Follow-up fee of \$50.00 is required after 1st Retail Food Establishment Inspection Report Image: City of Rockwall First aid kit City of Rockwall Vomit clean up Employee health Date: Time in: Time out: License/Permit # Est. Type Risk Category										ng								
07/	07/08/2020 8:43 9:30 FS 63														tLow	Page $\underline{1}$ of	2	
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner Na								4-Investigation			n	* Number of R	O/Construction 6-Other TOTAL/ umber of Repeat Violations:			RE	
	Rockwall Donut RuskKyungPhysical Address:Pest control :								Hood Grease			ireas	✓ Number of Violations COS: the trap : Follow-up: Yes ✓ 14/8			14/86/	/B	
	Rusk Greco 5/20/20							Need info Wybles			ybles	s -7/6/20 No □						
Compliance Status:Out = not in compliance $IN = in compliance$ $NO = not observed$ Mark the appropriate points in the OUT box for each numbered itemMark $$ in appropriate b								box fo	or IN	I, NO), NA, COS		ark an 🗸 in appropr	plation W-Wat ate box for R	ch			
	Compliance Status						s Requi	quire Immediate Corrective Action not to exceed 3 days Compliance Status 0 I 0 I 0 I							R			
	Ň		$ \begin{array}{c c} N & C \\ A & O \\ S \end{array} \begin{array}{c} \textbf{Time and Temperature for Food Safety} \\ (F = degrees Fahrenheit) \end{array} $				K	U T	J N		N A	C O S	r				ĸ	
					1. Proper cooling time and temperature Not using left overs				12. Management, food employees and condition knowledge, responsibilities, and reporting						employees;			
	2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge fro						scharge from					
	3. Proper Hot Holding temperature(135°F)						Émailed poster											
	4. Proper cooking time and temperature						Preventing Contamination by 14. Hands cleaned and properly washed/ Glo											
	•				5. Proper reheating proc	cedure for hot ho	olding (165°F in 2		-		15. No bare hand contact with ready to eat foods or appr							
	•				Hours)	alth Control, pro	aduras & racardo			alternate method properly followed (APPROVED Gloves						Y		
3	3 6. Time as a Public Health Control; procedures & records Need time labels						Highly Susceptible Pop											
	Approved Source							~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Cooking						
•				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										Chemicals				
L					8. Food Received at pro							~		17. Food additives; & Vegetables	; approved	and properly stored;	Washing Fruits	
	Protection from Contamination					v		-					y identified, stored a	nd used				
L	9. Food Separated & protected, prevented during food									1	Watch storage Water/ Plumbing							
	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>100</u> ppm/temperature					3	3				19. Water from approved source; Plumbing installed; proper backflow device							
	11. Proper disposition of returned, previously served or reconditioned Discard always						V				Need air ga	ap at t age/Waste	hree comp s water Disposal Syste	m, proper				
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days									-									
0 1 U 1 T	Ň	N I O I	N A	C O S	Demonstration	n of Knowledge/	Personnel	R	O U T	J N		N A	C O S		emperatu	re Control/ Identifi	cation	R
·				5	21. Person in charge pro and perform duties/ Cer 1 on site	rtified Food Man	ager (CFM)			V	•		5	Maintain Product T	Femperatu		equate to	
ľ					22. Food Handler/ no un All other employees		ons/ personnel				~			28. Proper Date Ma Reminder	-	-		
	Safe Water, Recordkeeping and Food Package Labeling											29. Thermometers Thermal test strips		accurate, and calibra	ted; Chemical/			
L					23. Hot and Cold Water	r available; adeq	uate pressure, safe			1		I	<u> </u>	Permit Rec	quirement	t, Prerequisite for C	peration	
2					24. Required records av destruction); Packaged Macaroons c	Food labeled annot be	self serve v	^		~	•			Poster		mit (Current/ insp s		
					25. Compliance with Va HACCP plan; Variance processing methods; ma	e obtained for spe	zed Process, and ecialized			~				31. Adequate hand supplied, used Equipped	washing fa	ipment, and Vendin acilities: Accessible a	and properly	
						sumer Advisory				V	•			designed, construct	ted, and us			
W					26. Posting of Consume foods (Disclosure/Remi Watch items with nuts	inder/Buffet Plat and provide ing	e)/ Allergen Label redients by request		V					Service sink or cur Set up to u	b cleaning ISE	¥ .		
0 1 U 1			N	C	Core Items (1 Poin			e Action R	0) I	Ν	Ν	С					R
Т	N	0.	A	O S	Prevention of 34. No Evidence of Inse	of Food Contan			U T			A	O S	41.Original contain		Identification		
W					animals Watch and addr 35. Personal Cleanlines	ress very small g	ap at door in back	+			~		L					
V		+			36. Wiping Cloths: pror	perly used and st	0	+	-					42. Non-Food Cont	<u> </u>	es clean		
1	+				Store in sanitiz	tamination .		+	\vdash	~	-			43. Adequate venti	lation and	lighting; designated	areas used	+
╞┼┼					38. Approved thawing r			+	v		-				efuse prop	erly disposed; facilit	ies maintained	+
	1				Prope	er Use of Utensi	ls		1	1				45. Physical faciliti	ies installe	d, maintained, and c	lean	
1					39. Utensils, equipment dried, & handled/ In us See	se utensils; prope	erly used		1					Paper towe	els	constructed, supplie	d, and clean	1
1	T	T			40. Single-service & sir and used See	ngle-use articles;	properly stored				~			47. Other Violation	15			
					200						1		1	I				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Kyung son	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelt Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: Wall donut	Physical A Rusk	ddress:	City/State: Rockwal	I	License/Permit # FS 6367	Page <u>2</u> of <u>2</u>			
			TEMPERATURE OBSERVA							
Item/Loca		<u>Temp F</u>	Item/Location	<u>Temp F</u>	Item/Locati	on	<u>Temp F</u>			
Bevera	age case	35 /40								
E	ack cooler	41								
	Sausage	41								
	Cheese	41								
Up	right freezer	-2								
Item	AN INCRECTION OF YOUR PO		SERVATIONS AND CORRECT			E CONDITIONS ODSERV				
Number	AN INSPECTION OF YOUR ES NOTED BELOW:	IABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CIED IO IH	E CONDITIONS OBSERV	ED AND			
W	Macaroons that are packaged and for self service must be labeled with ingredients etc									
46	Restrooms - hot water 100F plus / need paper towels in both									
45	Clean flooring under racks in back storage									
6	If using tphc for kolaches will need to provide labels to trays etc									
45	Hot water at kitchen and front hand sink 126 F watch									
45 39	Make repairs to counter and walls etc where needed									
40	Avoid placing mixer pieces on floor Avoid using clam shell to go containers from sams									
37/39	Repair cooler to remove the yellow tray being used to catch the condensation on the top shelf									
01/00	(This could deter the air flow and spilling could contaminate food)									
W	Avoid using the residential plastic containers that have snap handles on lids as these are difficult to clean									
W	Reminder to date mark foods Tcs if held overnight 24 hrs after opening Rc- meats etc									
	Cooler is barely holdin									
42/45	Clean grease/ flour accumulation on shelving and under and behind equipment that isn't"new"									
19	Need to provide air gap at back three comp sink									
	Sinks not set up at time of inspection but dish soap and bleach on site to wash rinse and sanitizer									
	Reminder when hanging clean wiping cloths to dry to watch where you are drying them - protect them									
Cos	Set up sanitizer bucket for food prep surfaces when in use - cos bleach at 100 ppm									
	Using quats chlorox wipes for dining room only									
Covid	d Allowing 2 tables at time of insp / wearing masks / etc									
	Using chlorox wipes for customer contact areas in dining room quats product 200 and bleach in kitchen									
	Thaw two chemicals should be use separately and never together!									
Received (signature)	See abov	'e			Title: Person In Charge/	Owner				
Inspected (signature)	See abov ^{by:} Kelly Kírkpa	ıtríck	Print:			Generaleze V - M - "	114-1			
	- 1					Samples: Y N #	collected			