Follow-up fee required a Followup	after 1st		City of I	Rocl	kw		In	spe	ecti	tion Report	ining			
Date: 05/16/2022		Time out: 12:32	License/P							Food handlersFood managers 1 1 Page $\underline{1}$	of _2_			
Purpose of Inspect	ction: 🖌 1-Routine	2-Follow Up	3-Compla Contact/Owner N	-	4-	Inve	stiga	atior	n	5-CO/Construction 6-Other TOTAL/S * Number of Repeat Violations:	SCORE			
Texas Health h	nospital rockwall cof		Texas health					r		✓ Number of Violations COS: 2/0 ⁻	7/Δ			
Physical Address: Horizon		See			Ho See	od cafe			reas e ca	ronow-up. res				
Compliance S Mark the appropriate	Status: Out = not in com e points in the OUT box for e	$\frac{1}{10000000000000000000000000000000000$	ompliance N m Mark 2	$\mathbf{O} = \text{not}$ X in app						pplicable $COS = corrected on site R = repeat violation W^- , NA, COS Mark an \lambda in appropriate box for R$	Watch			
Compliance Status	Prior	ity Items (3 F	oints) violations	Requi	-	n <i>mea</i> 'ompl				tive Action not to exceed 3 days	1			
0 Î N N C U N O A O	I N N C N O A O Time and Temperature for Food Safety				O U T	I N	N O	N A	C O S		R			
	s (r - degrees ramemet) 1. Proper cooling time and temperature				1				5	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	2. Proper Cold Holding temperature(41°F/ 45°F) One cooler					~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth To post sign at hand sink				
	3. Proper Hot Holding temperature(135°F)					<u> </u>			Preventing Contamination by Hands					
	4. Proper cooking time an	nd temperature			w	~				14. Hands cleaned and properly washed/ Gloves used properly No hand food contact / see 31	,			
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)						~			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.	.)			
	6. Time as a Public Healt	th Control; proce	dures & records							Highly Susceptible Populations				
		roved Source						~		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial					T				Chemicals				
	8. Food Received at prop Receiving	ber temperature						~		17. Food additives; approved and properly stored; Washing Fru & Vegetables	nts			
	Protection f	from Contamin	ation			~				18. Toxic substances properly identified, stored and used Watch				
	9. Food Separated & prot preparation, storage, disp	· .	l during food			1				Water/ Plumbing				
~	10. Food contact surfaces Sanitized at <u>200</u> p		s; Cleaned and		v					19. Water from approved source; Plumbing installed; proper backflow device City installed and approved to check				
~	11. Proper disposition of reconditioned Disca	returned, previo arded	usly served or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
O I N N C	Prio	rity Foundat	ion Items (2 Po	ints) ı R	violat 0		N	uire N	Cor	rrective Action within 10 days	R			
O I N N C U N O A O T S S	Demonstration 21. Person in charge pres	U			U T		0	A	O S	Food Temperature Control/ Identification				
	and perform duties/ Certi	ified Food Mana	ger (CFM)			~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	22. Food Handler/ no una 1	authorized perso	ns/ personnei				~			28. Proper Date Marking and disposition 29. Thermometers provided, accurate, and calibrated; Chemical/				
		Labeling	-			~				Thermal test strips	1/			
	23. Hot and Cold Water a See	_	-			1				Permit Requirement, Prerequisite for Operation				
	24. Required records ava destruction); Packaged F Per order	ood labeled				~				30. Food Establishment Permit (Current/ insp sign poste Posted				
	Conformance wi 25. Compliance with Van	riance, Specialize	ed Process, and							Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly				
	HACCP plan; Variance of processing methods; man	nufacturer instruc			2				~	Needed to equipped with soap and tow	els			
	Consu	umer Advisory				~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
~	26. Posting of Consumer foods (Disclosure/Remin By request / separation	der/Buffet Plate				~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0 I N N C	Core Items (1 Point	t) Violations R	equire Corrective	Action	i Not	-	xcee N	ed 90 N) Da C	ays or Next Inspection , Whichever Comes First	R			
U N O A O T S		f Food Contami			U T		0	A	O S	Food Identification				
	34. No Evidence of Insec animals35. Personal Cleanliness/						~			41.Original container labeling (Bulk Food)				
	36. Wiping Cloths: prope	erly used and sto		\square		-				Physical Facilities 42. Non-Food Contact surfaces clean				
	Stored in bucke 37. Environmental contai	et	-	$\left - \right $	\vdash					43. Adequate ventilation and lighting; designated areas used				
	38. Approved thawing m			$\left - \right $		v				44. Garbage and Refuse properly disposed; facilities maintaine	d			
		Use of Utensils		$\left - \right $	1					45. Physical facilities installed, maintained, and clean				
	39. Utensils, equipment, dried, & handled/ In use	& linens; proper	ly used, stored,		-	~				To check on wall finish 46. Toilet Facilities; properly constructed, supplied, and clean				
	40. Single-service & sing		•	$\left - \right $	\vdash					47. Other Violations				
	and used						~							

Retail Food Establishment Inspection Report

City of Rockwall

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Received by: (signature) Printed /covid	Print:	Title: Person In Charge/ Owner				
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:				
Form EH-06 (Revised 09-2015)						

Today is first day of operation therefore this is a pre opening insp as well

	nent Name: Health hospital coffee bar	Physical Addre	SS:	City/State: Rockwal	I	License/Permit # Page 2 of 2 FS 8810			
TEMPERATURE OBSERVATIONS									
Item/Loca	ation	Temp F Ite	em/Location	<u>Temp F</u>	Item/Locati	ion	<u>Temp</u> F		
Uprigh	t cooler ambient	39							
Whipped cream		40							
VVI	ippeu cream	40							
		ODGE			10				
Item	AN INSPECTION OF YOUR EST		RVATIONS AND CORREC' HAS BEEN MADE. YOUR ATTE			E CONDITIONS OBSE	RVED AND		
Number	NOTED BELOW:								
W	New hand sink will need		•		•		•		
31	Plans to add soap and towels to wall to left of sink so splash guard will only need to be on the left								
	Plans to use center compartment for dumping as no dumps sink was installed as per requested								
	Hot water at hand sink 100/ hot water at three comp 110								
	Sani buckets set up 200 ppm in wiping cloth - plans to have deeper set up for total immersion								
	Plans to set up small container of sanitizer for wands to expresso unit								
W	Watch pitchers and storage - working on set up								
W	Using upright cooler only for milk etc is located outside door so door has to remain open -								
vv									
W	Need soap and towels at hand sink - this is on order from ecolab but need to operate Door into area semi blocks hand sink so that will need to get resolved								
45	To confirm that white walls are washable and durable and can be scrubbed - need epoxy								
31 /cos									
	Will keep updated with	progress /	unit is set up like conc	ession / do	ors locate	d when not in u	ISE		
	Will address issues with door etc								
	Will Followup on const	ruction and	remodel						
Received	by:		Print:			Title: Person In Charg	ge/ Owner		
(signature)	See abov ^{by:} Kelly kírkpa	'e							
Inspected	by:		Print:						
(signature)	Kelly kírkpa	tríck R	2S			Samples: Y N	# collected		
Form EH-06	(Revised 09-2015)		1			Samples: Y N			