Follow-up fee of \$50.00 is required after 1stRetail Food Establishment Inspection ReportImage: City of RockwallFollowupCity of RockwallFirst aid kit Image: City of Rockwall											-							
	Date: Time in: Time out: License/P 07/13/2020 10:05 10:46 FS 9												Est. Type Risk Category Page 1	of 2				
Pı	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai							nt	4-Investigation 5-CO/C			atio	n	5-CO/Construction 6-Other TOTAL	/SCORE			
	Establishment Name: Contact/Owner N Subway 34947 North Allie											* Number of Repeat Violations: ✓ Number of Violations COS:						
Ph	Physical Address: Pest control : Goliad Address						Hood Grease Na Will get											
	Compliance Status: Out = not in compliance IN = in compliance NC						NaWill get infoD = not observedNA = not applicable				A = n	not ap	licable $COS = corrected on site \mathbf{R} = repeat violation W- Watch$					
Mark the appropriate points in the OUT box for each numbered item Mark √ in appropriate box for IN, NO, NA, COS Mark an √ in appropriate box for NA, NA, COS Mark an √ in appropriate box for NA, NA, COS Mark an √ in appropriate box for NA, NA, COS MARK an √ in appropriate box for NA, NA, COS MARK an √ in appropriate box for NA,											R							
Co O U	Î	I N C Time and Temperature for Food Safety						R	C O U		lianc N O	e Sta N A	tus C O		R			
T				s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature				T				s	s 12. Management, food employees and conditional employee				
	No left overs						r				knowledge, responsibilities, and reporting							
	 ✓ 2. Proper Cold Holding temperature(41°F/45°F) See attached 							~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Posting						
	3. Proper Hot Holding temperature(135°F) See						Preventing Contamination by Han											
		1			4. Proper cooking time	er cooking time and temperature				~				14. Hands cleaned and properly washed/ Gloves used properly				
					5. Proper reheating prod Hours)				~			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N. Clevico,	.)					
	6. Time as a Public Health Control; procedures & records					s & records		Gloves Highly Susceptible Populations										
					Approved Source					Γ		/	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
	g				7. Food and ice obtaine good condition, safe, ar destruction PFG		Prece					Chemicals						
	~				8. Food Received at pro	oper temperature				~				17. Food additives; approved and properly stored; Washing F & Vegetables	ruits			
					<u> </u>	1 from Contamination				· /				Water only 18. Toxic substances properly identified, stored and used				
					9. Food Separated & pr preparation, storage, dis			▼				Stored low Water/ Plumbing						
3					No raw 10. Food contact surfac Sanitized at	pes and Returnables · Cl	eaned and			~				19. Water from approved source; Plumbing installed; proper backflow device				
		~			11. Proper disposition of reconditioned Disc	of returned, previously				~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
	Priority Foundation Items (2 Poi																	
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/ Perso	nnel	R	O U T	Ν	N O	N A	C O S		R			
	~				21. Person in charge pro and perform duties/ Cer 2				W	~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature Watch temps in cold top with plast	ic trays			
	~				22. Food Handler/ no u New employees wor	nauthorized persons/ per rking on it - 60 days	ersonnel			~				28. Proper Date Marking and disposition Good				
	Safe Water, Recordkeeping and Food Package Labeling					2					29. Thermometers provided, accurate, and calibrated; Chemic Thermal test strips Laser and probe good BUT need test strips for knife h							
	~				23. Hot and Cold Water Good	r available; adequate pr	essure, safe			<u> </u>		I		Permit Requirement, Prerequisite for Operation	loidei			
	~				24. Required records av destruction): Packaged Wrapping pe	vailable (shellstock tags Food labeled				~				30. Food Establishment Permit (Current/ insp sign posted Posted)			
					Conformance v 25. Compliance with V	with Approved Proceed ariance, Specialized Proceed				1	[Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	/			
			~		HACCP plan; Variance processing methods; ma	anufacturer instructions				~				supplied, used				
					Cons	sumer Advisory				~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
	~				26. Posting of Consume foods (Disclosure/Remi Known allergens - care	inder/Buffet Plate)/ All	ergen Label			~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Sink sanitizer 200 ppm				
0	Ι	N	N	С	Core Items (1 Poin	nt) Violations Requi	re Corrective	Action R	Not 0		Exce N	ed 90 N	0 Da C	ays or Next Inspection , Whichever Comes First	R			
U T	N	0	A	O S		of Food Contaminatio			U T	N	0	A	O S	Food Identification				
1					 34. No Evidence of Inse animals Back door 35. Personal Cleanlines 	*					~			41.Original container labeling (Bulk Food)				
L					36. Wiping Cloths; prop		careo use			-				Physical Facilities 42. Non-Food Contact surfaces clean				
	~				Store in sanitiz	zer								43. Adequate ventilation and lighting; designated areas used				
Ľ					37. Environmental cont Condensation 38. Approved thaving t				V					44. Garbage and Refuse properly disposed; facilities maintain	ied			
		~			38. Approved thawing a Pull thaw to wic				-		-			Watch dumpster 45. Physical facilities installed, maintained, and clean				
-					39. Utensils, equipment				<u> </u> 1	-				See attached 46. Toilet Facilities; properly constructed, supplied, and clean	1			
W					dried, & handled/ In us Watch knife hold 40. Single-service & sin	se utensils; properly use	ed			~				47. Other Violations				
	~				and used Watch						~			+/. Other violations				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Dillon Byrd	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly KirkpatrickRS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: ay north	Physical A Goliac		City/State: Rockwal	I	License/Permit #	Page	<u>2</u> of <u>2</u>				
			TEMPERATURE OBSERVA									
Item/Loca		Temp F Item/Location		Temp F	Item/Location			Temp F				
Bev co	ooler	39	Meatballs	136		Wif		-7				
Veggi	ie side of cold top		Back up cooler									
	Tomatoes	41/41	35/38/41									
(Cut lettuce	41/41	Wic	39								
	Meat side		Ham	40								
	Tuna	41	Strips	39								
Τι	irkey barely	41	Peppers	39								
S	teak barely	41										
T.	OBSERVATIONS AND CORRECTIVE ACTIONS											
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	E CONDITIONS OBSE	ERVED AI	ND.				
	AllTouched surfaces are cleaned and sanitized hourly											
	To pay attention to tea unit dispenser paddles and ridge that is difficult to clean.											
	Hot water in restrooms-109/ hot water reached 116 in kitchen area all sinks											
10	Knife sanitizer unit -not showing up on test strips as made											
Note	Temps of items with plastic raised tray liners are holding borderline temps could be as product is not in contact with metal pan?											
W	Unit is radiantly cooled - SS is a good conductor if allowed to be in contact with food as well											
	Sanitizer in buckets 200 ppm Quats											
45	Minimal cleaning in wic - air vents											
	Great date marking											
45	Repair wall in mop sink area											
37	Need to address condensation in wif											
34	Watch lighting in both wic and wif - better											
29	Repair back door to self close - broken Need test strips for knife sanitizer container											
23	•		ifferent chemical products the	nat could re	act with e	ach other so care	is to be	takenl				
	Quats and bleach are											
	Ingredients by request											
Covid	5 5											
Shield at POS / mask employees / stickers on floor / screening employees when they arrive Received by: Print: Title: Person In Charge/Owner												
(signature)	See abov ^{by:} Kelly Kírkpo	'e										
Inspected (signature)	by:	+ 1	Print:									
	кешу кижро	urick	/ KJ			Samples: Y N	# collect	ed				