Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 9/26/2023		23	Time in: 11:25	Time out: 12:15	FS-C) [#])1670					Est. Type Risk Category Page 1 o	<u>2</u>			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain									-Inve	estiga	ation	1	5-CO/Construction 6-Other TOTAL/SC	ORE		
Establishment Name: Contact/Owner Name: Sloanes Sweet Treats Tamara Koll														* Number of Repeat Violations: Vumber of Violations COS:	۱/۸	
Physical Address: 104 San Jacinto Rockwall, TX Pest control: Reyna/quarterly									Hood Grease n/a Eagle/					e trap : Follow-up: Yes / TU/9C	10/90/A	
Compliance Status: Out = not in compliance IN = in compliance Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark '\sqrt{'} a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R											atch					
Co	mpli	iance	Sta	tus	Prior	rity Items (3 Po	oints) violation	s Requ		<i>mmed</i> Compl				tive Action not to exceed 3 days		
O U T	N O A O Time and Temperature for Food Safety						R	U		Employee Health	R					
_	~			.5	1. Proper cooling time a	•			_	~			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		
	~				2. Proper Cold Holding temperature(41°F/ 45°F)					~				Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	+	
		•		3. Proper Hot Holding temperature(135°F)					Preventing Contamination by Hands							
		4. Proper cooking time and temperature							~				14. Hands cleaned and properly washed/ Gloves used properly			
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)							~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)				
	~				6. Time as a Public Hea	lth Control; proceed	dures & records							Highly Susceptible Populations		
					Ард	Approved Source				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
					7. Food and ice obtained											
	~				good condition, safe, and destruction Rest D	epot/Cost			Chemicals					Chemicals		
	~				8. Food Received at pro	per temperature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	1	
					Protection	from Contamina	tion			~				18. Toxic substances properly identified, stored and used		
	7				9. Food Separated & propreparation, storage, dis		during food							Water/ Plumbing		
3					10. Food contact surface Sanitized at		; Cleaned and			~				19. Water from approved source; Plumbing installed; proper backflow device		
	~				11. Proper disposition or reconditioned disca	f returned, previou	isly served or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal		
							on Itoms (2 Pa	ninte)	wiola	tions	Pag	uira	Cor	and the Adding widting 10 June		
					1110	nity i bundan				uvus						
O U T	I N	N O	N A	C O S		of Knowledge/ Po	ersonnel	R	C U	I J N	N O	N A	C O S	rrective Action within 10 days Food Temperature Control/ Identification	R	
		N O	N A		Demonstration 21. Person in charge pre and perform duties/ Cer 2	of Knowledge/ Po	ersonnel		U	I J N	N	N	C		R	
	N	N O	N A		21. Person in charge pre and perform duties/ Cer	of Knowledge/ Posent, demonstration tified Food Manage	ersonnel on of knowledge, ger/ Posted		U	J N	N	N	C	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature 28. Proper Date Marking and disposition	R	
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Received by: (signature) Tamara Kolleck	Print: Tamara Kolleck	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: nes Sweet Treats	Physical A	_{ddress:} San Jacinto	City/State	wall, TX	License/Permit # FS-0001670	Page <u>2</u> of <u>2</u>				
Sida	Ties oweet Treats	104		OBSERVATIONS	wall, IA	1 0 0001070					
Item/Loc	eation	Temp F	Item/Location	Temp	F Item/Loca	ntion	Temp F				
reach	in freezer ambient	4									
unde	r counter cooler/milk	38									
reach	n in freezer ambient	6									
3 do	or cooler/lobster	41									
ра	pancake batter										
	pork belly	41									
Item	AN INCRECTION OF YOUR		SERVATIONS AND			HE COMPTIONS OF ST	DATED AND				
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
	Front hand sink 109										
31	Keep hand sink free	e of coff	e cups, etc								
31	Need paper towels	at hand	sink								
45	To clean floors, und	der bar.	coffee grinds								
45	Floor maintenance		<u> </u>								
10	Warewash hand sir		oguippod								
22					! !						
33	Dishwasher not sanitizing 3 comp sink 110+F			SINK UNTII SANITIZE	er is deliver	ea/out under disny	vasner				
10	Need to have saniti	•		nd service/CC	S to 200	ppm quats					
	Breakfast served only		• • • • • • • • • • • • • • • • • • • •	nen							
	All dishes for both										
	Separate coolers for food storage										
	Tuesday, Wednesday, Thursday is coffee and non TCS baked foods only										
29	Need chemical test										
	Digital thermo										
Received (signature)	•	?	Print: Tar	nara Kol	leck	Title: Person In Charge Owner	e/ Owner				
Inspected (signature)		tez, 1	RS Chri	sty Cortez	z, RS	Samples: Y N	# collected				