Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:) (าา	Time in:	Time out:		License/Permit # Est. Type Risk Category FS-0002312							Est. Type Risk Category Page 1 of 2	2			
8/17/2022 10:30 11:15 FS-0 Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla							_			tion		5-CO/Construction 6-Other TOTAL/SCO							
Establishment Name: The Hole Thing Contact/Owner Na Sang Yoon								Owner N							* Number of Repeat Violations: Vumber of Violations COS:				
Physical Address: 3005 N Goliad Rockwall, TX Pest control: owner to provide								Ho PDC	od C/yea	rly			e trap : Follow-up: Yes 🗸 1 1/89/ as info	1/89/B					
Compliance Status: Out = not in compliance NO = not observed NA = not applicable NA = not applicable COS = corrected on site R = repeat violation W- Watch Mark the appropriate points in the OUT box for each numbered item No = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch Mark 'v' a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R												:h							
O U	Compliance Status D I N N C Time and Temperature for Food Safety Time and Temperature for Food Safety						U N O A O				N	C O							
Т	~			S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature					Т	_			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	\ \				2. Proper Cold Holding temperature(41°F/ 45°F)						٠ ٧				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth				
		V			3. Proper Hot Holding temperature(135°F)					Preventing Contamination by Hands					• : :				
	4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used					14. Hands cleaned and properly washed/ Gloves used properly							
	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.)								
3					6. Time as a Public Hea	lth Control; pro	ocedures & 1	records							Highly Susceptible Populations				
		<u> </u>			Арр	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required USED for baking only				
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Dawn/Star Supply										Chemicals				
	~				8. Food Received at pro	_	е				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
	check at receipt Protection from Contamination						W					Water only 18. Toxic substances properly identified, stored and used							
3					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting										Water/ Plumbing				
3				~	10. Food contact surface Sanitized at1001	es and Returnal ppm/temperatu	bles ; Cleane ire	ed and			~				19. Water from approved source; Plumbing installed; proper backflow device				
	~				11. Proper disposition of reconditioned disca	f returned, prevarded	viously serve	ed or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days											rective Action within 10 days	R							
U	I N	O	N	C O	Demonstration	of Knowledge	e/ Personnel		R	U		N O	N A	C O	Food Temperature Control/ Identification	K			
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	1,	U	A	S	21. Person in charge pre and perform duties/ Cer 1	tified Food Ma	ration of kno anager/ Poste	owledge,		Т	~			S	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
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Retail Food Establishment Inspection Report

Received by: (signature) Danielle Hood	Print: Danielle Hood	Title: Person In Charge/ Owner Employee
Inspected by: Christy Cortez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

		The sign			71. (6		T	T	
	ment Name: Hold Thing	Physical A	^{ddress:} N Goliad		City/State: Rockwa	All, TX FS-0002312 Page 2 of 2			
	-			URE OBSERVAT					
Item/Loc	ation	Temp F	Item/Location		Temp F	Item/Loca	tion	Temp F	
glass front cooler/ambient		34							
glass	front cooler/ambient	36							
white	e freezer ambient	-4							
2 doo	r reach in cooler/milk	41							
Itam	AN DIGDE COVERS CONTROL		SERVATIONS A				TE COMPANY COMP	WED ::-	
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:		N΄Γ HAS BEEN MAI	DE. YOUR ATTENT	ION IS DIRE	CTED TO TI	HE CONDITIONS OBSER	RVED AND	
	Front hand sink 100)F							
6	Must document and	<u>l imp</u> len	<u>nent Time as</u>	A Public H	<u>ealth</u> Co	<u>ontro</u> l pr	ocedures.		
6	Must discard any T								
W	Need certified food				•				
	3 comp sink 119 F			<u></u>		- 			
11/	back hand sink 113					-1-1- C	0		
W	Store chemicals/ so		and separat	e/not on cle	an dish	side of	3 comp sink		
42	Clean vent hood filt								
9	Raw shelled eggs t			separate in	coolers	/not ove	er ready to eat	foods	
45	 Clean floors under equipment Sanitizer bucket setup to less than 10 ppm chlorine sanitizer. COS to 100 ppm. 								
10									
Received (signature)	ž		Print:				Title: Person In Charge	/ Owner	
	Danielle Hood		D	anielle	<u>: Но</u>	<u>od</u>	Employe	<u>e</u>	
Inspected (signature)	Danielle Hood 1 by: Chvisty Cov	tez 1	Print:	hristy Co	ortez	RS			
	-	0, 1			,		Samples: Y N	# collected	