## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: Time in: 5/15/2024 4:39 5:32			5:32	License/Permit # FS2023-17							Est. Type Risk Category Page 1 of	2					
Purpose of Inspection: V 1-Routine 2-Follow Up 3-Compla  Establishment Name: Contact/Owner 1							_	<b>4-I</b> 1	nves	tiga	tion		* Number of Repeat Violations:	ORE			
Sugar Llamas Contact/Owner						taine.						✓ Number of Violations COS:	/Λ				
Ph 66	Physical Address: Pest control: 6601 Horizon Rockwall, TX Spiderman/5-202						Hood			Grease		ease	e trap : Follow-up: Yes J/93/	5/95/A			
		Com	plia	nce S	Status: Out = not in co	ompliance IN = in	compliance	e NO	) = not o						pplicable $COS = corrected on site R = repeat violation W-Wa$	itch	
Ma	ırk t	he ap	prop	riate	points in the OUT box for	each numbered it	tem	Mark '							ox for IN, NO, NA, COS Mark an in appropriate box for R ive Action not to exceed 3 days		
Co	mpli I	npliance Status						R	_	mpli:	ance N	nce Status					
U T	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					<b>y</b>		U T			o S	Employee Health					
	/	1. Proper cooling time and temperature										<ol> <li>Management, food employees and conditional employees;</li> <li>knowledge, responsibilities, and reporting</li> </ol>					
		2. Proper Cold Holding temperature(41°F/ 45°F)						$\vdash$		_			13. Proper use of restriction and exclusion; No discharge from	+			
	~		2.11oper conditioning temperature(11.17 to 17)							~				eyes, nose, and mouth			
		3. Proper Hot Holding temperature(135°F)											Preventing Contamination by Hands				
	4. Proper cooking time and temperature							V					14. Hands cleaned and properly washed/ Gloves used properly				
		5. Proper reheating procedure for hot holding (165°F in 2				5°F in 2							15. No bare hand contact with ready to eat foods or approved				
		Hours)  6. Time as a Public		,									Ш	alternate method properly followed (APPROVED Y. N. )			
	~				6. Time as a Public Health Control; procedures & records										Highly Susceptible Populations		
	Approved Source				proved Source					/				Pasteurized foods used; prohibited food not offered     Pasteurized eggs used when required			
					7. Food and ice obtained	ed from approved	1 source; F	Food in							no eggs		
	~	<b>✓</b>			good condition, safe, and unadulterated; parasite destruction US Foods									Chemicals			
					8. Food Received at pro		;				1		1		17. Food additives; approved and properly stored; Washing Fruits		
	~				check at rece	eipt					~				& Vegetables		
		Protection from			ı from Contamii	tamination				~				18. Toxic substances properly identified, stored and used			
	~				Food Separated & protected, prevented during food preparation, storage, display, and tasting			food							Water/ Plumbing		
3				~	10. Food contact surfact Sanitized at			ned and		П	~				19. Water from approved source; Plumbing installed; proper backflow device	T	
					11. Proper disposition of reconditioned	of returned, previ	iously serv	ved or		H					20. Approved Sewage/Wastewater Disposal System, proper	+	
	_				reconditioned										disposal		
					D5	• • • • •					one i	D		C			
О	I	N	N	С	Pri	ority Founda	tion Ite	ms (2 Poi	nts) v	olatic O	I	N N		Cor	rective Action within 10 days	R	
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/	/ Personne	el				N	N A		rective Action within 10 days  Food Temperature Control/ Identification	R	
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V	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	O N	A	O s	21. Person in charge pri and perform duties/ Ce 2 22. Food Handler/ no use Safe Water, Reconstruction); Packaged  23. Hot and Cold Water 24. Required records a destruction); Packaged Conformance 25. Compliance with V HACCP plan; Variance processing methods; machine Construction (Disclosure/Rem 26. Posting of Consum foods (Disclosure/Rem 27. No Evidence of Instantianus) 35. Personal Cleanlines 36. Wiping Cloths; production 37. Environmental consum 38. Approved thawing	resent, demonstrartified Food Man nauthorized perse rdkeeping and I Labeling r available; adequivaliable (shellstoo Food labeled with Approved I dariance, Speciality e obtained for speciality and artification of Food Contained for Food Conta	/ Personne ation of kn nager/ Pos sons/ perso Food Pacl uate press ock tags; pa Procedure ized Proce ecialized uctions  y w or unde te)/ Allerge Require ( nination on, rodent/c ag or tobac tored	nowledge, sted onnel kage ure, safe arasite es ss, and r cooked en Label Corrective other eco use	Action	Not t	I N V V V V V V V V V V V V V V V V V V	N O	N A N N N N N N N N N N N N N N N N N N	Da.	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature  28. Proper Date Marking and disposition  29. Thermometers provided, accurate, and calibrated; Chemical/Thermal test strips digital  Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/insp report sign posted 12/31/2024  Utensils, Equipment, and Vending  31. Adequate handwashing facilities: Accessible and properly supplied, used  32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used  33. Warewashing Facilities; installed, maintained, used/Service sink or curb cleaning facility provided  23. Food Identification  41. Original container labeling (Bulk Food)  Physical Facilities  42. Non-Food Contact surfaces clean  43. Adequate ventilation and lighting; designated areas used  44. Garbage and Refuse properly disposed; facilities maintained	dd	

## **Retail Food Establishment Inspection Report**

Received by: (signature) Ashlyn Hurst	Print: Ashlyn Hurst	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	ldress:		City/State:		License/Permit #	Page <u>2</u> of <u>2</u>				
	ar Llamas		Horizon	F	Rockwall	vall, TX   FS2023-17   rage 2 or						
Item/Loc	eation	Temp F	TEMPERATURE Item/Location	OBSERVAT		Item/Locat	ion	Temp F				
		40	Tem Decador		Temp1	Item/Local	1011	Тетрт				
under counter cooler/milk												
under	counter cooler/orange juice	41										
ice	cream display	-3										
reach	n in cooler ambient	37										
reach	n in freezer ambient	-4										
		OB	SERVATIONS AND	CORRECTIV	E ACTIONS							
Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS  AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Line hand sink 100	F equipr										
	Gloves used to han											
	Sleeved straws and			outh part	t down							
	Vent hood to be scheduled for commercial cleaning  Grease trap cleaning to be scheduled/Eagle is company to do the work											
20	· · · · · · · · · · · · · · · · · · ·											
39	Running dipper well not working/owner to repair											
40	Utensils to be WRS every 4 hours/change water in dipper well every 4 hours											
40	Straws under cabinet with leaking ice bin/to move sleeved straws and straws in box with paper wrappers											
	Mixers and measuring cups WRS every 4 hours											
	Rinsing with high pressure hose after every use											
40	Milk frothers sanitized after every use											
10	Sanitizer on prep line not setup to minimum 150ppm/COS to 400ppm quats											
	Test strips, digital the			te								
	Donut prep hand si											
	Back hand sink 115											
	3 comp sink 115 with sani sink setup to 400ppm quats											
	Sugars for donuts sifted at night them covered											
	Employee hair pulled back/restrained											
	Owner to verify disposal of spent grease (for donut fryer)											
W	Discussed needing a Certified Food Manager on duty during prep and service											
Received	by:		Print:			Ī	Title: Person In Charge/	Owner				
				nlyn	Hurs	t	Manager Manager	~				
Inspected (signature)	Ashlyn Hurst 1 by: Chvisty Cov	tez, I	RS Print: Chri	sty Co	ortez, F	RS	Samples: Y N #	collected				