

# Retail Food Establishment Inspection Report

|                                     |                 |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | First aid kit   |
| <input checked="" type="checkbox"/> | Allergy policy  |
| <input checked="" type="checkbox"/> | Vomit clean up  |
| <input checked="" type="checkbox"/> | Employee health |

|                           |                         |                          |  |           |               |                           |
|---------------------------|-------------------------|--------------------------|--|-----------|---------------|---------------------------|
| Date:<br><b>6/12/2023</b> | Time in:<br><b>2:20</b> | Time out:<br><b>3:40</b> | License/Permit #<br><b>need current/to be posted</b> | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|---------------------------|-------------------------|--------------------------|--|-----------|---------------|---------------------------|

|  |                                      |                                      |  |  |                                  |             |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine | <input type="checkbox"/> 2-Follow Up | <input type="checkbox"/> 3-Complaint | <input type="checkbox"/> 4-Investigation | <input type="checkbox"/> 5-CO/Construction | <input type="checkbox"/> 6-Other | TOTAL/SCORE |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

|  |  |                                      |                |
|--|--|--------------------------------------|----------------|
| Establishment Name:<br><b>Sake Bomb Thai &amp; Sushi Bar</b> | Contact/Owner Name:<br><b>Angie Praxaybane</b> | * Number of Repeat Violations: _____ | <b>10/90/A</b> |
|  |  | ✓ Number of Violations COS: _____    |                |

|   |   |                                  |   |   |
|---|---|----------------------------------|---|---|
| Physical Address:<br><b>489 I-30 Rockwall, TX</b> | Pest control :<br><b>Shamrock/5-31-2023</b> | Hood<br><b>C&amp;V/5-18-2023</b> | Grease trap :<br><b>GWS/5-10-2023/1000gal</b> | Follow-up: Yes <input checked="" type="checkbox"/><br>No <input 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 '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X 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 |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
| <b>3</b>  |    |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   | W  |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
| <b>Approved Source</b>  |    |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
| <b>Protection from Contamination</b>                                    |    |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |

### 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 |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   | W   |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   |   | 2  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |

### 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 |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| <b>1</b>                                |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| <b>1</b>                                |    |    |    |     |   | <b>1</b>                   |    |    |    |     |   |
| <b>1</b>                                |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>1</b>                   |    |    |    |     |   |
| W                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |

|  |                                  |  |
|--|----------------------------------|--|
| Received by:<br>(signature) <i>Angie Praxaybane</i>    | Print: <b>Angie Praxaybane</b>   | Title: Person In Charge/ Owner<br><b>Owner</b> |
| Inspected by:<br>(signature) <i>Christy Cortez, RS</i> | Print: <b>Christy Cortez, RS</b> | Business Email:                                |

Form EH-06 (Revised 09-2015)

|  |                                      |                                    |   |                           |
|--|--------------------------------------|------------------------------------|---|---------------------------|
| Establishment Name:<br><b>Sake Bomb Thai &amp; Sushi Bar</b> | Physical Address:<br><b>489 I-30</b> | City/State:<br><b>Rockwall, TX</b> | License/Permit #<br><b>need current</b> | Page <b>2</b> of <b>2</b> |
|--|--------------------------------------|------------------------------------|---|---------------------------|

| TEMPERATURE OBSERVATIONS                 |        |                       |        |                                 |        |
|--|--------|-----------------------|--------|---------------------------------|--------|
| Item/Location                            | Temp F | Item/Location         | Temp F | Item/Location                   | Temp F |
| soup pot/soup                            | 188    | under/sauce           | 42     | white freezer ambient           | -2     |
| tofu on counter                          | 65     | bug cold top/raw beef | 41     | 2 door reach in freezer ambient | 2      |
| under counter cooler/water for reference | 41     | raw chicken           | 41     | small white freezer ambient     |        |
| under counter sushi cooler/fish          | 36     | under/raw chicken     | 42     |                                 |        |
| octopus                                  | 40     | WIC/dumplings         | 42     |                                 |        |
| bar cooler ambient                       | 36     | raw chicken           | 41     |                                 |        |
| small cooler ambient                     | 39     | tofu                  | 41     |                                 |        |
| small cold top/cut tomatoes              | 42     | cut tomatoes          | 42     |                                 |        |

| 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:             |
|                                     | Front hand sink 100+F equipped  |
|                                     | Tofu in water on counter/out for 2 hours/placed in ice and water/ immediately cooled to 41F. Must cold hold at 41F or below           |
|                                     | Sewer smell in restaurant. Have had plumber out twice/again on Friday. Landlord involved as well to resolve. No backup in any drains. |
|                                     | RR sinks 100F equipped  |
| 42                                  | Need to clean in/around/on equipment, shelves   |
| 37                                  | Avoid storing rice pot on floor when in use. Need to store at least 6 inches off of floor.  |
|                                     | 3 comp sink 126 F   |
|                                     | Dishwasher sanitizing at 100 ppm chlorine sanitizer   |
| 42                                  | Need to clean walls/fill holes in walls   |
| 32/45                               | Walls to be made cleanable/paint stripped away  |
| 35                                  | Need to store employee items low and separate   |
|                                     | Grill line hand sink 110F equipped  |
| 36                                  | Need to store wiping cloths in sani buckets   |
|                                     | Sani buckets at 100 ppm chlorine sanitizer  |
| 32                                  | Need to watch condition of pans where surface is chipping   |
| 45                                  | Need to clean floors, floor drains  |
| 32                                  | All equipment to be NSF   |
| W                                   | Avoid using linens to line shelves/use drainable bar matting instead  |
|                                     | Drink hand sink 100+F equipped  |
| W                                   | Must use gloves or utensils for all ready to eat foods  |
|                                     | Sushi rice logs on file   |
|                                     | Sushi rollers WRS every 4 hours/if plastic. bamboo/saran changed at least every 4 hours   |
| W                                   | Date mark if not used within 24 hours.  |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |

|  |                                  |  |
|--|----------------------------------|--|
| Received by:<br>(signature) <i>Angie Praxaybane</i>    | Print: <b>Angie Praxaybane</b>   | Title: Person In Charge/ Owner<br><b>Owner</b> |
| Inspected by:<br>(signature) <i>Christy Cortez, RS</i> | Print: <b>Christy Cortez, RS</b> | Samples: Y N # collected                       |

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