Followup Fee																		
•	0.					Retail F	ood Est	ablish	me	ent	In	spo	ecti	ion Report		First aid		
First Followup																		
City of Rockwall Employee health																		
Date:         Time in:         Time out:         License/P           7/10/24         1:45         2:35         FS-9												CPFN <b>1</b>	Л	Food handlers	Page <b>1</b> of	2		
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain											5-CO/Construction	on	6-Other	TOTAL/SCO	ORE			
Establishment Name: Contact/Owner M Subway #34947 North Juana Garcia							Name:	Name:					Number of Repe	XNumber of Repeat Violations:				
Pł	Physical Address: Pest control :								Hood Grease trap :/ waste oil							Follow-up: Yes 9/91/A		
30	3084 N Goliad         Apt pest 7/8/24           Compliance Status:         Out = not in compliance         IN = in compliance         NO									ved	N	4		grease 11/28/23 40g plicable COS = correct		No $\square$	lation W= Wa	atch
Compliance Status:       Out = not in compliance       IN - in compliance       NO = not observed       NA = not applicable       COS = corrected on site $\mathbf{R}$ = repeat violation $W = Wat         Mark the appropriate points in the OUT box for each numbered item       Mark '\cdot' a checkmark in appropriate box for IN, NO, NA, COS       Mark an in appropriate box for R         Priority Items (3 Points)       violations Require Immediate Corrective Action not to exceed 3 days   $																		
Compliance Status Compliance Status										R								
Ŭ T	N	$ \begin{array}{ c c c c c } O & A & O \\ S & & & & \\ \hline \end{array} $ (F = degrees Fahrenheit)						Ŭ T	N	N O	A	Ö S	Employee Health					
		<ul> <li>✓</li> <li>1. Proper cooling time and temperature</li> <li>No leftovers</li> </ul>							(	~				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 eyes, nose, and mouth							charge from	-	
								Štate poster at hand sink										
	~	3. Proper Hot Holding temperature(135°F)       See       4. Proper cooking time and temperature														tamination by Har		
		~			5. Proper reheating prod	·	(165°F in 2	_	14. Hands cleaned and properly washed/ Glove       15. No bare hand contact with ready to eat food						-			
					Hours)		alternate method properly followed (AI Gloves for Rte foods						wed (APPROVED					
	~	6. Time as a Public Health Control; procedures &				es & records			I						ptible Populations			
					Ар		16. Pasteurized foods used; prohibited food not offer Pasteurized eggs used when required N/a						fered					
	~	7. Food and ice obtained from approved source good condition, safe, and unadulterated; parasit destruction <b>PFG</b>							·					Ch	emicals			
	~				8. Food Received at pro	oper temperature				~				17. Food additives; apj & Vegetables	proved a	nd properly stored;	Washing Fruits	
_						n from Conteminatio	n			·				18. Toxic substances p	roperly i	identified, stored an	d used	_
			Protection from Contamination           9. Food Separated & protected, prevented during food							•								
	~														/ Plumbing			
3					10. Food contact surfac Sanitized at 200		Cleaned and			~				19. Water from approv backflow device		e; Plumbing install	ed; proper	
	<ul> <li>11. Proper disposition of returned, previously served or reconditioned Discard</li> </ul>						~				20. Approved Sewage/ disposal	U Wastew	ater Disposal Syste	m, proper				
							Items (2 P	oints) vi	iolati	ions	_		Cor	rrective Action within	10 days			
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/ Pers	onnel	R	O U T	I N	N O	N A	C O S	Food Temp	oerature	Control/ Identific	ation	R
	~				21. Person in charge pro and perform duties/ Cer <b>1</b>					~				27. Proper cooling met Maintain Product Tem	hod used perature	d; Equipment Ade No leftovers	quate to	
	<b>/</b>				22. Food Handler/ no u 6 within 30 da			~				28. Proper Date Marki Good date labels		isposition				
					Safe Water, Reco			~				29. Thermometers prov Thermal test strips	vided, ac		ed; Chemical/			
-					23. Hot and Cold Water							Digital therm		IPS CURENT Prerequisite for O	neration			
		124, Good pressure           24. Required records available (shellstock tags; parasite										30. Food Establishme	nt Pern					
	~	destruction); Packaged Food labeled Commercial							~				Posted & Cur					
_			1		25. Compliance with V		rocess, and							31. Adequate handwas		oment, and Vendin ilities: Accessible a		
	~				HACCP plan; Variance processing methods; ma Temp log 2x (	anufacturer instruction				~				Equipped				
	<u> </u>				Cons	isumer Advisory			2					32. Food and Non-food designed, constructed, <b>See</b>			e, properly	_
	~				26. Posting of Consume foods (Disclosure/Remi Ingredients by reque	inder/Buffet Plate)/ A				~				33. Warewashing Faci Service sink or curb cl Equipped			used/	
					Core Items (1 Point) Violations Require Corrective										Which	ever Comes First		
O U T	I N	N O	N A	C O S	Prevention	of Food Contaminati	on	R	O U T	I N	N O	N A	C O S		Food Id	lentification		R
1					34. No Evidence of Inse animals	sect contamination, roc	lent/other			~				41.Original container l	abeling	(Bulk Food)		
	~				35. Personal Cleanlines Stored Iow		obacco use								Physic	al Facilities		
	~				36. Wiping Cloths; pro Sores in solution	on 200ppm			1					42. Non-Food Contact				
	~				37. Environmental cont					~				43. Adequate ventilation		0 0 0		
	~				38. Approved thawing WIC	method			1					44. Garbage and Refus Trash bags lying	<u>g ôn g</u>	round by dum	pster	
					•	er Use of Utensils			1					45. Physical facilities i	-			
	~				39. Utensils, equipment dried, & handled/ In us	se utensils; properly us	sed			~				46. Toilet Facilities; pr Equipped	operly c	onstructed, supplied	d, and clean	
	~				40. Single-service & sir and used	ngle-use articles; prop	erly stored					~		47. Other Violations				

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Juana Garcia	Print: Juana Garcia	Title: Person In Charge/ Owner
Inspected by: (signature) Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	<sup>nent Name:</sup> ay #34947 North	Physical A 3084	N Goliad	City/State: Rockwall, Tx		License/Permit # Page FS-9074		2 of 2			
Item/Loc	ation	Temp	TEMPERATURE OBSERVA	TIONS Temp Item/Loca		ation		Тетр			
	age Cooler				Item/Loca	uon		remp			
Bovon	•	48	UC refrigerator amb	37							
	WIF (HTT)	1.5	Service Line								
	WIC	38	Meatballs	138							
Chic	ken/teriyaki chicken	39/39	Ham/steak	38/37							
	Cold cut/ tuna	39/38	American chz/mozz	37/37							
Chedo	dar slice/blended chz	39/40	Slice Tom/ lettuce	40/39							
	Whole tomato	39	Spinach/guacamole	40/39							
		OB	SERVATIONS AND CORRECT	IVE ACTION	IS						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
	Restrooms equipped, temp greater than 100 in each room										
	Hand sink equipped, temp greater than										
	3 comp sink setup, 124, quat sani 200ppm										
10	Need to clean soda dispenser daily										
10	Need to clean ice chute, mold inside chute										
	Ice tea nozzles clean	ed daily									
32/45	Need to repair/replace	e frp on l	eft side of 3 comp sink w	all							
32/45											
	Good practice to store mop head hanging up to dry Prope										
	CO2 tanks secured to wall										
42	Need to repair/replace prep table bottom shelf, tilted towards back										
	Red sani buckets filled	l at 3 con	np sink 200ppm								
45	WIF general detail cleaning under shelves and in corners										
45	•	•	der shelves and in corners	S							
	Slicer is cleaned befor		•								
	Using gloves to handle										
	Using digital thermo, s										
44/34			umpster enclosure, will attr	ract small p	pest and	animals					
34	Air curtain inoperable	during ins	spection								
Received (signature)	See abov	/e	See ab	ove		Title: Person In Charg	ge/ Owner				
Inspected			Print:								
(signature)	KDH	SŢ	- T Richard	d Hill		Samples: Y N	# collecte	d			