|---------------------------|

Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other TOTAL/SCORE

| | | | |
|--|---|--------------------------------------|---------------|
| Establishment Name: Rockwall county jail | Contact/Owner Name: Rockwall county | * Number of Repeat Violations: _____ | 2/98/A |
| | | ✓ Number of Violations COS: _____ | |

| | | | | |
|--|--|------------------------|---|---|
| Physical Address: 950 T L townsend | Pest control : Protex 01/19/2023 | Hood 11/2022 | Grease trap : Dar pro 12/8/2022 1000 / waste 3 months | Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|--|--|------------------------|---|---|

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 ✓ 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 | | | | | | 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 | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | ✓ | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| | | | | | | ✓ | | | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | | | | | ✓ | | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | | | | | ✓ | | | | | |

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 | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | | ✓ | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| Consumer Advisory | | | | | | W | ✓ | | | | |
| | ✓ | | | | | W | ✓ | | | | |

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 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | W | ✓ | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | 1 | | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | ✓ | | | | | | ✓ | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|---|--------|---|
| Received by: Magdalena Lozano | Print: | Title: Person In Charge/ Owner KM |
| Inspected by: <i>Kelly kirkpatrick RS</i> <small>(signature)</small> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|--|---|--------------------------------|--------------------------------------|-------------|
| Establishment Name: Rockwall county jail | Physical Address: TI Townsend | City/State: Rockwall | License/Permit # Food 5166 | Page 2 of 2 |
|--|---|--------------------------------|--------------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|---------------------------------|-------------|---------------|------------|---------------|--------|
| Upright cooler near ice machine | 39.9 | Wif | -12 | | |
| Upright cooler back | 40 | | | | |
| Thawing wic | 38.6 | | | | |
| Bologna | 38.9 | | | | |
| Cooler 2 | | | | | |
| Potatoes | 38 | | | | |
| Green beans | 38 | | | | |
| Margarine | 38 | | | | |

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 F |
| | Employee health poster on wall at all and sinks |
| W | New seal has been ordered for the sprayer at the prerinse |
| | Hot water at hand sinks 111 |
| | Hot water at three comp 112 |
| | Using quats for three comp sink and bleach product for all prep surfaces |
| | Discussed keeping them separated |
| | High temp Dishmachine |
| W | Watch condition of trays for serving ... replaced when badly scored |
| 45 | Need to clean mold behind prerinse station on silicone line |
| W | Time to delime Dishmachine - currently nu weekly |
| | Replacing mop head weekly |
| | Great date marking |
| | Process 3 foods - pinto beans - discussed cooling down |
| | All other meats etc are cooked day of and served |
| | Eggs in shell are hard boiled |
| | No leftovers served |
| | Gloves used to touch rte foods |
| | Tested bleach water solution to be 100Ppm - remade as appears soapy tested again 100 ppm |
| | Three comp sink quats |
| | Dry storage looks good |
| W | Watch painted surfaces where paint is peeling etcwork order submitted |
| W | Dishmachine tested after several runs to turn T- stick 160 |
| | Sink sanitizer 150 ppm quats okay per label |
| | Confirmed both restrooms equipped |
| 44 | To clean and watch spills around dumpster and waste oil |
| | |
| | |

| | | |
|---|--------|--------------------------------|
| 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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