Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:			<u>۱</u>	0	Time in:	Time out:		License/Permit # FSM-7554-03							Est. Type Risk Category Page 1 of 2	<u>,</u>
9/3/2020						10:44 2-Follow U								. 	5-CO/Construction 6-Other TOTAL/SCOR	
Purpose of Inspection: V 1-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N Snuffer's Restaurant								4-Investigation				<u>. "</u>	* Number of Repeat Violations: Vumber of Violations COS:			
Physical Address: 2901 Village Dr Rockwall, TX Pest control: Icon/monthly								Hood Grease Southy				rease	e trap : Follow-up: Yes Inwaste/1000gal/3mo	<u> </u>		
Ma		Comp the app			points in the OUT box for o	each numbered it		Mark '		heckn	nark i	n app	ropria	te bo	opticable COS = corrected on site R = repeat violation W-Watch ox for IN, NO, NA, COS Mark an in appropriate box for R rive Action not to exceed 3 days	1
Compliance Status						R	(O I N U N O		e Star N A	tus C O	Employee Health				
Т	~			S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature					7	T .			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
				2. Proper Cold Holding temperature(41°F/ 45°F)						_	+				13. Proper use of restriction and exclusion; No discharge from	
	'				3. Proper Hot Holding temperature(135°F)										eyes, nose, and mouth	
	~	~			4. Proper cooking time and temperature 4. Proper cooking time and temperature						·				Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly	
		~			5. Proper reheating proce Hours)	edure for hot ho	olding (165	°F in 2			~				If the second of	
	6. Time as a Public Health Control; procedures & records												Highly Susceptible Populations			
Approved Source							~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
		destruction Sysco											eggs cooked			
	~												Chemicals			
	~	8. Food Received at proper temperature check at receipt							~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only			
					Protection from Contamination						~				18. Toxic substances properly identified, stored and used	
	>				Food Separated & protected, prevented during food preparation, storage, display, and tasting										Water/ Plumbing	
3					10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature 11. Proper disposition of returned, previously served or reconditioned discarded				*	3	3			ı	19. Water from approved source; Plumbing installed; proper backflow device	
	/										~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
							tion Iten	ns (2 Po	_		_	_	_	_	rrective Action within 10 days	
O U T	I N	N O	N A	C O S	Demonstration				R	ι	O I U N T	N O	N A	C O S	Food Temperature Control/ Identification	R
	~				21. Person in charge pre and perform duties/ Cert 4	sent, demonstra tified Food Man	ation of kno nager/ Post	owledge, ed			~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling						~				Proper Date Marking and disposition 29. Thermometers provided, accurate, and calibrated; Chemical/					
					age			\ \				29. Thermometers provided, accurate, and cambrated; Chemical				
	~			23. Hot and Cold Water available; adequate pressure, safe							•				Thermal test strips digital	
						available; adequ									digital Permit Requirement, Prerequisite for Operation	
	~				23. Hot and Cold Water24. Required records avadestruction); Packaged F	available; adequ					V				digital	
	✓ ✓				24. Required records ava	available; adequatilable (shellstoo Food labeled with Approved I	ck tags; par Procedure zed Proces ecialized	rasite s		2	\(\bullet\)				digital Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted)	
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Retail Food Establishment Inspection Report

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below (signature)	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name:	Physical A		City/State:	U T)/	License/Permit #	Page <u>2</u> of <u>2</u>					
Snutt	fer's Restaurant	2901	Village Dr	Rockwa	all, IX	FSM-7554-03						
Item/Loca	ation	Temp F	TEMPERATURE OBSERVA	Temp F	Item/Loca	tion	Temp F					
WIC/fr	ries/fries/fries	41/41/41/41/41	under/cut tomatoes	41								
	queso	41	grill drawers/chicke	า 41								
g	round beef	41	chicken/hamburge	r 41/41								
meat	t WIC/hamburger	41	hotdog	41								
r	namburger	41	sandwich cold top/cut tomatoe	41								
rea	ch in freezer	-9.3	ham/turkey	41/41								
salac	d cold top/cheese	41	taco meat/cheese	41/41								
t	poiled egg	41	hot holding/chi									
Item	AN INCRECTION OF YOUR PO		SERVATIONS AND CORRECT			HE COMPLETONS OPER	OVED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Prep hand sink 116											
31	•	for han	d washing, food debris	in sink								
			address, rusty, delamin		t cleana	ble						
			eaning and safety issue									
42	Clean floor drains											
32		ustv sh	elves throughout kitche	n								
	kitchen hand sink 1											
40			alls to patch holes, frav	ed								
	Avoid use of duct tape in walls to patch holes, frayed Avoid use of wiping cloths on floor under fryer, dirty											
	Clean ice machine ceiling, slime accumulation											
	dishwasher hand si											
10/33	Dishwasher must be sanitizing when being used. will use 3 comp sink until repaired											
	3 comp sink 126		<u> </u>									
45		ing base	eboards, unsealed woo	od								
	<u> </u>		o be WRS. Clean area		. behind							
	Clean carts, walls, o				,	-						
			s/seal exposed wood th	rouahou	ıt							
			utensils, separate pers			sandwiches						
	Bar 3 comp sink 12											
10/33	3 Bar dishwasher not sanitizing. Will use 3 comp sink until repaired											
	Slow draining 3 con			<u> </u>								
	RR sinks 100											
	Covid 19 Response											
	Masks worn by all employees. Gloves worn all the time by all employees.											
	_		g required if ill or expos									
	Monitoring employe											
			. Sanitizing after every cus	tomer. Co	ondiment	s all single use or	 าly.					
Received	by:	-	Print:			Title: Person In Charge						
(signature)	Martin Oropeza		Martin (Oropo	eza							
Inspected (signature)	Martin Oropeza I by: Chvisty C	orte	S Christy			Samples: Y N	# collected					