

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: <b>03/04/2021</b>	Time in: <b>12:08</b>	Time out: <b>1:18</b>	License/Permit # <b>FS 9049</b>	Est. Type <b>PP</b>	Risk Category <b>Med</b>	Page <u>1</u> of <u>2</u>
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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	<b>TOTAL/SCORE</b>
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Establishment Name: <b>Scotties Rockwall</b>	Contact/Owner Name: <b>Patel</b>	* Number of Repeat Violations: _____	<b>17/83/B</b>
Physical Address: <b>Ridge road</b>		✓ Number of Violations COS: _____	
Pest control : <b>AJB</b>	Hood <b>Na</b>	Grease trap : <b>Na</b>	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
<b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>						<b>Employee Health</b>					
		✓					✓				
<b>3</b>							✓				
		✓				<b>Preventing Contamination by Hands</b>					
		✓					✓				
		✓						✓			
		✓				<b>Highly Susceptible Populations</b>					
		✓					✓				
<b>Approved Source</b>						<b>Chemicals</b>					
	✓								✓		
<b>W</b>									✓		
<b>Protection from Contamination</b>						<b>Water/ Plumbing</b>					
	✓					<b>3</b>					
<b>3</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>W</b>					
<b>?</b>	✓							✓			
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
<b>W</b>	✓					<b>W</b>	✓				
	✓						✓				
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
			✓			<b>2</b>					
<b>Consumer Advisory</b>						<b>Food Identification</b>					
			✓					✓			
			✓			<b>Physical Facilities</b>					
			✓			<b>1</b>					
<b>Proper Use of Utensils</b>						<b>1</b>	✓				
	✓						✓				
<b>1</b>							✓				
						<b>1</b>					
						<b>1</b>					
								✓			

**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>Physical Facilities</b>					
	✓					<b>1</b>					
<b>W</b>							✓				
		✓					✓				
<b>Proper Use of Utensils</b>						<b>Food Identification</b>					
	✓					<b>1</b>					
<b>1</b>								✓			
						<b>1</b>					
								✓			

# Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) <b>Alonso</b>	Print: <b>Pic on site</b>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: <b>Scotties Rockwall</b>	Physical Address: <b>Ridge road</b>	City/State: <b>Rockwall</b>	License/Permit # <b>9049</b>	Page 2 of 2
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### TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Wic	29-43-51	<b>Naked juice</b>	48-49		
Sandwich internal temp	<b>51</b>	To check Tcs status			
<b>Creamer unit</b>	<b>33/34</b>				
<b>Beer wic</b>	<b>40/41</b>	<b>Ice cream unit</b>	<b>-26/30</b>		
<b>Moved Tcs at insp</b>					

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F
	Using emergency ice
	Still not selling hot dogs - counter is now used for prepackaged items and microwave
	Watch cabinet interiors and clean as needed
02	To address temp of wic in area of TCS foods and drinks - tcs 51 F all other areas 29-34 F
45	Clean under shelving in wic
W	MOVE SANDWICHES AND (Naked and simply juice) TO COLDER AREA OF WIC ASAP / checking on naked juice Tcs status
	beverage nozzles look much better
	Watch new cabinet interiors
	Hot water in restrooms - 102
46	Must have paper towels in men's restroom
45/42	Eliminate floor storage in wic and clean shelving and flooring
	And dust fans
40	Remove card board under shelving on floor in wic
	Reminder no homePesticides to be used on site
	Address unlabeled spray bottles in back room by three comp
33/10	Need approved sanitizer for three comp sink to use for washing soda nozzles etc
	Chlorox cleaner and bleach may not be used as sanitizer - yo use plain bleach
	Eliminate floor storage in back room
	Upright freezer not accessible
45	Clean under shelving in back room
45	Clean around hot water heater
45	Mop rack needed
W/45/42	To eliminate floor storage in beer cooler to allow to clean inside / clean floor and etc
	Hot water in back room 108 F - slightly low - to turn hot water heater up
31	Hand sink to also be equipped
	Watch condition of galvanized shelving

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

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