Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report City of Rockwall

ent Inspection Report	First aid kit Allergy policy/training
all	Vomit clean up

	Date: Time in: Time out: License/Per								Est. Type Risk Category Page 1 of 2	2					
05/12/2021 12:30 12:56 FS 903 Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint							1 T-	4:	4:-		COTTY LOW				
Establishment Name: Contact/Owner Name:									4-1 <u>1</u>	nvesti	gatio	n	5-CO/Construction 6-Other TOTAL/SCOI * Number of Repeat Violations:	КE	
Speedy's Hirani Physical Address: Pest control:								T .	T	1	T /		V Number of Violations COS: 10/90/	Α	
Goliad CommercialCompany Na								łood a	1	N		Follow-up: Yes No			
М	Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site Mark ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ in appropriate box for R														
141	urk ti	не прр	лорі	nute					•				tive Action not to exceed 3 days		
0								R	0		N	C		R	
U T	N O A O (F = degrees Fahrenheit)					, aree,		U N O A O Employee Health				• •			
		Proper cooling time and temperature										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				
		See attached						•		eyes, nose, and mouth One employee					
		3. Proper Hot Holding temperature(135°F)					Preventing Contamination by Hands				Preventing Contamination by Hands				
		4. Proper cooking time and temperature					14. Hands cleaned and properly washed/ Gloves used properly			14. Hands cleaned and properly washed/ Gloves used properly					
		5. Proper reheating procedure for hot holding (165°F in 2 Hours)			g (165°F in 2		15. No bare hand contact with ready to eat foods or approved			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	Ith Control procedur	ros er rosords	4					and memor property to nowed (1111110-122-1, 1, 1)		
		•			o. Time as a Fublic Hea	uui Colluol, procedul	ies & iecolus						Highly Susceptible Populations		
					App	proved Source					/	•	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
					7. Food and ice obtained good condition, safe, an			11							
3			(destruction Discarde								Chemicals		
	. /				8. Food Received at pro	pper temperature		1				,	17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					No Tcs						~		No food prep		
						from Contaminatio			•				18. Toxic substances properly identified, stored and used On floor in back		
	~				Food Separated & preparation, storage, dis		iring food						Water/ Plumbing		
	/				10. Food contact surface Sanitized at Na		Cleaned and						19. Water from approved source; Plumbing installed; proper backflow device City approved		
		~			11. Proper disposition or reconditioned	of returned, previously	y served or		•	/			20. Approved Sewage/Wastewater Disposal System, proper disposal		
			J		Pri	ority Foundation	1 Items (2 Point	ts) viol	latio	ons Re	quir	e Co	rrective Action within 10 days		
O U T		N O	N A	C O S	Demonstration	of Knowledge/ Pers				I N	N A	C O S	Food Temperature Control/ Identification	R	
	/				21. Person in charge pre and perform duties/ Cer				1				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		
					22. Food Handler/ no un	nauthorized persons/	personnel	1		+	•	,	28. Proper Date Marking and disposition	-	
					Sofo Water Dogo	udbooning and Food	Dockogo	1					29. Thermometers provided, accurate, and calibrated; Chemical/	-	
		Safe Water, Recordkeeping and Food Package Labeling		1 ackage					1	Thermal test strips					
													Non Tcs		
	/	T			23. Hot and Cold Water See	Labeling	pressure, safe								
	'				See 24. Required records av destruction); Packaged	Labeling r available; adequate prailable (shellstock tag Food labeled		╂	•	/			Non Tcs		
	'				See 24. Required records av destruction); Packaged Commercial (Labeling r available; adequate prailable (shellstock tage) Food labeled Only with Approved Proces	gs; parasite edures		•	/			Non Tcs Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/ insp sign posted) Utensils, Equipment, and Vending		
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Aziz Hirani	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establish: Spee	ment Name: dys	Physical Address: Goliad		City/State: Rockwa	License/Permit # Fs 9035	Page 2 of 2				
	, ·	1 3.3		E OBSERVATIONS						
Item/Loc	ation	Temp F	Item/Location	Temp F	<u>Item/Location</u>	Temp I				
Blue b	unny freezer	-7								
	Wic									
34/	/35/37 /29/28									
		О	BSERVATIONS AND	CORRECTIVE ACTIO	NS					
Item Number	AN INSPECTION OF YOUR ENOTED BELOW: all temps F	STABLISHM	ENT HAS BEEN MADE.	YOUR ATTENTION IS DIRI	ECTED TO THE CONDITIONS OBS	ERVED AND				
	Using reddy ice									
	No food prep									
	No soda station									
	Only selling prepacka	aged non	TCS foods							
37	Time to defrost the ba	agged ice	unit							
45/42	To clean floor in wic a	ınd fan g	uards							
	Not using three comp									
46 Public restroom must be addressed - replace toilet lid										
45	Replace missing cover									
46 42/45	Need paper towels in									
34/45				helving to prevent h	narhoring neet and make	it easy to clea				
34/40										
<u> </u>	Before any food prep			ck with me to discu	SS					
	Hot water at hand sin									
39	Watch storage of equ	ipment a	nd use							
	Call me before startin	a food p	ren 214-202-1202							
	Call me before starting food prep 214-202-1202									
Received	hv.		Print:		Title: Person In Char	ge/ Owner				
(signature)	See abov	ve.			Tiue: reison in Char	50 Owner				
Inspected	See aboy Kelly Kirkpo	• •	Print:							
(signature)	Kelly Kírkpi	atríck	~RS		G 1 - W - W	# 00114 1				
	- 1				Samples: Y N	# collected				