

# Retail Food Establishment Inspection Report

## City of Rockwall

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

|                            |                          |                           |                                    |                            |                           |                           |
|----------------------------|--------------------------|---------------------------|------------------------------------|----------------------------|---------------------------|---------------------------|
| Date:<br><b>06/02/2022</b> | Time in:<br><b>10:05</b> | Time out:<br><b>12:45</b> | License/Permit #<br><b>FS 8894</b> | Food handlers<br><b>28</b> | Food managers<br><b>6</b> | 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 | <b>TOTAL/SCORE</b> |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|--------------------|

|   |                                    |  |                |
|---|------------------------------------|--|----------------|
| Establishment Name:<br><b>Shenaniganz Rosie's grill</b> | Contact/Owner Name:<br><b>Ripp</b> | * Number of Repeat Violations: <u>    </u> | <b>10/90/A</b> |
| Physical Address:<br><b>1290 E I-30</b>                 |                                    | ✓ Number of Violations COS: <u>    </u>    |                |

|  |                         |   |   |
|--|-------------------------|---|---|
| Pest control :<br><b>Versacor 05/01/22</b> | Hood<br><b>04/25/22</b> | Grease trap/ waste oil<br><b>Les 05/2/22 4500</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 ✓ 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</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
| 3   |    |    |    |     |   | ✓  |    |    |    |     |   |
|   | ✓  |    |    |     |   |  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓  |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    |    |    |     |   |
| <b>Approved Source</b>  |    |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |  |    |    |    |     |   |
|   | ✓  |    |    |     |   |  |    |    |    |     |   |
|   | ✓  |    |    |     |   |  |    |    |    |     |   |
| <b>Protection from Contamination</b>                                    |    |    |    |     |   | <b>Highly Susceptible Populations</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> |    |    |    |     |   |
|  | ✓  |    |    |     |   |   |    |    |    |     |   |
|  |    |    | ✓  |     |   | ✓   |    |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  |    |    | ✓  |     |   | ✓   |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | <b>Food Identification</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> |    |    |    |     |   |
| 1                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| W                                       |    |    |    |     |   |                            |    |    |    |     |   |
|   | ✓  |    |    |     |   | 1                          |    |    |    |     |   |
| W                                       |    |    |    |     |   | W                          |    |    |    |     |   |
|   |    | ✓  |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   | 1                          |    |    |    |     |   |
| 1                                       |    |    |    |     |   | W                          |    |    |    |     |   |
| 1                                       |    |    | ✓  |     |   |                            |    |    |    |     |   |
|   |    |    |    |     |   | ✓                          |    |    |    |     |   |

Tech arrived to repair at time of inspection  
 Retail Food Establishment Inspection Report  
 City of Rockwall

|  |        |  |
|--|--------|--|
| Received by:<br>(signature) <b>Andrew Huffman</b>        | Print: | Title: Person In Charge/ Owner<br><b>Manager</b> |
| Inspected by:<br>(signature) <i>Kelly kirkpatrick RS</i> | Print: | Business Email:                                  |

Form EH-06 (Revised 09-2015)

**Beard restraints on site to use / hats used in prep and service**

|   |                                  |                                |                                    |             |
|---|----------------------------------|--------------------------------|------------------------------------|-------------|
| Establishment Name:<br><b>Shenaniganz Rosie's grill</b> | Physical Address:<br><b>I-30</b> | City/State:<br><b>Rockwall</b> | License/Permit #<br><b>Fs 8894</b> | Page 2 of 3 |
|---|----------------------------------|--------------------------------|------------------------------------|-------------|

**TEMPERATURE OBSERVATIONS**

| Item/Location                | Temp F       | Item/Location          | Temp F       | Item/Location             | Temp F       |
|------------------------------|--------------|------------------------|--------------|---------------------------|--------------|
| Cold top unit expo           |              | <b>Drawer unit</b>     |              | <b>Upright cooler</b>     |              |
| Dressing / tomatoes          | 39/39        | Chicken / tomatoes/    | 38/38        | Flat steak/ mozz / chk    | 40/40/40     |
| Sauce / chives for reference | 39/39        | <b>Raw chicken</b>     | <b>38</b>    | <b>Dessert cooler</b>     | <b>38</b>    |
| <b>Grill cold top</b>        | <b>36/37</b> | Steam table ambient    | 149-159      | <b>Deep freezer</b>       | <b>-10</b>   |
| <b>Cheese/ rice</b>          | <b>40/40</b> | Fry station ambient    | <b>50</b>    | <b>Pizza table cheese</b> | <b>40</b>    |
| <b>Upright</b>               |              | Right side food temps  | <b>43</b>    | <b>Tomatoes / sausage</b> | <b>38/40</b> |
| <b>Sauce / sausage</b>       | <b>41/41</b> | Left side food temps   | <b>41/42</b> | <b>Inside temp ham</b>    | <b>40</b>    |
|                              |              | <b>Upright freezer</b> | <b>10</b>    |                           |              |

**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: |
|             | Hot water 100 at hand sinks and 111 in wash sink of three comp sink / up to 138 to be careful                             |
| 39          | Store ice scoop with handle out of ice / protect plates on counter / and Bowles   |
| 40          | To address handling of straws and keeping mouth portion from contamination ... sleeved is better                          |
| 42          | Need to clean dry dek -sticky under glasses   |
| !!          | Discussed crispy fried bacon ... allowed at room temp... will need to render it completely dry                            |
| 42/45       | GeneralDetailed cleaning inside and under equipment and around etc  |
| 02          | Will monitor cold top unit for fry station. .... Just turned on ambient 51 F  |
| W           | Watch lighting over prep area in expo area - where knives are used  |
| 32          | To address duct tape on door handle to upright cooler   |
|             | Pizza area - watch lighting / hot water 100 at hand sink  |
| 42/45       | Minor detailed cleaning inside cooler non food / under equipment  |
| 36          | Watch placement of cloth towels various locations throughout  |
| Kit         | Keep drains clean / watch interior of ice machine / replace tiles wirth washable over ice machine                         |
| 32          | Rusty shelving various throughout   |
| 39          | Watch placement of aprons next to clean dishes on rack  |
|             | Dishmachine 100 ppm /   |
| W           | Reminder to remove plastic liner on Dishmachine as this will bake on and become a sanitation. Issue of not                |
| 39          | Watch placement of clean dish rack next to chemicalsDispenser at three comp   |
|             | Wic raw chicken 38:cooked 38/ cheese 41/ tomatoes 41/ pasta 41/ ground beef cooked 38                                     |
|             | Good date marking   |
|             | Need to clean inside drawers under table  |
|             | Using yellow digital thermo and laser for ambient / test strips for quats and bleach on site                              |
|             | Wiping cloths separated between uses  |
|             | Confirmed air curtain   |
| 45          | Time to clean air vents where needed / watch paint chipping in office and dry storage from cans                           |
|             | Watching for dented cans / watch storage of paper plates etc  |
|             | <b>(Before tech arrived )</b>   |
| !!          | Ambient temps at end of inspection were lowered to 41 on left side and 47 on right side of fry cooler                     |

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

Form EH-06 (Revised 09-2015)