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

Date: 09/11/20	20	Time in: 10:12	Time out: 11:04		se/Permit # 887 4						Est. Type	Risk Category Med	Page 1	of <u>2</u>	
		tion: 1-Routine	2-Follow U		nplaint	4-	Inve	stiga	atior	ı	5-CO/Construction	6-Other	TOTAL/S	SCORE	
Establishment Taco Casa	Nam	e:		Contact/Ow. John McK							* Number of Repeat Viola ✓ Number of Violations Co	tions: OS:			
Physical Address:				Pest control: Hood Grea				e trap :	6/94	1/A					
Goliad	_			compliance			d info		-	Ť		No 🔽			
Complian Mark the approp	riate	tatus: Out = not in co			NO = not fark $$ in ap						pplicable COS = corrected on s , NA, COS Mar				
G 11 Gt		Prio	ority Items (3	Points) violat	tions Requi	_					ive Action not to exceed 3 day	S			
O I N N U N O A	C O	Time and Ten	ood Safety	R	O		N O	N A	C O	Emul	ower Health		R		
T	s	(F = degrees Fahrenheit) 1. Proper cooling time and temperature				T		0	A	s		oyee Health	amplayaası		
		Meat and bea	and temperature	od temps			/				Management, food employ knowledge, responsibilities, ar	nd reporting	employees;		
	2. Proper Cold Holding temperature(41°F/ 45°F)										13. Proper use of restriction an	nd exclusion; No dis	charge from		
		See					~				eyes, nose, and mouth Policy				
V		3. Proper Hot Holding See	temperature(135	°F)								tamination by Han	ıds		
		4. Proper cooking time	and temperature	:			/				14. Hands cleaned and proper	ly washed/ Gloves t	sed properly		
		5. Proper reheating pro	ocedure for hot ho	olding (165°F in	2	-					15. No bare hand contact with ready to eat foods or approved				
		Hours)									alternate method properly follousing gloves now	owed (APPROVED	YN.	.)	
'		6. Time as a Public Hea	alth Control; prod	cedures & reco	rds							eptible Populations			
											16. Pasteurized foods used; pro		fered		
			oproved Source						•		Pasteurized eggs used when re	quired			
		7. Food and ice obtaine good condition, safe, at			1						CT.				
		destruction Approv	ed	•							Cr	nemicals			
		8. Food Received at pro									17. Food additives; approved a	and properly stored;	Washing Fru	iits	
		Check temps									& Vegetables Water only				
		Protection	n from Contami	nation			/				18. Toxic substances properly Watch in back	identified, stored an	d used		
		9. Food Separated & pr preparation, storage, di									Water	r/ Plumbing			
		10. Food contact surface					1				19. Water from approved sour	<u>.</u>	. 4		
/		Sanitized at 200			a		/				backflow device	ze; Plumbing instan	eu; proper		
		11. Proper disposition of	of returned, previ	iously served or		-					City approved 20. Approved Sewage/Wastew	ater Disposal Syste	m, proper		
		reconditioned					~				disposal				
	G.	Pri	iority Founda	tion Items (2							rective Action within 10 days				
O I N N A T A	C O S	Demonstration	n of Knowledge/	Personnel	R	O U T	N	N O	N A	C O S	Food Temperature	e Control/ Identific	ation	R	
	,	21. Person in charge pr and perform duties/ Ce			lge,	_					27. Proper cooling method use		quate to		
		5 ^					•				Maintain Product Temperature				
		22. Food Handler/ no u All but new ones	inauthorized pers	ons/ personnel			~				28. Proper Date Marking and on Day dots	_			
		Safe Water, Reco		Food Package			_				29. Thermometers provided, as Thermal test strips	ccurate, and calibrat	ed; Chemica	I/	
		23. Hot and Cold Wate	Labeling	uoto proceuro, co	of o						Dials				
											Permit Requirement,				
		 Required records as destruction); Packaged 		ck tags; parasite	;		/				30. Food Establishment Perr 2020	nit (Current/ insp s	ign posted)		
		Conformance	with Approved 1	Procedures								pment, and Vendin	g		
		25. Compliance with V HACCP plan; Variance	ariance, Speciali	zed Process, and	d						31. Adequate handwashing fac supplied, used				
		processing methods; m					/				2 equipped				
		Con	sumer Advisory	7		-					32. Food and Non-food Contact		e, properly		
						2					designed, constructed, and use See attached	d			
		26. Posting of Consum- foods (Disclosure/Rem									33. Warewashing Facilities; in Service sink or curb cleaning f		used/		
		Ingredients by requ	est								200 ppm				
0 I N N	С	Core Items (1 Poin	nt) Violations I	Require Corre	ctive Action	n Not	_	xcee N	_	Da C	ys or Next Inspection , Which	iever Comes First		R	
U N O A	o s		of Food Contan			U T		0	A	o s	Food I	dentification			
		34. No Evidence of Ins animals Watch for flie		n, rodent/other				1			41.Original container labeling	(Bulk Food)			
/		35. Personal Cleanlines	ss/eating, drinkin	g or tobacco use							Physic	cal Facilities			
W		36. Wiping Cloths; pro Watch use and	perly used and st	tored		1					42. Non-Food Contact surface See	s clean			
1		37. Environmental confiction Storage	tamination				~				43. Adequate ventilation and l	ighting; designated a	areas used		
<u> </u>		38. Approved thawing			+	۷۷					Watch in wic 44. Garbage and Refuse prope	rly disposed; faciliti	es maintaine	d	
						-	•				Watch 45. Physical facilities installed			$ \downarrow$	
		<u> </u>	er Use of Utensi			1					See				
1		39. Utensils, equipmen dried, & handled/ In us	se utensils; prope	erly used			~				46. Toilet Facilities; properly of	onstructed, supplied	ı, and clean		
W		40. Single-service & single and used Watch						~			47. Other Violations				
	Į	, , , , , ,	49		1 1	1	1	1 .	ı J					1	

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Adrienne Turner	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishi Taco	ment Name: Casa	Physical Address: Goliad			City/State: License/Permit # Pa					
			TEMPERATURE OBSERVA	TI(
-Item/Loc		Temp F	Item/Location	\dashv	Temp F	Item/Locat			Temp	
COld top dining side			Drive thru side coldTo	p			Wic			
Tomatoes /		40	Lettuce		40		Beans			
	Lettuce	41	Tomatoes		39	4	0/40/38/39			
Hot holding			Beef		182	Meat leftover			37	
	Beans	161	Beans		154	Keep stirred! 41 on top		top		
	Beef	184					Sauce		37	
						S	our cream		37	
							<u> </u>			
		OI	 	IVE	ACTION	NS				
Item Number	AN INSPECTION OF YOUR ES	TABLISHMI	ENT HAS BEEN MADE. YOUR ATTEN	ITIO	N IS DIRE	CTED TO TH	HE CONDITIONS OBSERV	ED AN	ID	
	Hot water 112									
		00 ppm a	uats / using for all commor	n to	nuched	surfaces	/ discussed using	cher	nicals	
	Using gloves now afte			- 10			<u>, and and a dear a dening</u>			
42	Clean air vents where needed									
32	Address/ Replace rust	y cart dif	ficult to clean							
	Bev nozzles look good									
	Watch use of yellow wiping cloths under utensils etc -									
	Cleaning inside ice machine - weekly / watch top portion and what is stored on top of it									
47	Watch door and repair on ice machine									
32	Replace rubber spatulas where needed									
	Calibrating thermos at									
45	Keep an dye on Maint to flooring, walls ceilings etc									
37	Avoid floor storage In		<u> </u>							
	Restrooms equipped									
	Reminder to keep left over beef stirred for even cooking									
42	Clean fans where needed too									
Covid	Deep cleaning dining	room with	n quats twice a week in add	ditio	on to da	aily saniti	zing			
	Employees screened	when arr	iving to work / masks worn	/ w	earing	gloves n	ow for all food han	dling	<u> </u>	
Received (signature)	See abov	/e	Print:	_			Title: Person In Charge/ (Owner		
Inspected	See abou		Print:	—						
(signature)	Kellv Kírkho	utríck	RS							
	- J : 5:: P ·						Samples: Y N # o	collecte	:d	