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

Retail Food Establishment Inspection Report City of Rockwall

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

| Date: | | | Time in: Time out: License/Po | | | | | | | | | Risk Category | Page 1 of 2 | |
|---------------|---|--------------------|-------------------------------|--|--|---|----------|--|--------------------------------|---|---|--|--|---|
| | | | Food | | | | | | | Med | | | | |
| | | se of In shment | | | 2-Follow Up Con | 3-Complaintact/Owner N | | 4-Inv | estig | atior | 1 | 5-CO/Construction * Number of Repeat Violatio | 6-Other | TOTAL/SCORE |
| _ | | | | high school | RIS | SD | | | | | | ✓ Number of Violations COS | S: | 0/100/ |
| Phys Yello | | ıl Addr acket | ess: | | Pest con School | | | Hood Summe | r | | rease mme | | ollow-up: Yes | 0/100// |
| Marl | | Complia | | Status: Out = not in cor points in the OUT box for | mpliance IN = in compliance | iance NO | not o | | | | | plicable COS = corrected on site NA, COS Mark a | | lation W-Watch |
| With | C UI | с арргој | priace | | | | | | | | | ive Action not to exceed 3 days | ан 🗸 ні арргорна | ate box for K |
| 0 | | | | | | afety | R | Compliance Status O I N N C | | | | | | |
| T T | N O A O S (F = degrees Fahrenheit) | | | | ٠ | | U N T | 0 | A | o s | | | | |
| | 1. Proper cooling time and temperature Freezer | | | | | - | 1 | | | knowledge, responsibilities, and | | employees, | | |
| · | 2. Proper Cold Holding temperature(41°F/ 45°F) See | | | | - | , | | 13. Proper use of restriction and exclusion; No dischareyes, nose, and mouth | | | charge from | | | |
| _ | 3. Proper Hot Holding temperature(135°F) See | | | | Preventing Contamination by Har | | | | ıds | | | | | |
| H | 4. Proper cooking time and temperature | | | | 14. H | | | | 14. Hands cleaned and properly | | | | | |
| | 5. Proper reheating procedure for hot holding (165°F in 2 | | | (165°F in 2 | | 15. No bare hand contact with ready to eat foods or app | | | | | | | | |
| | Hours) | | | | | | | | | alternate method properly follow Gloves | ulternate method properly followed (APPROVED Y N.) | | | |
| | | / | | 6. Time as a Public Hea | alth Control; procedure | es & records | | | | | | · · · | tible Populations | |
| | | | | Арј | proved Source | | | • | | | | 16. Pasteurized foods used; prohi Pasteurized eggs used when requ Precooked if used | | fered |
| · | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Labatt | | | ee; Food in site | | | | | | Cher | micals | | | |
| | | | | 8. Food Received at pro | | | | | | | | 17. Food additives; approved and | d properly stored; | Washing Fruits |
| Ľ | | | | Confirmed / red | ceiving log | | | | | | | & Vegetables Water | | |
| | | | | | from Contamination | | | ~ | | | | 18. Toxic substances properly id- Laundry room | entified, stored an | d used |
| · | | | | Food Separated & propreparation, storage, dis | · A | ing food | | | | | | Water/ I | Plumbing | |
| · | / | | | 10. Food contact surface Sanitized at 200 | | fleaned and 60 | | - | • | | | 19. Water from approved source; backflow device City approved | ; Plumbing installe | ed; proper |
| | | / | | 11. Proper disposition or reconditioned Disca | of returned, previously arded | served or | | - | • | | | 20. Approved Sewage/Wastewat disposal | er Disposal Syster | m, proper |
| | | | _ | | | | | | - | Щ. | _ | | | |
| | T . | NI NI | LC | Pri | ority Foundation | Items (2 Poi | | | _ | _ | | rective Action within 10 days | | |
| | I N | N N O A | C O S | | ority Foundation | | nts) vio | Olation O I U N T | N | _ | Cor C O S | rective Action within 10 days Food Temperature (| Control/ Identific | ation |
| U | | N N O A | | | of Knowledge/ Person | onnel f knowledge, | | O I U N | N | N | C | | | ation |
| U | | N N O A | | Demonstration 21. Person in charge preand perform duties/ Cer | of Knowledge/Person esent, demonstration of tified Food Manager (| f knowledge, CFM) | | O I U N | N | N | C | Food Temperature (27. Proper cooling method used; Maintain Product Temperature 28. Proper Date Marking and dis | Equipment Adea | ation |
| U | | N N O A | | Demonstration 21. Person in charge pre and perform duties/ Cer 2 22. Food Handler/ no ur 14 | of Knowledge/Person esent, demonstration of tified Food Manager (| f knowledge, CFM) | | O I U N | N | N | C | Food Temperature (27. Proper cooling method used; Maintain Product Temperature 28. Proper Date Marking and dis Good 29. Thermometers provided, according the statistics of the | Equipment Adec | quate to |
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Retail Food Establishment Inspection Report

City of Rockwall

| Received by: Cynthia lemmons | Print: | Title: Person In Charge/ Owner |
|------------------------------------|--------|--------------------------------|
| Inspected by: Kelly kirkpatrick RS | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | <u> </u> | | Gt. (G. | | | | | | | |
|--------------------------|--|----------------------|---|--------------------|-----------------------------------|-------------------------|--|--|--|--|--|
| | ment Name: wall high school | Physical A Yellow | ^{ddress:} ['] jacket | City/State: Rockwa | | ge <u>2</u> of <u>2</u> | | | | | |
| T. /T | | | TEMPERATURE OBSERVA | | T. 07 | | | | | | |
| Pizza | | Temp F | Item/Location | Temp F | Item/Location | Temp F | | | | | |
| Pizza warmer | | 166/170 | Line 1/2 | | Line 3/4 | | | | | | |
| | izza upright | 32/35 | Steam table 1(avoid double panning | 181 | ColdPass | 40 | | | | | |
| Rollin | pizza cooler ambient | 35/41 | Slides | 143/151 | Warmer 4/ warmer 3 calzone | 149/151 | | | | | |
| | Wif | -11 | Cold wells / freezer plat | e -12-7 | Slides | 163 | | | | | |
| | Wic | 38 | Cold merchandiser | s 34/38 | Freezer plates / | 10/12/ 37/5 | | | | | |
| | Butter | 38 | ColdPass | 38/39 | Merchandisers | 3/29 | | | | | |
| | Tomatoes | 38 | Hot pass /hot box chicken Alfred | o 150/ 143 | SteamTables | 139/177 | | | | | |
| | | | Steam table 2 | 151/171 | | | | | | | |
| T. | | 02 | SERVATIONS AND CORRECTI | , 2 . 1 0 1 1 0 1 | | | | | | | |
| Item Number | AN INSPECTION OF YOUR ES NOTED BELOW: | TABLISHME | NT HAS BEEN MADE. YOUR ATTEN | ΓΙΟΝ IS DIRE | CTED TO THE CONDITIONS OBSERVED A | AND | | | | | |
| | Hot water in restroom | 103 F /11 | 6 in kitchen | | | | | | | | |
| | Best to remove pastry | cover fro | m calzones cart - impedes | air flow | - cos calzones just made this r | norning | | | | | |
| | Not using leftovers- m | inimal us | ing freezer to cool down | | | | | | | | |
| | | | • | - | in warmer is discarded at end | of meal | | | | | |
| | | | als placed into to go contain | ers and h | nanded to students | | | | | | |
| | Gloves used to touch | | | | | | | | | | |
| | Sanitizer in buckets 10 | | | | | | | | | | |
| | Dish machine 160 sticker confirmed | | | | | | | | | | |
| | Dry freezer surfaces may be used with wrapped items to keep cold / double pan not needed | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | Not using the annex addition snack bar area | | | | | | | | | | |
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| | | | | | | | | | | | |
| Received | by: | | Print: | | Title: Person In Charge/ Owne | er | | | | | |
| (signature) | See abov | e /e | | | J | | | | | | |
| Inspected (signature) | | atríck | Print: | | | | | | | | |
| | 6 (Revised 09-2015) | | | | Samples: Y N # collect | ted | | | | | |