

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: 03/02/2023 | Time in: 8:49 | Time out: 9:41 | License/Permit # Fs 9049 | Food handlers To provide | Food managers 1 | 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 <input type="checkbox"/> TOTAL/SCORE | | | | | | |
| Establishment Name: Scotties Rockwall | | | Contact/Owner Name: Patel | | * Number of Repeat Violations: _____ ✓ Number of Violations COS: _____ | |
| Physical Address: 3860 Ridge road | | | Pest control : AJB February | Hood Na | Grease trap/ waste oil: Na | Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pics |
| 15/85/B | | | | | | |

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 | | | | | |
| | | | ✓ | | | ✓ | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | | ✓ | | | Preventing Contamination by Hands | | | | | |
| | | | ✓ | | | ✓ | | | | | |
| | | | ✓ | | | | ✓ | | | | |
| | | | ✓ | | | Highly Susceptible Populations | | | | | |
| | | | | | | | | | ✓ | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | | | ✓ | | |
| | | | | | | 3 | | | | ✓ | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| 3 | | | | | | ✓ | | | | | |
| | | | ✓ | | | ✓ | | | | | |

| 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 | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | ✓ | | | | | | | | ✓ | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | Utensils, Equipment, and Vending | | | | | |
| | | | ✓ | | | 2 | | | | ✓ | |
| Consumer Advisory | | | | | | 2 | | | | | |
| | | | ✓ | | | W | | | | | ★ |

| 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 | | | | | |
| W | | | | | | ✓ | | | | | |
| W | | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | | | ✓ | | | ✓ | | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| 1 | | | | | | 1 | | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|---|---------------|---------------------------------------|
| Received by: <small>(Printed)</small> Twana Reyes | Print: | Title: Person In Charge/ Owner |
| Inspected by: <small>(signature)</small> <i>Kelly kirpatrick RS</i> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|---|--|---------------------------------------|---|-------------|
| Establishment Name: Scottie's Rockwall | Physical Address: 2860 ridge road | City/State: Rockwall | License/Permit # Fs 9049 | Page 2 of 2 |
|---|--|---------------------------------------|---|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|-------------------------|--------------|-----------------------|------------|---------------|--------|
| Wic Tcs food section | 39.8-41 | Ice cream unit | HTT | | |
| Milk gallon area barely | 41 | | | | |
| Wic ambient | 36-42 | | | | |
| Beer wic | 41 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
| | Using reddy ice |
| 45/42 | To clean spills under milk area in wic |
| | Watch doors on wic as they are not self closing |
| 42 | Need to clean inside cabinets under microwave |
| 10 | Need to clean pink slime from the lever for the ice dispenser — collecting on tip |
| 45 | To clean under shelving where needed in hallway to wic and also inside wic |
| 40 | To eliminate cardboard used on floor in wic and floor storage of cardboard containers |
| 45/32 | Flooring in smaller section to address cleaning and condionb |
| 37 | Avoid storing tea gallon directly on floor |
| 47 | Reminder that shelving should be 6 inches from floor to allow to clean floor |
| | Restrooms equipped soap and towels and hot water 102 |
| 45 | Need to dust air vent over soda station |
| 42 | To clean inside beer small cooler |
| 42/45 | To clean inside beer wic floors shelves and ceiling fan guards etc and eliminate floor storage of cardboard |
| 47 | Reminder to hang mops to allow to dry |
| 37 | Back room - shelving to be 6 inches from floor |
| 18 /31 | Avoid storing spray bottles in hand sink and need to clean hand sink |
| Ok | Located bottle labeled Clorox ... is this used for making sanitizer in last sink? Need test strips to confirm okay |
| 18 | Store chemicals low |
| | Hot water at sinks 110- good |
| | Located hand soap |
| | Discard old scrub brushes over sink i |
| W | Watch storage of ladder |
| 33 | Three comp sink bays need cleaning |
| | Back room looks much better |
| | Employee health poster by time clock to be posted at hand sink now |
| | Located thermo for food in drawers under microwave |
| | Using three comp sink to w r s coffee and Bev station items |

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

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