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

	ate:	4/0	^	20	Time in:	Time out:		License/Pe							Est. Type Risk Category	Page 1 of 2	
					10:29	11:19		FS84 3-Complai		74	T		4		Sandwich LOW 5-CO/Construction 6-Other		
E	stabl	ishmer	nt N	lam		2-F 0110V		ot/Owner N		4-	Inve	suga	ation	1 [* Number of Repeat Violations:	TOTAL/SCORE	_
_					(Gateway Shell)	1	Pest control			11-	- 1		I C.		✓ Number of Violations COS: e trap : Follow-up: Yes ✓	7/93/A	
	nysic vy 27	al Add 6	ires	ss:			Store			Ho Na	oa				e trap : Follow-up: Yes No Pics	170077	
М		Compl			Status: Out = not in corpoints in the OUT box for	mpliance IN =	in complianc	NO Morls o	not in on							olation W-Watch	
IVI	aik t	пс аррі	орг	iate	•										ive Action not to exceed 3 days	late box for K	
О	Î		N	С	Time and Tem	merature for	r Food Safet	v	R	О		N	N	С		R	R
U T		O A	A	o s	(F = de	egrees Fahrer	nheit)	J		U T		0	A	o S	Employee Health		
		/			1. Proper cooling time a	and temperatu	ure								12. Management, food employees and conditiona knowledge, responsibilities, and reporting	l employees;	
			-		2. Proper Cold Holding	temperature((41°F/ 45°F)								13. Proper use of restriction and exclusion; No di	scharge from	
	/				See attached	_					~				eyes, nose, and mouth Employee health policy/ checking a		
	1				3. Proper Hot Holding to See	emperature(1	135°F)								Preventing Contamination by Ha		
		/			4. Proper cooking time a	and temperat	ture				/				14. Hands cleaned and properly washed/ Gloves	used properly	_
					5. Proper reheating proc	cedure for hot	t holding (16	5°F in 2							15. No bare hand contact with ready to eat foods		_
					Hours)										alternate method properly followed (APPROVEI Gloves	D Y _. .N _. .)	
		/			6. Time as a Public Hear	lth Control; p	procedures &	k records							Highly Susceptible Populations	s	
					Арг	proved Sour	ce						/		 Pasteurized foods used; prohibited food not o Pasteurized eggs used when required 	ffered	
					7. Food and ice obtained			Food in									
	~				good condition, safe, and destruction										Chemicals		
					8. Food Received at pro	per temperat	ture								17. Food additives; approved and properly stored	; Washing Fruits	
	•				On Friday's						~				& Vegetables Water only		
					Protection	from Conta	mination				/				18. Toxic substances properly identified, stored a In Sep shelving	nd used	
	/				9. Food Separated & propreparation, storage, dis			food			<u> </u>		ı		Water/ Plumbing		
					Good	es and Return	nahles : Clear	ned and			1 1				19. Water from approved source; Plumbing instal	lled: proper	
3					Sanitized at 100 p	ppm/tempera	ature To be 1	150-200		3					backflow device Need air gap at ice machine		
					11. Proper disposition of	of returned, pr									20. Approved Sewage/Wastewater Disposal Systedisposal	em, proper	_
					reconditioned Disca	arded									uisposai		
			_							_							_
0	I		N	С	Prio	ority Foun	ndation Ite	ms (2 Poi	nts) v	О	I	N	N	C	rective Action within 10 days		R
O U T	N		N A	C O S	Demonstration	of Knowled	lge/ Personn	el			I				rective Action within 10 days Food Temperature Control/ Identifi		R
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Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

	ment Name: way subway	Physical A Hwy 2		City/State:	License/Permit #	Page 2 of 2						
Item/Loc	action	Temp F	TEMPERATURE OBSERVA Item/Location		m/Location	Тетр						
	nt cooler	37/38		147	II/ Location	<u>Temp</u>						
ор g.		37730		147								
	Veggies		Back up cooler									
Tomat	oes / tomatoes barely	41/41	Cut lettuce	41/40								
(Cut greens	41	Wic	33								
	Meat side		Tomatoes /	37/37								
	una / turkey	37/32	Strips	32								
			_ '									
	Steak	37	Сс	34								
	Meatballs		Wif	8								
Item	AN INSPECTION OF YOUR ES		SERVATIONS AND CORRECT!		TO THE CONDITIONS ORSI	FRVED AND						
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Area under soda station											
	Hot water - 105 F at h											
	Best to remove paper		<u>'</u>	111	//0							
	-		ving tomatoes to be slightly									
	Meatballs - 4 hr window now with subway - all discarded at end of night regardless											
4.5	Sanitizer at 100 ppm and label indicates 150 ppm min sooo will hand mix until repaired											
45 W	Address condition of wic flooring and avoid floor storage											
10	Avoid thawing veggie patty directly under waste line of fan box in wic - cos Three comp sink - barely 100 ppm so will need to hand sink as label indicates minimum of 150 ppm											
10	Three comp sink - barely 100 ppm so will need to hand sink as label indicates minimum of 150 ppm Sanitizer for knives 100 ppm - great!!!' Chlorine based											
W	Ice machine is on rotation for cleaning - due now Freezer ice on elbow of pipe from fan box / nonfood under at this time / watch and address as needed											
		- ' '	rage - to allow to drain									
	No peanut butter cool	ies now	separate tongs for each									
	Laminated guides for	any know	n allergens available									
19												
2 - 1 - 1												
Jovia	Masks / screening at arrival / sanitizing with quats all customer area hourly											
	Cups handed out by employee											
Received	by:		Print:		Title: Person In Char	ge/ Owner						
(signature)	See abov	/e				-						
Inspected	See abou		Print:									
(signature)	Kelln Kirkho	utvíck	\sqrt{RS}									
			, -0		Samples: Y N	# collected						