Additional followupsRetail Food Establishment Inspection Rep\$50.00 feeCity of Rockwall								ion Report First aid kit Allergy policy/training Vomit clean up Employee health	3											
Date: Time in: Time out: License/P 06/20-2024 10:05 11:14 Food							ermit # 5058						Food handlers Food managers All 38! 7 Page <u>1</u> of <u>2</u>	_						
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla						Complai	nt		Inve	stiga	atio	n	5-CO/Construction 6-Other TOTAL/SCORE	E						
Establishment Name: Contact/Owner I Taco Bell 18722 Smf							Owner N	ame:						* Number of Repeat Violations: Number of Violations COS: re trap/ waste oil Follow.up: Ves	٨					
Physical Address: Pest control : 2815!ridge rd Ecolab 5/20/24 (noted a							unts)	Hoo Pdc	od 2:24				se trap/ waste oil Follow-up: Yes VO 4-26/24 No □	٦						
Compliance Status: Out = not in compliance IN = in compliance NO						not observed $NA = not$ applicable $COS = corrected on site R = repeat violation W$														
										re In	nmed	liate	Cor	rrect	tive Action not to exceed 3 days					
	mpli I N	N O	N A	C O S	Time and Temperature for Food Safety (F = degrees Fahrenheit)				R			N O	N A	C O S	Employee Health	R				
	(~			1. Proper cooling time and temperature						~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	~			2. Proper Cold Holding temperature(41°F/ 45°F) Yes						W	~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
	~				3. Proper Hot Holding to Yes	emperature(135°	Ϋ́F)								Need at all hand sinks /currently in office Preventing Contamination by Hands					
	•	/			4. Proper cooking time a	and temperature					~	14. Hands cleaned and properly washed/ Gloves used properly	_							
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)					°F in 2			•		~		15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)							
-					6. Time as a Public Heal Prep only	lth Control; proc	edures &	records					-		Gloves Highly Susceptible Populations					
		- 1				Approved Source					16. Pasteurized foods used; prohibited food r Pasteurized eggs used when required									
	7. Food and ice obtained from approv good condition, safe, and unadulterat destruction Mcclane				d unadulterated;								Liquid product Chemicals							
	8. Food Received at proper temperature Yes logged									~		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	_							
	-					from Contamir	nation				~		-		18. Toxic substances properly identified, stored and used					
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Watch Water/ Plumbing									
	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature				d and	_	3					19. Water from approved source; Plumbing installed; proper backflow device	_							
	11 Proper disposition of returned previously served or					d or		0	./				Air gap / 1 inch above drain 20. Approved Sewage/Wastewater Disposal System, proper disposal							
reconditioned Trash					ng (2 Doi	nta) -			D			Les	_							
O U	I N	N O	N A	C O	Demonstration				R R	violat O U	Ι	N N O	N A	C C OF	rrective Action within 10 days Food Temperature Control/ Identification	R				
Т	~			S	21. Person in charge pre and perform duties/ Cert	esent, demonstrat	tion of know	wledge,		T	~			S	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	_				
-	~				7 22. Food Handler/ no un All	nauthorized perso	ons/ person	nel			~				28. Proper Date Marking and disposition					
Safe Water, Recordkeeping and Food Package				nge			~		29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips											
-	~				23. Hot and Cold Water	available; adequ	ate pressu	re, safe						1	Permit Requirement, Prerequisite for Operation					
	~				24. Required records ava destruction); Packaged F	Food labeled	ck tags; par	asite			~				30. Food Establishment Permit (Current/ insp sign posted) Posted					
					Packaged per Conformance w	vith Approved F									Utensils, Equipment, and Vending					
	~				25. Compliance with Va HACCP plan; Variance processing methods; ma Taking temps 2	obtained for spe nufacturer instru times per d	cialized actions ay / on				~				31. Adequate handwashing facilities: Accessible and properly supplied, used Yes					
					Cons	umer Advisory				2					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Outside of Bev station is oxidizing					
	~				26. Posting of Consumer foods (Disclosure/Remin Ingredients by reque	nder/Buffet Plate	w or under e)/ Allerger	cooked n Label			~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Confirmed					
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First										_										
O U T	I N	N O	N A	C O S		of Food Contam			R	O U T	I N	N O	N A	C O S	Food Identification	R				
1					34. No Evidence of Inse animals See		·					~			41.Original container labeling (Bulk Food)					
	~				35. Personal Cleanliness Watch			o use							Physical Facilities					
	~				36. Wiping Cloths; prop In buckets	berly used and sto	ored			1					42. Non-Food Contact surfaces clean See 43. Advents vertilation and lighting designed demonstrated					
1					37. Environmental conta Condensation					W					43. Adequate ventilation and lighting; designated areas used Wif					
		/			38. Approved thawing n	nemod				W			_		44. Garbage and Refuse properly disposed; facilities maintained45. Physical facilities installed, maintained, and clean					
	_				Proper 39. Utensils, equipment,	r Use of Utensil		ored		1					45. Physical facilities installed, maintained, and clean Watch 46. Toilet Facilities; properly constructed, supplied, and clean					
1					dried, & handled/ In use	e utensils; prope	rly used				~				Watch soap men's	_				
	~				40. Single-service & sin and used	gle-use articles;	properly st	ored				~			47. Other Violations					

Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

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	nent Name: Bell Rockwall	Physical A Ridge	road	City/State: Rockwal	License/Permit # 5058	Page <u>3</u> of <u>2</u>				
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA	TIONS Temp F	Item/Location	Temp F				
Wic		37	Dining room side	_	Dt side	Temp P				
	Sauce	39	Beans hh	167	Hh beans /egg	S 163/160				
	Guac	41	Chicken hh	182	Chicken	188				
	Chicken	39	Cold wells		Cold wells					
	Wif	9.8	Cut lettuce	41/	Cut lettuce	40				
Fre	ezer upright	8.1	Cut tomatoes	41	Cut tomatoes	38				
	Chip unit	142	Below	36	Below	41				
Hot ho	Iding unit beans /rice	144/145	Tomatoes	41	Sauce	40				
OBSERVATIONS AND CORRECTIVE ACTIONS Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
Number	NOTED BELOW: ALL TEMPS TA									
42:45	Watch spent grease co		•	drain and	pipe with pink slime hangi	na out				
42			•			ig out				
W	Also need to clean inside cabinet and counter around machine Hot water in women's rr 112 / men's rt side 100 and soap almost out									
	Hot water bar front hand sink 124									
W	Need employee health poster at all handnsinks									
	Sanitizer in buckets bel	ow 150 /t	ime to replace as made at 7	:30 am co	s replaced and checked aga	in 200 ppm				
42		•			n ss and plastic tube - drive					
45/19/34					ve thru / address water in g	rout too				
		•	119 / lowered in Sani sink							
32			ensils and location over the		real ison talls them To have the	am autoida				
W W/37					rnal insp tells themTo hang th or from condenser pipe/ cor					
39	Need to repair shelvin									
45	Minor cleaning under	•								
	Watch over stocking u	•								
32	Still need to address the i	ce machin	e / Bev combo at the drive thru	where cond	densation is leaking out seam a	nd down the				
	Side of the unit - prote	cting cup	os botțom up by placing on	black tray						
42	Need to clean all arou	nd this ol	d unit as moldy on various	parts / wh	hat are plans to replace					
	Gloves used to touch									
	Atkins thermo couple / test strips in date									
Received by: Print: Title: Person In Charge/ Owner										
(signature)	See abov	/e	Print:		Title: Person In Charge/ C	wner				
Inspected (signature)	See abov Kelly kirkpo	ıtríck	γRS Print:							
Form EH-06	(Revised 09-2015)				Samples: Y N # c	collected				