Follow r e q u Follow	ire]	Reta		City o	of Ro	ock			In	spe	ecti	on Report	First aid k Allergy po Vomit clea Employee	olicy/trainiı n up	ng
Date: 11/1	6/2	02	23		^{ne in:})		^{Гіте о}			Licens FS								Food handlers	Food managers	Page <u>1</u> of _	2
					🖌 1-R	outine		2-Fo	llow U		3-Com	-		4-]	[nve	stiga	tior	1	5-CO/Construction	6-Other	TOTAL/SCO	RE
Establi Texas					tal Acc	ent					itact/Own		ne:						 ★ Number of Repeat Violat ✓ Number of Violations CO 		0/100/	/ ^
Physic 3150 ho			ss:							st con e main				Hoc See	od main	1		rease e ma		Follow-up: Yes	0/100/	A
	Comp				Out	= not in	comp	liance	IN = in	compli	ance	NO=							plicable COS = corrected on si		lation W-Wate	ch
Mark ti	ne appi	ropr	iate	points	in the O														o, NA, COS Mark		the box for R	
Compli	N	N	С		Tim	e and T	empe	eratur	e for F	ood Sa	fetv	F	2	0		Ν	Stat N A	С				R
U N T	0	$ \begin{array}{c c} \mathbf{O} & \mathbf{A} & \mathbf{O} \\ \mathbf{S} & & & \\ \end{array} $ (F = degrees Fahrenheit) (F = degrees Fahrenheit)								U T							employees:					
	~	1. Proper cooling time and temperature								knowledge, responsibilities, and reporting						empioyees,						
~				2. Proper Cold Holding temperature(41°F/ 45°F)										~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth				
-		/	_	3. Proper Hot Holding temperature(135°F)								-		•				Posted in kitchen Preventing Cont	da	_		
	•		_	4. Proper cooking time and temperature								_				-	_	14. Hands cleaned and properl		-		
	-			 Proper cooking time and temperature Proper reheating procedure for hot holding (165°F in 2 							2	-		V			.	15. No bare hand contact with		+		
	L			Hours)											~			alternate method properly follo	wed (APPROVED	YN)		
	~			6. Ti	me as a l	Public H	Iealth	Contr	ol; pro	cedure	s & record	is				Highly Susceptible Populations						
						A	Appro	oved S	ource						16. Pasteurized foods used; prohibited food not offe Pasteurized eggs used when required						ered	
~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial													Ch								
				8. Fo	ood Rece	vived at p			erature								./		17. Food additives; approved as & Vegetables	nd properly stored;	Washing Fruits	
				10	check			~							_		~		18. Toxic substances properly i	dentified, stored an	d used	_
				9. Fo	l ood Sepa	Protection rated &									V							_
~				prep	aration, s	storage,	displa	ay, and	l tasting	5	-									/ Plumbing		
~				10. I Sani	Food contribution tized at	tact surf 200	aces a	and Re m/tem	eturnab peratur	^e 16	leaned and	R			~				19. Water from approved source backflow device See attached			
	~				Proper dis nditioned		n of r	eturned	d, previ	iously	served or				~				20. Approved Sewage/Wastewa disposal	ater Disposal Syster	n, proper	
0 1	N	N	C			P	rior	ity Fo	ounda	tion 1	ltems (2	Point F		olati 0	ions I	Req N	uire N	Cor C	rective Action within 10 days			R
U N T	0.	A	0 S	21.1		onstrati			0		nnel			U T	N	0	A	O S	Food Temperature	Control/ Identific	ation	
~					perform o							ge,			~				27. Proper cooling method used Maintain Product Temperature		quate to	
~					Food Han	idler/ no	unau	uthoriz	ed pers	ons/ pe	ersonnel					~			28. Proper Date Marking and d	isposition		1
					Safe Wa		L	abelin	g						~	-			29. Thermometers provided, ac Thermal test strips Equipped	curate, and calibrate	ed; Chemical/	
~				Se	e				· •		essure, saf	fe		-					Permit Requirement,			
~				dest	Required ruction);	Package	ed Fo	od labe	eled	ck tags	; parasite				~				30. Food Establishment Perm Posted	nit (Current/ insp si	ign posted)	
					Confe	ormanc	e witl	h App	roved 1											ment, and Vendin		
~				HAC	COMPlian CCP plan ressing m	; Varian ethods;	ice ob manu	otained	for spe er instr	ecialize uctions					~				31. Adequate handwashing faci supplied, used			
						Co	onsur	ner Ao	dvisory	7					~				32. Food and Non-food Contac designed, constructed, and used		, properly	
~				food							nder cooke ergen Lab				~			_	33. Warewashing Facilities; ins Service sink or curb cleaning fa See main kitchen	acility provided	used/	
0 1	N	N	C	Cor	e Item	s (1 Po	oint)	Viola	tions .	Requi	·e Correc	tive Ac	_	Not 0	to E. I	xcee N	d 90 N) Da C	ys or Next Inspection , Which	<u>ever C</u> omes First		R
O I U N T		A	o s			reventio						r		U T	N	0	A	o s		lentification		
~				anim						,						~			41.Original container labeling ((Bulk Food)		
~								-		-	bacco use									al Facilities		
~				36. \	Wiping C	loths; pi	roper	ly used	1 and st	ored					~				42. Non-Food Contact surfaces Watch			
	~	T		37. I	Environm	iental co	ontam	ination	1				1		~				43. Adequate ventilation and lig	ghting; designated a	ireas used	
	~			38. <i>I</i>	Approved	l thawin	g met	thod							~				44. Garbage and Refuse proper Watch	ly disposed; facilitie	es maintained	
			_			Pro	oper U	Use of	Utensi	ls					~		_		45. Physical facilities installed,	maintained, and cle	ean	
					Utensils, 1, & hand						ed, stored,		-	—	_			-	46. Toilet Facilities; properly c	onstructed, supplied	l, and clean	1
		-	-		1				·1 1	2	rly stored		┥	_	_	_		—	47. Other Violations			+
~				and		a				rope	y stored					~						

Retail Food Establishment Inspection Report

City of Rockwall

(Printed) Nichole Anguiano	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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Establishment Name: Texas health hospital	Physical A 3150	norizon	City/State: Rockwal	I	License/Permit # Page 2		<u>2</u> of <u>2</u>
Item/Location	Temp F	TEMPERATURE OBSERVA	ATIONS Temp F	Item/Loca	tion		Temp F
Cooler temp	35/36		<u></u>	ItempBocu			<u>remp r</u>
Non Tcs Bev coolers							
Bev coolers	35-36						
Itam		SERVATIONS AND CORRECT					
ItemAN INSPECTION OF YOUR ESNumberNOTED BELOW: All temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	NTION IS DIRE	CTED TO TH	HE CONDITIONS OBSI	ERVED AI	ND
Permit posted							
Camera at POS							
Sticker on glass door t		-					
Cooler with Tcs lockat			1				
		gens / commercial produc	rts				
Thermos in all coolers							
Received by: (signature)		Print:			Title: Person In Charg	ge/ Owner	
See abov	'e						
(signature) See abov Inspected by: (signature) Kelly kirkpo	<i>.t</i> . / 1	Print:					
кешу кичкра	urick	/ K.S			Samples: Y N	# collect	ed