Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City	of	Rockwall
OILY	UI.	NUCKWAII

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

Date: Time in: 11/27/2023 3:08		23		ense/Perr							Food handlers	Food managers	Page <u>1</u> of _2	2_		
Pu	rpose of Inspection: 1-Routine 2-Follow Up 3-Comple		omplaint	t	4-Investigation 5-0				5-CO/Construction	6-Other TOTAL/SCO		RE				
Establishment Name: Contact/Owner N Rockwall drug and general store Downing						me:						★ Number of Repeat Viola ✓ Number of Violations Co	tions: OS:	1 4 /0 6 /	Ď	
Physical Address: Pest control: 106. Goliad Need info							Hood Grease trap/ w				e trap/ waste oil:	Follow-up: Yes 7 14/86		D		
Compliance Status: Out = not in compliance IN = in compliance						= not observed NA = not applicable in appropriate box for IN, NO, NA, O						olation W-Watc	ch			
Mark the appropriate points in the OUT box for each numbered item Mark Priority Items (3 Points) violations						Require Immediate Corrective Action								ate box for R		
0	Compliance Status O I N N C Time and Temperature for Food Safety						R	О		N	N	С		** 10		R
U T	N	0	A	$A = \begin{bmatrix} O \\ S \end{bmatrix}$ (F = degrees Fahrenheit)				U T						employees:		
		/			Proper cooling time and temperature				/				knowledge, responsibilities, ar	employees,		
	/				2. Proper Cold Holding temperature(41°F/ 45°F) Freezer only				/				13. Proper use of restriction are eyes, nose, and mouth	nd exclusion; No dis	charge from	
		/	,		3. Proper Hot Holding temperature(135°F)								Posted by hand sink Preventing Con	tamination by Han	ıds	
		· /			4. Proper cooking time and temperature				14. Hands cleaned and properly washed/ Gloves used				ised properly			
			,		5. Proper reheating procedure for hot holding (165°F in 2 Hours)						/		15. No bare hand contact with alternate method properly follo			
			,		6. Time as a Public Health Control; procedures & rec	cords									·	
		•									T		Highly Susce	eptible Populations ohibited food not of		
					Approved Source					(~		Pasteurized eggs used when re			
3					7. Food and ice obtained from approved source; Food good condition, safe, and unadulterated; parasite	l in							, or	nemicals		
J					destruction Need labels on popsicles								Cr	iemicais		
	~				8. Food Received at proper temperature					(/		17. Food additives; approved a & Vegetables	and properly stored;	Washing Fruits	
					Protection from Contamination				1				18. Toxic substances properly Low	identified, stored an	nd used	
	/				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	1							-	r/ Plumbing		
	_				10. Food contact surfaces and Returnables; Cleaned a	and							19. Water from approved sour		ed; proper	
3					10. Food contact surfaces and Returnables; Cleaned a Sanitized at? ppm/temperature See 3	33			'				backflow device City approved			
		/			11. Proper disposition of returned, previously served or reconditioned	or			/				20. Approved Sewage/Wastew disposal	vater Disposal System	m, proper	
					Priority Foundation Items		_						rective Action within 10 days			
O U T	I N	N O	N	C	Demonstration of Knowledge/ Personnel		R	О	I	N O	N	C	Food Townsonston			R
			A	0	Demonstration of Knowledge/ 1 ersonner			U	N	o	A	0	rood Temperature	e Control/ Identific	cation	
?			A	O S	21. Person in charge present, demonstration of knowle and perform duties/ Certified Food Manager (CFM)	edge,		U T	N N	0		S	27. Proper cooling method use Maintain Product Temperature	ed; Equipment Ade		
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (Printed) Melanie Rives	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

E 1"	• Name	Di 1 1	14	1	Cita-(Ct	7	D. 2.55
Establishment Name: Rockwall drug		Physical Address: 106 S Goliad			City/State: Rockwall	License/Permit # FS 9343	Page <u>2</u> of <u>2</u>
	The state of the s	1	TEMPERATURE				
Item/Loc	cation	Temp F	Item/Location		Temp F 1	tem/Location	Temp]
Popsi	cle freezer	5.1					
	Pov godlar						
	Bev cooler	35					
Item	AN DIODECTION OF THE		BSERVATIONS AND			TED TO THE CO.	EDVIEW 1275
Number	AN INSPECTION OF YOUR ES NOTED BELOW: All temps F	STABLISHM	ENT HAS BEEN MADE. Y	YOUR AITENI	ION IS DIRECT	ED TO THE CONDITIONS OBS	EKVED AND
07	Selling popsicles for F	rios now	- will need labels	on all pac	kages for ir	ngredients	
	Hot water 110 at hand	sink		·			
	Commercial dishwash	ner remov	/ed				
33	Using 3 compartment	to wash	scoops for candy	-To have	equipped v	vith soapAnd sanitizer	etc
31	Hand sink set up / mo	ved tray	to use				
45	Need to clean under s	sinks					
	Scoops for candy to b	e washe	d daily - 10 items	unpackag	jed - protec	ted with lids / scoops	used to touch
W	Candy Ingredients by	request -	need book if not	keeping o	riginal - sel	f serve	
W	Restroom equipped -	door to s	elf close				
	Mop sink available in						
10	Three comp sink need	· ·	nd sanitizer and te	est strips w	hen using		
	Keep freezer defroste						
29	Place thermo in warm						
W	To separate food serv			sed for oth	ner items as	s well -	
	Washing scoops will r	need food	l handler				
Received	by:		Print:			Title: Person In Char	ge/ Owner
(signature)	See abov	/e					
Inspected			Print:				
(signature)	Kelly Kirkpo	atrick	\mathcal{RS}			Samples: Y N	# collected