

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

| | | | | | | |
|----------------------------|--------------------------|---------------------------|--------------------------------------|--------------------------------|---------------------------|---------------------------|
| Date: 06/07/2022 | Time in: 11:08 | Time out: 12:22 | License/Permit # Food 5072 | Food handlers All employees | Food managers 2 | Page <u>1</u> of <u>2</u> |
|----------------------------|--------------------------|---------------------------|--------------------------------------|--------------------------------|---------------------------|---------------------------|

Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other **TOTAL/SCORE**

| | | | |
|--|--|---|--|
| Establishment Name: Schlotskys | Contact/Owner Name: Mike Ban | * Number of Repeat Violations: _____ ✓ Number of Violations COS: _____ | 10/90/A |
| Physical Address: I-30 Rockwall | Pest control : Terminix 05/16-2022 | Hood | Grease trap : 12/2021- Trimble 1000 |
| Follow-up: Yes <input checked="" type="checkbox"/> 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 ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ 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 |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| 3 | | | | | ★ | ✓ | | | | | |
| ✓ | | | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| Approved Source | | | | | | | | ✓ | | | |
| ✓ | | | | | | Chemicals | | | | | |
| ✓ | | | | | | W | | | | | |
| Protection from Contamination | | | | | | ✓ | | | | | |
| ✓ | | | | | | Water/ Plumbing | | | | | |
| ✓ | | | | | | ✓ | | | | | |
| | | ✓ | | | | ✓ | | | | | |

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 |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| ✓ | | | | | | W | | | | | |
| ✓ | | | | | | ✓ | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | ✓ | | | | | |
| ✓ | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| ✓ | | | | | | ✓ | | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| ✓ | | | | | | ✓ | | | | | |
| Consumer Advisory | | | | | | 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 |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| 1 | | | | | ★ | ✓ | | | | | |
| ✓ | | | | | | Physical Facilities | | | | | |
| ✓ | | | | | | 1 | | | | | ★ |
| 1 | | | | | ★ | W | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | ★ |
| W | | | | | | ✓ | | | | | |
| 1 | | | | | ★ | ✓ | | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|--|--------|--------------------------------|
| Received by: (signature) Mike Ban | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly kirkpatrick RS</i> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|---|----------------------------------|--------------------------------|--------------------------------------|-------------|
| Establishment Name: Schlotzskys | Physical Address: I-30 | City/State: Rockwall | License/Permit # Food 5072 | Page 2 of 2 |
|---|----------------------------------|--------------------------------|--------------------------------------|-------------|

| TEMPERATURE OBSERVATIONS | | | | | |
|--------------------------|------------|------------------------|------------|---|-----------|
| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
| Beverage cooler | 34 | Deep freezer | 2.8 | ColdTop unit meat | |
| Soup unit | | Pizza table | | Ham / turkey | 41/4" |
| Potato / tomato | 139/142 | Cheese / tomatoes | 38/35 | Beef / chicken | 38/35 |
| Broccoli | 140 | Chicken | 41 | Eggs/ cheese (just made) | 32/41 |
| Wic | | Below | 36 | Veggie cooler ambient | 46 |
| Turkey / ham | 36/37 | Cheese bread | 40 | Just prepped today Tomatoes / cut lettuce | 43/44 |
| Tomato / cut | 35/36 | | | Non Tcs Peppers all night | 46 |
| | | 2 residential freezers | | Freezers in corner | 10/9.9 |

| 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: All temps F |
| W | Watch paint in restrooms on doors - watch hot water at 121-128 in restrooms |
| | Freestyle unit cleaned as per manufacturer specs |
| | Hot water in kitchen 128 |
| W | Watch what is stored next to hand in bakery / sink appears low enough to prevent splashing |
| 45 | Watch VCT flooring original throughout |
| 42/32 | Keep plastic liner clean and in good condition in bakery on shelves / clean shelves under this and paper liner too |
| 34 | To remove fly board hanging unit on shelf in bakery - observed last time too |
| | Keep an eye on condition of Formica cabinet in this area - chipped etc - used for employee items |
| | Using stronger quats solution for scrubbing residue on pans then they are w r s in sinks |
| | Plumbing approved by building inspections |
| 32/45 | Area around drive thru - wood is not washable between freestyle and cabinet -also cabinets / need to clean under freestyle |
| | Plumbing inspector approved plumbing under machine per owner |
| | Hot water in back hand sink / three comp over 130 F |
| | Sinks sanitizer 200 ppm |
| 45 | To Make repaired to chipped VCT in kitchen / also any holes in walls etc |
| 32 | Rusty floor in WIC makes it uncleanable also shelving / unit is dark inside too |
| W | Most all issues have been noted in previous inspections |
| 37 | Watch storage of items under fan box that are not in packages - drip pan is holding water / |
| W | AllProduce is washed with veggie wash - not within range per manuf specs to call company |
| | New date marking labels observed - these are more clear |
| 37 | Keep deep freezer defrosted / and clean inside coolers where needed fan guards etc |
| 40/32 | Replace card board on shelving with plastic / as cardboard is not washable / under chemicals |
| 02 | Fresh cut lettuce and tomatoes just placed into cold top unit - ambient temp in unit 45/46 will call someone |
| | Keeping sanitizer bucket and using purell sanitizer as well - avoid using together also using bleach with quats (always!!) |
| | Using hand sink in bakery for those working in front service area |
| | Also using utensils for handling food along with gloves |
| 39 | Watch tape on ss lids various locations as they may deter proper washing etc |
| !! | Icing for cinnamon rolls does not require temp control / provided info at last insp / company specs |

| | | |
|--|--------|--------------------------------|
| Received by: (signature) See above | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly kirkpatrick RS</i> | Print: | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)