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
Allergy policy/training Vomit clean up Employee health
Employee health

Date: Time in: 3:29				Time out: License/Pe				01 to post new						st. Type	Risk Category	Page 1 of	 <sub>f</sub> 2		
						4:21				_					_	F	Med		
E	stabli	shme	nt Na	ıme			Contact	<b>Complair</b> Owner Na		<b>4-</b> ]	Inves	tiga	tion		* Number of R	epeat Viol		TOTAL/SC	UKE
				_	rizon		Angel control :	-	<u> </u>	Ц-	nd.		C-	000	✓ Number of V	iolations (	COS: Follow-up: Yes	12/88	<sub>3</sub> /B
	nysic	al Ad	iress			Rento	okil			Hoo 01/20			Trin	nble			No No		
M		Comp			atus: Out = not in corpoints in the OUT box for	mpliance IN = in co	mpliance	NO Mark 🗸	= not o in app			NA ox fo	= no or <b>IN</b> ,	t ap	plicable $COS = co$ D, NA, COS	orrected on Ma	site <b>R</b> = repeat vio	lation W-Wa ate box for R	itch
C	omeli	ance S	itetus		Prio	rity Items (3 P	oints) v			e Im		iate	Corr	ecti	ive Action not to ex	ceed 3 da	rys		
O U	I N	N	N C	5		perature for Foo			R	O U		N O	N	C		Emp	loyee Health		R
Т			S	3	1. Proper cooling time a	egrees Fahrenheit) and temperature				T				S		ood emplo	yees and conditional	employees;	
											~				knowledge, respons				
3					2. Proper Cold Holding Soft serve uni	temperature(41°F) it borderlin	7/ 45°F) <b>C</b>				/				eyes, nose, and mo	uth	and exclusion; No dis	charge from	
	/				3. Proper Hot Holding t See	temperature(135°F	9								Policy and po		ntamination by Han	ıds	
	/				4. Proper cooking time See hot holding						/				14. Hands cleaned	and prope	rly washed/ Gloves u	ised properly	
					5. Proper reheating prod		ling (165°	°F in 2				. /					n ready to eat foods o		+
		_			Hours)	lth Control	J								Using gloves	орену ю	lowed (APPROVED	1 .N)	
		<b>/</b>			6. Time as a Public Hea	uui Controi; proce	edures &	records								· •	eptible Populations		
					Ap	proved Source					~				Pasteurized eggs us Liquid eggs U	ed when r	rohibited food not of equired	ierea	
					7. Food and ice obtained good condition, safe, and			ood in											
					destruction											C	hemicals		
	,			t	8. Food Received at pro	oper temperature									17. Food additives; & Vegetables	approved	and properly stored;	Washing Fruits	
															Water only	es properly	v identified, stored an	d used	
	l I				9. Food Separated & pro	ofected, prevented		ood			•				Tot Totale Substance	os properi,	, racinimoa, storea an	au useu	
	~				preparation, storage, dis Hamburgers are frozen											Wate	er/ Plumbing		
3					10. Food contact surfact Sanitized at _200_	es and Returnables	s ; Cleane	ed and		W	/			1	19. Water from app backflow device	roved sou	rce; Plumbing install	ed; proper	
Ĕ					11. Proper disposition of	of returned, previou				_				1	Watch drain 20. Approved Sewa	ns to i	ce machine water Disposal System	m, proper	
		~			reconditioned Disc	arded	,				~				disposal	<b>6</b>	1	71 1	
0	I	N	N C	7	Pri	ority Foundati	ion Iten	ns (2 Poi	nts) vi	olati		Requ	uire N	Cor	rective Action with	in 10 day	S		R
U T	N	Ö	A C	)		of Knowledge/ P				Ŭ T	N	o	A	o s	Food Te	emperatu	re Control/ Identific	ation	K
	/				21. Person in charge preand perform duties/ Cer						/				27. Proper cooling Maintain Product T		ed; Equipment Ade	quate to	
	/				5 22. Food Handler/ no un All	nauthorized person	ns/ person	nnel			/				28. Proper Date Ma	rking and	disposition		
					Safe Water, Recor	rdkeeping and Fo	ood Packa	age									accurate, and calibrat	ed; Chemical/	
						Labeling					•				Thermal test strips See				
	1				23. Hot and Cold Water See						1		1				, Prerequisite for O	-	
	/				24. Required records av destruction); Packaged Per order		tags; par	rasite			/					ment Per	rmit (Current/ insp s	ign posted)	
				_	i ei oidei										iveed new				
	_					with Approved Pr											ipment, and Vendin	0	
1					25. Compliance with Variance HACCP plan; Variance	ariance, Specialize obtained for speci	ed Process ialized								31. Adequate hands supplied, used		ipment, and Vendin cilities: Accessible a	0	
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## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: Lissette Romero	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishi Sonic	ment Name:	Physical Address: Horizon		ity/State: Rockwal		License/Permit # Pa		ge <u>2</u> of <u>2</u>			
			TEMPERATURE OBSERVATI	IONS							
Item/Loc		Temp F	Item/Location	Temp F	Item/Location			Temp 1			
Sunda	e unit	36/40	Cold top unit				180				
Soft	serve unit product	41/43/45	Cut lettuce	40	Cheese cold well			41			
Unit	ambient temps	49/53	Cut tomatoes	39	Cooking hot dogs at insp						
Ham	nburger freezer	9	Below hot dogs	elow hot dogs   38/41   Temps taken t							
2	door upright		Hot drawers		Wic			33			
	Chicken	39	Chicken	151				36			
(	Corny dog	39	Burgers	180	_			36			
	ht freezer not in use		Popcorn chicken hot					37			
Oprigi	TIL IT COZOT TIOL III USC	OP	SERVATIONS AND CORRECTIV			Jii iiiigs		57			
Item			NT HAS BEEN MADE. YOUR ATTENTI			NDITIONS OBSERV	/ED AN	ND			
Number	NOTED BELOW: temps in F										
	Hot water at hand sink		•								
			ın drains where needed / cle	an out th	rree comp sir	nk before use					
	Sanitizer in bucket 200										
	Sand cutting board on cold top unit for ice cream condiments										
	Mixing wands to be w r s at least every 4 hrs or less / avoid. Ross contact										
40			only rinsing before reusing.		1						
42	<del> </del>		oler / address condensation				_				
22/10		<u> </u>	slightly into the danger zon			•		w mold			
32/10 Need to address ceiling inside ice machine the paddle has badly scored the ceiling so 10 Clean ceiling to ice machine ASAP						s an easy place	to gre	JW IIIOIU			
10	Repair the broken do										
45	<u> </u>		ake sure all drain pipes are	olaced to	allow to drain	n - one is plac	ced c	n floor			
39			nree comp sink faucet next t			•	<del></del>	711 11001			
45	Threshold into wic still			0 01101111	oar aroportoor						
34	Observed fly in prep a		Title Trailing Trailing								
<u> </u>	•		any food unprotected under fan box in wif								
	Using Atkins thermocouple										
45	Clean air vents where										
45	Grout issues / FRP to	be secur	e to wall / address gaps at c	orners							
03					only and then	discard and	not u	se unit			
	Checked soft serve at exit 50-54 ambient - will use product for 4 hrs only and then discard and not use unit Product just placed into unit upon my arrival										
	Dumpster area looks good										
	Restroom men's insp and equipped										
Note	Discussed storing cup mixing rings in own container between uses and WRS ever 4 hrs or less										
	Watch allergens etc and clean after etc										
			International		Ι.						
Received (signature)	See abov	e	Print:		Title:	Person In Charge/	Owner				
Inspected			Print:								
(signature)	Kelly Kírkpo	ıtríck	$\mathcal{RS}$		Sampl	les: Y N #	collecte	od.			
	5 (Revised 09-2015)		ı		Sampi	π					