

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
- Vomit clean up
- Employee health

Date: 06/09/2021	Time in: 1:15	Time out: 2:21	License/Permit # FS 9087	Est. Type Yogurt	Risk Category Low	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	TOTAL/SCORE
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Establishment Name: Sweet frog	Contact/Owner Name: Luke	* Number of Repeat Violations: _____	10/90/A
Physical Address: I-30	Pest control : 04/27/21 Cantu	Grease trap : America's best 02/3/21	

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site 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 R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
2. Proper Cold Holding temperature(41°F/ 45°F) Good						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Policy					
			<input checked="" type="checkbox"/>			Preventing Contamination by Hands					
3. Proper Hot Holding temperature(135°F)						14. Hands cleaned and properly washed/ Gloves used properly					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
4. Proper cooking time and temperature						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Gloves for cutting straw berries / handles					
			<input checked="" type="checkbox"/>			Highly Susceptible Populations					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
			<input checked="" type="checkbox"/>			Chemicals					
6. Time as a Public Health Control; procedures & records Keeping						17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only					
Approved Source						18. Toxic substances properly identified, stored and used Raid spray					
	<input checked="" type="checkbox"/>					Water/ Plumbing					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						19. Water from approved source; Plumbing installed; proper backflow device City approved drains					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
8. Food Received at proper temperature To check						20. Approved Sewage/Wastewater Disposal System, proper disposal					
Protection from Contamination											
	<input checked="" type="checkbox"/>										
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											
	<input checked="" type="checkbox"/>										
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ___?___ ppm/temperature											
			<input checked="" type="checkbox"/>								
11. Proper disposition of returned, previously served or reconditioned											

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) One on staff						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
22. Food Handler/ no unauthorized persons/ personnel One on duty						28. Proper Date Marking and disposition Thawing date / whipped cream less than					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Need for sanitizer and need thermo					
	<input checked="" type="checkbox"/>					Permit Requirement, Prerequisite for Operation					
23. Hot and Cold Water available; adequate pressure, safe See						30. Food Establishment Permit (Current/ insp sign posted) Posted					
			<input checked="" type="checkbox"/>			Utensils, Equipment, and Vending					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						31. Adequate handwashing facilities: Accessible and properly supplied, used					
Conformance with Approved Procedures											
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Cutting boards and torn spatulas to replace					
Consumer Advisory						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Set up					
<input checked="" type="checkbox"/>											
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label Ingredients by request / watch placement in self serve											

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
34. No Evidence of Insect contamination, rodent/other animals Watch for flies						41. Original container labeling (Bulk Food)					
	<input checked="" type="checkbox"/>					Physical Facilities					
35. Personal Cleanliness/eating, drinking or tobacco use						42. Non-Food Contact surfaces clean					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
36. Wiping Cloths; properly used and stored Store in bucket						43. Adequate ventilation and lighting; designated areas used					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
37. Environmental contamination						44. Garbage and Refuse properly disposed; facilities maintained Watch					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
38. Approved thawing method Using water that is 85 F in sink and also at room temp						45. Physical facilities installed, maintained, and clean Watch					
Proper Use of Utensils						46. Toilet Facilities; properly constructed, supplied, and clean Watch for any sewer gas issue / not observed at insp / women's					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used Items over sink placement						47. Other Violations					
<input checked="" type="checkbox"/>											
40. Single-service & single-use articles; properly stored and used <small>Watch storage of dust pan next to power towels / moved over at insp</small>											

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Bianca Juergensen	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Sweet frog	Physical Address: I-30	City/State: Rockwall	License/Permit # FS	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Cold top		Machines		Wic	36
Cheese cake	39	Unit 1	37/39	Deep freezer	-11
Whipped cream inside	39	Unit 2	36/36		
Thawing yogurt at insp		Unit 3	40/41		
Still semi frozen at insp	14-27 F	Unit 4	39/39		
Discussed label		Unit 5	38/39		
		Unit 6	41/40		
		Unit 7	40/41		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F
42	Keep an eye on condition of upper portion of dispenser bead handles over dispensing area in customer area A couple of units to be cleaned - nonfood areas
32	Address cracked or chipped Formica where needed various locations Back door is tight fitting - interior door Restroom hot water 104 and going up / 110 up in kit Concern regarding reaching over three rows ... will monitor for cross contamination. / supervised by trained employees
!!	Spoons are left in product all day - changed daily - to discuss any Tcs ones / especially when handled by customers Cleaning schedules taped to prep table in back prep - watch
32	Time to replace small cutting board white hanging one / observed last time as watch
38	Discussed thawing yogurt cartons - avoid using warm water - if using running water it should be 70 F This period will count for the accumulated 4 hrs in the danger zone / avoid thawing at room temp on cart / table
18	Reminder no home pesticides to be used - raid on shelving in back room (instructions on cartoons indicate to thaw in refrigerator 33-41 F for 48-72 hrs
32	Time to replace cutting boards where needed - badly scored hanging over three comp - these may be difficult to clean
29	Sink sanitizer - unable to test - no test strips located /. Premixed from dispenser
W	Watch storage of tooth brushes used to clean over clean - keep an eye
29	Need food thermo
W	Minor cleaning under behind and around equipment! And inside cabinets
	COVID co trips removed - customer are self serving / shields removed et.

Received by: (signature) See above	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly kirkpatrick RS</i>	Print:	Samples: Y N # collected

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