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
Employee health

	ate:				Time in:	Time out:		ense/Pern						Est. Type	Risk Category	Page 1 of	2
					12:05	1:04 2-Follow U		bod 5				. 4*.		FF	Med		
Es	stabli	ishme	ent l	Nam		2-Follow U	Contact/O		ne:	4-11	nvesti	gatio	n [* Number of Repeat Vio		TOTAL/SCO	KE
		Bue al Ac			34	Pe	Carmen	Romar		Ноос	d	T G	reace	✓ Number of Violations	COS: Follow-up: Yes	14/86	В
		ills DI		.33.		Ma	ssey 10/29/2	020			ec 05/2			vaste 09/24/2020	No ☐ Therm		
M					tatus: Out = not in cor points in the OUT box for	mpliance IN = in each numbered it	item		not ob in app					plicable COS = corrected o	on site \mathbf{R} = repeat vio Mark an $\sqrt{\text{in approprise}}$	lation W- Wate te box for R	ch
C	om m li	iance	Stat	tana	Prior	rity Items (3	Points) vio	lations R	equire	_	<i>nediat</i> mplian			ive Action not to exceed 3 d	lays		
O U	Î	N O	N A	C O		perature for F		I	R.	0	I N N O	N	CO	Em	ployee Health		R
Т				S	1. Proper cooling time a	egrees Fahrenhe and temperature	-			T			S	12. Management, food empl		employees;	+
		/												knowledge, responsibilities,	and reporting		
	/				2. Proper Cold Holding See	temperature(41°	°F/ 45°F)							13. Proper use of restriction eyes, nose, and mouth	and exclusion; No disc	charge from	
	_				3. Proper Hot Holding to See	emperature(135	б°F)		+					Policy Preventing C	ontamination by Han	ıds	
		•/			4. Proper cooking time a				+	Τ.				14. Hands cleaned and prop	<u> </u>		
					5. Proper reheating proc	cedure for hot ho	olding (165°F	in 2						Gloves 15. No bare hand contact wi			+
		/			Hours)									alternate method properly for Gloves	ollowed (APPROVED	YN)	
		/			6. Time as a Public Hea Prep only	lth Control; pro	ocedures & rec	cords						Highly Sus	sceptible Populations		
					Арр	proved Source						~		16. Pasteurized foods used; Pasteurized eggs used when		fered	
					7. Food and ice obtained			1 in						No eggs used			
	~				good condition, safe, an destruction Sigma	id unadulterated	i; parasite								Chemicals		
		Ħ			8. Food Received at pro		e							17. Food additives; approve	d and properly stored;	Washing Fruits	+
	V				To always ched	ck 				•				& Vegetables Water only	1 1 1 1 1 1 1		_
						from Contami		1						18. Toxic substances proper Watch careless stora		d used	
	/				 Food Separated & propreparation, storage, dis Watch eggs storage emplo 	splay, and tasting		a						Wa	ter/ Plumbing		
W					10. Food contact surface Sanitized at _200_	ac and Daturnah	oles ; Cleaned	and		W				19. Water from approved so backflow device	ource; Plumbing installe	ed; proper	T
Ľ					11. Proper disposition o					V V V				See 46 20. Approved Sewage/Wast	ewater Disposal System	m proper	+
		~			reconditioned Disca	arded	rousty served			•				disposal	owater Bisposar Byster	iii, proper	
		N	N	C	Prie	ority Founda	ation Items							rective Action within 10 da	ys		
U	N N	0	A	o s	Demonstration	of Knowledge/	/ Personnel	I			I N N O		C O S	Food Temperate	ure Control/ Identific	ation	R
2														27. Proper cooling method u			
					21. Person in charge pre and perform duties/ Cer Need one on duty	tified Food Man	nager (CFM)			•	/			Maintain Product Temperate	ure	quate to	
W	,				and perform duties/ Cer	tified Food Man y at all time nauthorized pers	nager (CFM) Sons/ personne	el			1			Maintain Product Temperate 28. Proper Date Marking an Watch	d disposition		
W	'				and perform duties/ Ĉer Need one on dut 22. Food Handler/ no ur All employees to hav Safe Water, Recor	tified Food Man y at all time: nauthorized person to this within 6 rdkeeping and 1 Labeling	nager (CFM) PS Sons/ personne O days of hi Food Packag	el ire		2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Maintain Product Temperate 28. Proper Date Marking an	d disposition , accurate, and calibrate		
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Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

	ment Name: Bueno 3134	Physical A White		City/State: Rockwa l	License/Permit # Page 2. Food 5123	of <u>2</u>				
			TEMPERATURE OBSERVAT	TIONS						
Item/Loc		Temp F	Item/Location	Temp F		Гетр				
Drive thru unit		38/40	Under counter freeze	r 18	Wic					
Cold wells			Beans in kettle	155/169 /180	3 pans of beans cooked 12/06 41	1/41/4				
Lettuce		38	Back up warmer	•	Pico at front of wic	<u>40</u>				
Cut tomatoes		38	Rice	145	Sour cream	40				
Not using inside			Beans	144	Wif	5				
	Hot wells		Beans	141						
Chic	cken / beans /	171/169								
	Rice	164								
		OB	SERVATIONS AND CORRECTIV	VE ACTION	NS					
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTENT	ION IS DIRE	CTED TO THE CONDITIONS OBSERVED AND					
		d dumpst	er orange cones around / n	eed to ma	ake sure lids can closed					
	Allergy posting on doo									
	· · · · · ·		o condiment bar set up							
31	-			at front har	nd sink and keep items away from one in	bac				
	Sanitizer in bucket 100	0-200 ppi	n							
32/45	Continued Maint and	etc need	ed throughout store							
42/45	Clean under behind and arou	und all cook	ing equipment and inside freezer n	ext to fryer -	gaskets in all coolers to check and clean a	as we				
39	To address missing pa	nel on til	t kettle - remove if not used							
	Sink sanitizer 200 ppm									
W	Peroxide cleaner only	approved	d for nonfood contact / to us	se your qu	uats on food contact per label					
W	Watch where these ar	e all bein	g stored							
32 /42	Need to address shelving	g in dry st	orage / peeling / needs cleanir	ng and cle	an grease layer on plastic food conta	iner				
39/42	Warmer for chips sho	uld be sto	ored clean!							
34	Small gap at back doo	or								
42	Clean inside all equipr	ment - co	oler, freezers etc							
Reminder	Store carton of eggs of	on botton	n shelf - employee items too)						
42	Clean shelving in wic									
37/45/32	Address condensation	issue in	wif / as well as shelving bro	ken and	floor ramp lifted etc					
37/45	Ice on top shelving fro									
W	Using multiple cleaner	rs to wate	ch storage and use per labe	el only						
W			sic food safety and sanitation	on proced	dures					
32/45	Store needs MAJOR N									
42/45	General Cleaning und	er behind	d and around and air vents	too						
Received	hv:		Print:		Title: Person In Charge/ Owner					
(signature)	See abov	/ e			Theo I cloud in Charge Owner					
Inspected	I hv		Print:							
(signature)	See abou	utvíck	RS							
	Today Toll 1990	-0, 0010	1.0		Samples: Y N # collected					