\$50.00 reinspection fee 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

				Time in: 10:16	1:38	F	S 88		_					Food handle	3	Page <u>1</u> of <u>2</u>	2
	_	e of In	_	tion: 1-Routine	2-Follow U		C omplaint Owner Nar		4-I1	nvest	igati	on	5-CO/Cons * Number o	truction f Repeat Viola	6-Other	TOTAL/SCOI	RE
				lospital Rockwall o		Texas h	nealth						✓ Number o	f Violations C	cos:	4/96/	Δ
Phys 3150		Addr izon	ess:		Se	est control : ee cafe			Hood Na	d	S	Grea ee ca	ise trap: waste oil ife	. :	Follow-up: Yes ✓ No ☐ PiC	7/00//	`
Mark	Co k the	omplia appro	nce S	Status: Out = not in co points in the OUT box for	impliance IN = ir	n compliance item		not ob					oplicable COS:	corrected on Ma	site R = repeat vio	lation W-Watc	ch
									e Imr	media	te Co	orrect	tive Action not to				
0	I N O A O Time and Temperature for Food Safety			1	R	О	mplia I I N	N N O A	C		Emp	loyee Health		R			
T			S	(F = do	egrees Fahrenhe and temperature				T			S	12. Managemen		yees and conditional	employees;	
							/			knowledge, responsibilities, and reporting							
3	2. Proper Cold Holding temperature(41°F/ 45°F) Milk cooler					/			13. Proper use of restriction and exclusion; No dischaeyes, nose, and mouth To post at hand sinj			charge from					
	3. Proper Hot Holding temperature(135°F)								-		ntamination by Han	nds					
	4	/		4. Proper cooking time	and temperature	re				<u>/</u>		Т			rly washed/ Gloves u		
				5. Proper reheating prod	cedure for hot h	nolding (165°I	F in 2								ready to eat foods o		+
	ľ			Hours)	11.0 . 1	1 0	1						Utensils	1 properly foll	owed (APPROVED	YN)	
		'		6. Time as a Public Hea	alth Control; pro	ocedures & re	records						16 D : 1		eptible Populations		
	Approved Source			:		Paste					Pasteurized eggs	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Shelled and liquid pasteurized					
Т				7. Food and ice obtaine good condition, safe, ar			od in						Shelled and	a iiqaia p	asieurizeu		
				destruction	ia unaduneratec	a, parasite								C	hemicals		
				8. Food Received at pro	oper temperature	re							17. Food additiv & Vegetables	es; approved	and properly stored;	Washing Fruits	
Ľ													See cafe	inces properly	identified, stored an	d used	+
			1	9. Food Separated & pr	otected, prevent		od			/							
	1			preparation, storage, dis										Wate	r/ Plumbing		
ı				10. Food contact surfact Sanitized at 200	es and Returnat ppm/temperatu	bles ; Cleaned re	d and			/			backflow device		rce; Plumbing installe	ed; proper	
				11. Proper disposition of	of returned, prev	viously served	d or							OVEC ewage/Waster	water Disposal System	m, proper	-
	V			reconditioned									disposal				
		N N	C					ts) via	О	I I	N N	C	rrective Action w				R
T T	N (O A	S	Demonstration 21. Person in charge pro			vladga		U T	N	O A	S	Food	l Temperatui	e Control/ Identific	ation	
l	1			and perform duties/ Cer						/			27. Proper cooli Maintain Produc	ng method us ct Temperatur	ed; Equipment Adec e	quate to	
·	/			22. Food Handler/ no u	nauthorized per	rsons/ personr	nel			/			28. Proper Date	Marking and	disposition		
			1	Cofe Water Dage								+	29. Thermometer	ers provided, a	accurate, and calibrat		
				Safe water, Reco	rdkeeping and	Food Packa	ige						Thermal test str	rips	, , , , , , , , , , , , , , , , , , , ,	ed; Chemical/	
				23. Hot and Cold Water	Labeling				(Thermal test str				
-	/			23. Hot and Cold Water 24. Required records av	Labeling r available; adec	quate pressure	e, safe						Thermal test str	Requirement	, Prerequisite for O	peration	
	/	•		23. Hot and Cold Water 24. Required records av destruction); Packaged By order	Labeling r available; adec vailable (shellsto Food labeled	quate pressure	e, safe			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Permit I 30. Food Estab Posted	Requirement lishment Per	, Prerequisite for O	peration ign posted)	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Nichole Anguiano	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establish: Texas	ment Name: S health coffee	Physical A	ddress: Horizon		City/State: Rockwall	License/Permit # 8810	Page <u>2</u> of <u>2</u>				
			TEMPERATI	URE OBSERVA	TIONS						
Item/Loc	cation	Temp F	Item/Location		Temp F Item	/Location	Temp]				
Small	under counter cooler	43-46									
Lln	it is frozon un										
UII	it is frozen up										
Item	AN INCRECTION OF YOUR		SERVATIONS AN			TO THE COMPUTIONS OF	EDVED AND				
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F										
	Hot water at hand sink	k/ three c	omp 105-126								
	Sanitizer in bucket 20	0 ppm for	wiping surfac	es and Wand	ls						
	Sanitizer in sink 200 p	pm									
02	Will need to defrost coole	r and then	start back up at	ower number t	o avoid it freezin	g up but also keeping i	t at proper temp				
02	Will discard all opened	d items w	hen closing to	day at 1:30 p	m						
45	To clean drains inside cabinet										
	Allergy posting will be on new menu										
	Sanitizer in sink 200'ppm										
	Test strips within date										
	Need employee health	n sign									
	Coolers temp tracking	electron	ically								
Received	by:		Print:			Title: Person In Char	ge/ Owner				
(signature)		/e									
Inspected	d by:		Print:								
(signature)	Kelly kirkpo	ıtrick	$\langle RS $			Samples: Y N	# collected				