Retail Food Establishment Inspection Report

First aid kit

Allergy policy

Vomit clean up

Employee health

					current/to pos					р	OST Est. Type Risk Category Page 1 of	2							
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla													5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:	ORE					
Establishment Name: The Hole Thing Physical Address: Contact/Owner Name: Pest control:															✓ Number of Violations COS: 14/86	/B			
	Ŏ5 I	N G	oli	ad	Rockwall, TX	ow	ner to	email		PDC	C/10-2		OW	vne	er to email				
Ma					Status: Out = not in compoints in the OUT box for e	ach numbered it	tem	Mark '		neckm	ark ir	appı	ropria	ate bo	pplicable COS = corrected on site R = repeat violation W-Wa oox for IN, NO, NA, COS Mark an in appropriate box for R	tch			
	mpli	ance			Prior	ity Items (3	Points) violations		C	Compl	ianc	e Sta		tive Action not to exceed 3 days				
O U T	I N N C N O A O S (F = degrees Fahrenheit)						R	U	J N	N O	N A	Employee Health	R						
	~				1. Proper cooling time and temperature						~			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	~				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 ten	mperature(135	°F)								Preventing Contamination by Hands				
		~			4. Proper cooking time an	nd temperature	:				~				14. Hands cleaned and properly washed/ Gloves used properly				
		~			5. Proper reheating proce Hours)	edure for hot ho	olding (1	65°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N.).				
2					6. Time as a Public Healt	th Control; pro	cedures	& records											
3															Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered				
					Approved Source										Pasteurized eggs used when required used for baking dough only				
	,	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite										Chemicals							
		destruction TX Bakery/Dawn 8. Food Received at proper temperature						T				17. Food additives; approved and properly stored; Washing Fruits							
	~				1	Ţ					~				& Vegetables				
		Protection from Contamination						3					18. Toxic substances properly identified, stored and used						
	~					Separated & protected, prevented during food ion, storage, display, and tasting Water/ Plumbing													
3				~	10. Food contact surfaces Sanitized at p	pm/temperatur	e				~				19. Water from approved source; Plumbing installed; proper backflow device				
	~				11. Proper disposition of reconditioned disca						~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
0	I	N	N	С	Prio	rity Founda	tion It	ems (2 Po	ints)	viola:		Req		Cor	rrective Action within 10 days	R			
U T	N	ŏ	A	o s	Demonstration of					U	J N	ö	A	o s					
	~				21. Person in charge pres and perform duties/ Certi						~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	~				22. Food Handler/ no una	authorized pers	ons/ per	sonnel			~				28. Proper Date Marking and disposition				
					Safe Water, Recordkeeping and Food Package Labeling					2					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips				
	'	23. Hot and Cold Water available; adequate pressure, safe									Permit Requirement, Prerequisite for Operation								
	~		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			V	4				30. Food Establishment Permit (Current/insp report sign posted need current/to post	1)							
					Conformance with Variation 25. Compliance with Variation 25.	riance, Speciali	zed Prod	cess, and			T				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly				
	•				HACCP plan; Variance of processing methods; man	nufacturer instr	uctions	l			~				supplied, used				
					Consu	ımer Advisory	7				~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
	>				26. Posting of Consumer foods (Disclosure/Remin						/				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	I	N	N	С	Core Items (1 Point	() Violations	Require	Corrective	Actio	n No		xce	_	0 D a	ays or Next Inspection , Whichever Comes First	R			
U T	N	0	A	o s		Food Contan				U T		0	A	O S					
	~				34. No Evidence of Insec animals						~				41.Original container labeling (Bulk Food)	_			
	~				35. Personal Cleanliness/36. Wiping Cloths; prope			acco use							Physical Facilities 42. Non-Food Contact surfaces clean				
	~				36. Wiping Cloths; prope		ored			1					42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used	\perp			
1		1				mination			1	1	1	1			75. Adequate ventuation and righting, designated areas used				
	~	-			38 Approved thereing				\vdash	-					44 Garbage and Refuse properly disposed facilities maintained				
	٧ ٧				38. Approved thawing m	ethod					~				44. Garbage and Refuse properly disposed; facilities maintained				
	_				Proper	ethod Use of Utensi		1 storad		1					45. Physical facilities installed, maintained, and clean				
	_				••	ethod Use of Utensi & linens; prope utensils; prope	erly used	ĺ		1									

Received by: (signature) Holly Graves	Print: Holly Graves	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	.ddress:	City/State:		License/Permit #	Page <u>2</u> of <u>2</u>						
The I	Hole Thing		N Goliad	Rockw	all, TX	need current/to post							
Item/Loc	ation	Temp F	TEMPERATURE Item/Location	OBSERVATIONS Temp F	Item/Loca	tion	Town E						
			nem/Location	тетр г	Item/Loca	uon	Temp F						
arınk (cooler ambient	39											
drink	cooler ambient	36											
white	e freezer ambient	11											
2 do	or cooler/sauage	41											
	cheese	41											
	ham	41											
		OF	SERVATIONS AND (CORRECTIVE ACTION	NS								
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	ENT HAS BEEN MADE. YO	OUR ATTENTION IS DIR	ECTED TO TI	HE CONDITIONS OBSER	VED AND						
	Hand sink 100F equ	uipped.	Need to post er	mployee health	poster								
10	Sani bucket not set		•	· ·	•	er							
6		rs for kolaches. Must discard at 4 hours											
	Gloves used for RTE foods												
29	Need hanging thermos in coolers near dairy/milk												
	Emmanade sold with	n labelin	g. Should have th	neir manufacture	er's licens	se (was the plan	to)						
18	Label all spray bottles/ store low and separate if chemicals												
	Prep hand sink 100+F equipped												
	3 comp sink 115F												
45	Replace moldy caulking behind sinks												
42	To clean speed rac												
	Digital thermo on site												
29	Need chemical test	•		• •	ow to us	e							
W	7 1 0 1												
40	Need to store dispo	sable u	tensils mouth pa	art down									
			T .				_						
Received (signature)			Print:	ly Grave	es	Title: Person In Charge/ Manager	Owner						
Inspected (signature)		tez, 1	RS Chri	sty Cortez	, RS	Samples: Y N #	collected						