r e Fol	q u low	ir	e d		of \$50.00 is after 1st			City of	Rock	Ś		In	spo	ect	ion Report		 First aid k Allergy pc Vomit clea Employee 	olicy/trainii n up	ng
	Date: Time in: Time out: License/Pe 11/11/2022 2:30 3:02 FS 93													Food handlers Food managers Na Page			3		
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner N								4-	Inve	estig	atio	n	5-CO/Construction * Number of Repea		6-Other	TOTAL/SCO	RE	
R	Rockwall Drug and general store Downing							Name:						 ✓ Number of Viola 		COS:	6/94//	٨	
	Physical Address: Pest control : Goliad Rockwall Texas Owner to provide							Hood Grease trap/ was Na To have checked					e trap/ waste oil: e checked		Follow-up: Yes	0/34//			
м					Status: Out = not in co	mpliance IN	= in comp red item	pliance N Mark	$\mathbf{O} = \operatorname{not} \mathbf{O}$						$ \begin{array}{ll} \text{oplicable} & \text{COS} = \text{correc} \\ \text{O} \text{ NA} \text{ COS} \end{array} $		site \mathbf{R} = repeat vio rk an $$ in appropria	lation W-Wat	ch
Mark the appropriate points in the OUT box for each numbered item Mark V in appropriate b Priority Items (3 Points) violations Require Immed										diate	Cor	rrect							
O U T	I N	$ \begin{array}{c c} \mathbf{N} & \mathbf{O} & \mathbf{A} & \mathbf{O} \\ \mathbf{S} & & & \\ \end{array} $ (F = degrees Fahrenheit) 1 ime and 1 emperature for Food Safety (F = degrees Fahrenheit)					R	O U T	I N	lianc N O	Ν	С	Employee Health						
		1. Proper cooling time and temperature								~				12. Management, food knowledge, responsibil	employees;				
	~				2. Proper Cold Holding temperature(41°F/ 45°F)						~	,			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Posted at hand sink				
		3. Proper Hot Holding temperature(135°F)								Prosted at Hard Sink Preventing Contamination by Hard						ds			
			~		4. Proper cooking time	and tempera	ture				~			14. Hands cleaned and properly washed/ Gloves used					Τ
		5. Proper reheating procedure for hot holding (165°F in 2 Hours)									~			15. No bare hand conta alternate method prope					
	6. Time as a Public Health Control; procedures & records									Highly Susceptible Populations									
					Approved Source								16. Pasteurized foods used; prohibited food not of Pasteurized eggs used when required					ered	
w	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Using commercial product but not labeled out of box see					asite													
	~				8. Food Received at pro	oper tempera	ture						~		17. Food additives; app & Vegetables	<u>.</u>		0	
	1 1		1			n from Cont					/				18. Toxic substances pr Stored low	roperly	v identified, stored and	d used	
					 P. Food Separated & protected, prevented during food preparation, storage, display, and tasting 														
	~	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>Na</u> ppm/temperature _{To check when making}						~				19. Water from approved source; Plumbing installed; prop backflow device City approved							
		V			11. Proper disposition of reconditioned	of returned, J	previousl	y served or			~				20. Approved Sewage/ disposal	Wastev	water Disposal Syster	n, proper	
0	I	N	N	С	Pri	ority Fou	ndatior	n Items (2 Po	oints) v	iolat 0				_	rrective Action within 1	10 day	s		R
U T	N	0	A	O S	Demonstration 21. Person in charge pro-		0			U T		N O	A	O S	Food Temp	peratu	e Control/ Identific	ation	
	~				and perform duties/ Cer Watch 22. Food Handler/ no u	rtified Food	Manager	(CFM)			~				27. Proper cooling meth Maintain Product Temp 28. Proper Data Markin	peratur	e	quate to	
	~				2		•					~		-	 28. Proper Date Markir 29. Thermometers prov 	0	X	ed: Chemical/	_
					Safe Water, Reco	Labeling		-			~				Thermal test strips Test strips on s				
	~				23. Not and Cold Water See temp 24. Required records av						1				Permit Requir 30. Food Establishme		, Prerequisite for Op	-	
2					destruction); Packaged Must be labe Conformance	Food labeled	sale	on prepa	•		~				Posted		ipment, and Vendin	<u> </u>	
			~		25. Compliance with V HACCP plan; Variance processing methods; ma	ariance, Spe obtained fo	cialized l r speciali	Process, and ized			~	,			31. Adequate handwash supplied, used Equipped				T
	11		<u> </u>		Con	sumer Advi	sory				~				32. Food and Non-food designed, constructed, a Watch			, properly	
	~				26. Posting of Consume foods (Disclosure/Rem Ingredients by requ	inder/Buffet				W					33. Warewashing Facil Service sink or curb cle Machine not y	eaning	facility provided		1
							ons Requ	uire Corrective							uys or Next Inspection,				
O U T	I N	N O	N A	C O S	Prevention				R	O U T	Ν	N O	N A	C O S			Identification		R
1					34. No Evidence of Inst animals Past evidence	ce to clean						~			41.Original container la	abeling	g (Bulk Food)		
1					35. Personal Cleanlines Store away 36. Wiping Cloths; pro										42. Non-Food Contact	•	cal Facilities		
L	~				36. Wiping Cloths; proj 37. Environmental cont		iu stored		\square	1					42. Non-Food Contact 43. Adequate ventilation			reas used	_
L		<u>/</u>							+		/				43. Adequate ventration 44. Garbage and Refuse				_
		<u>~</u>			38. Approved thawing watch		•7			_			_	-	44. Garbage and Refusi 45. Physical facilities in				_
-					39. Utensils, equipment		properly u			1	-	┢	_	<u> </u>	46. Toilet Facilities; pr				+
	4	_	_		dried, & handled/ In us 40. Single-service & sin	· · · · · · · · · · · · · · · · · · ·	1.2					_	_	_	Equipped 47. Other Violations				_
	~				and used		1 1	- - "				~							

Retail Food Establishment Inspection Report

City of Rockwall

(Printed) Chris Rodriquez	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

•

-

	nent Name: all drug and general store	Physical Address: Goliad		City/State: Rockwal		License/Permit # Page _ Page _		of			
Item/Loca	ation	Temp F	TEMPERATURE OBSERVA	ATIONS Temp F	Item/Locatio	n		Temp F			
	am unit for prepackaged			<u>remp r</u>	Item/Locatio	<u> </u>		<u>remp r</u>			
	an unit for prepackaged	17									
Reside	ential cooler not used	38									
	Freezer	-4									
OBSERVATIONS AND CORRECTIVE ACTIONS Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
Number	NOTED BELOW: All temps F	TABLISHME	INT HAS BEEN MADE. YOUR ATTER	NTION IS DIKE	CIED IO IHE	CONDITIONS OBSERV	ED AN	I <mark>D</mark>			
	No longer using area for ice cream										
	Only selling prepackaged items and some unwrapped candy that is portioned with tongs or scoops with are washed in three comp										
	Using bleach product										
	Dishmachine is also bleach low temp										
	Hot water 111 F										
45/42	GeneralCleaning needed under sinks etc										
	Washing scoops as needed										
	Cooler is used for personal items and freezer for customer watch mixing both in same area										
24	Selling packaged ice cream sandwiches and popsicles - must be labeled for individual sell must have full ingredients if prepackaged										
	Dishmachine is not dispensing sanitizer - primed and would not prime through tubing										
	-	nk with D	Dawn soap for washing ar	nd bleach fo	or sanitizir	ng in last sink to	test b	leach			
	To be 50-100 ppm										
W	Watch for softening of ice cream										
	No food related storage under counter										
05	Restroom is equipped with soap and towels / hot water										
35	Store employee items separate in Coolers and freezers										
	To look for frazon items that are labeled for individual cale										
	To look for frozen items that are labeled for individual sale										
		<u>.</u>									
Received (signature)			Print:		Т	itle: Person In Charge/	Owner				
	See abov	'e									
Inspected (signature)	See abov ^{by:} Kelly kírkpa	1	Print:	-							
(κειιν κίνκρα	trick	(KS		s	amples: Y N #	collecte	d			
	<i>i</i>										