Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health															
Date: Time in: Time out: License/Pe 6/13/2023 9:30 11:06 need								nt	Est. Type Risk Category	-					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai						aint							£		
The Olive Garden						Name:	✓ Number of Violations COS:								
Physical Address: 1043 E I-30 Rockwall IN = in compliance															
												pplicable $COS = corrected on site R = repeat violation W- Watch box for IN, NO, NA, COS Mark an \checkmark in appropriate box for R$			
С	ompli	iance	e Sta		Priority Items (3 Points) violation	Î	_		<i>rediate</i> nplianc	e Sta					
O U T	Ν	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $				R	i		I N N O	N A	C O S		R		
w	,				1. Proper cooling time and temperature							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 temperature(135°F)							Preventing Contamination by Hands			
	~				4. Proper cooking time and temperature			·	/			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 $Y_{}N_{}$)			
	~				6. Time as a Public Health Control; procedures & records			_		1		Highly Susceptible Populations			
					Approved Source			•				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required NO raw shelled eggs			
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Corporate							Chemicals			
	~				8. Food Received at proper temperature							17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
	ľ				Check at receipt Protection from Contamination		_	-				Water only 18. Toxic substances properly identified, stored and used			
					9. Food Separated & protected, prevented during food					<u> </u>					
	~				preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and		_	-		1	1	Water/ Plumbing 19. Water from approved source; Plumbing installed; proper			
	~				Sanitized at <u>200</u> ppm/temperature			L	/			backflow device			
	~				11. Proper disposition of returned, previously served or reconditioned							20. Approved Sewage/Wastewater Disposal System, proper			
												disposal			
0	I	N	N	С	Priority Foundation Items (2 Pe	oints) R		0	I N	Ν	С	rrective Action within 10 days	R		
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			N A		Priority Foundation Items (2 Per Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 5	R	-	O U T	I N	Ν	C 0	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	R		
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Received by: (signature) William Lueders	^{Print:} William Lueders	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: Olive Garden	Physical A 1043	E I-30	City/State Rock		l, TX	License/Permit # Pag	ge <u>2</u> of <u>2</u>			
Item/Loc	eation	Temp F	TEMPERATURE OBSERV	ATIONS Temp	F	Item/Locat	tion	Temp F			
		-						41			
		41/36	cold wells/artichoke c	-			alad cooler/ambient				
pasta/bagged marinara		40/42	hot holding reach in/lasag	na 17	8	dessert cooler/ambier		35			
bagged Alfredo base		40	steam wells/lasagn	a 17	7	under counter cooler/milk		41			
vegg	gie WIC/tomatoes	39	cold drawers/pas	ta 4	1	bar coole	er/strawberry for reference	41			
W	/IC ambient	-2	scallops/shrim	p 41/	42						
left und	der counter cooler/chicken	41	cold holding drawers/scallo	os 4	1						
fry d	Irawers/calamari	41	thermalizer wate	er 20	8						
ra	aw chicken	41	steam wells/sou	ıp 17	7						
		OB	SERVATIONS AND CORREC		IONS	5					
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	F YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND									
	Prep hand sink 104	F with s	pap and paper towels								
	Watch bagged sauce	s, watch	amount in bags, and the	amoun	t of k	bags in	ice slurry to ensure				
	Cooling down 2 hours to	o 70F ther	4 hours or 41F or below.	According	g to c	cooling l	ogs, 34/35 last night.				
	Speed racks pulled from	n WIC this	morning to clean WIC/co	uld accou	int fo	r slightly	y elevated temps in bag	gs			
	Line hand sink 120	+F equip	ped/Prep hand sink 1	00+F e	quip	oped					
	Sani buckets at 200) ppm qı	lats								
	Spatulas in hot wat	er at 154	4F for line cooking/se	rvice							
	Line hand sink 113	F equipp	ed								
	Salad line hand sin	k 110F e	quipped								
	3 comp sink 130 F										
	Dishwasher sanitizing per Temp strips										
	warewash hand sink 100+F equipped										
45	Replace moldy cau	lking arc	und sinks where mole	dy							
42	Salad cold top/lots	of conde	ensation in bottom, fo	od debr	is a	nd bui	ldup/ need to clear	1			
	Watch temps to col	d hold a	t 41F or below/just loa	aded fro	om V	VIC					
32	Replace cutting boa	ards whe	ere badly scored/salad	d cutting	g bo	ard					
	to go hand sink 110F equipped										
	Drink area hand sink 110F equipped										
32	· · · ·	· · ·	ate holder/back grate	at soda	à						
	Bar hand sink 100+F equipped										
	3 comp sink 110F equipped										
	Alcohol bottles covered nightly										
	Espresso machine sanitized after use/at least every 4 hours										
Dorright			Duin4			T	Titles Demonstra Character				
Received (signature)			William	Lue	de	ers	Title: Person In Charge/ Owner Manager	с т .			
Inspected			Print:		_		managor				
(signature)	Chrísty Cor	tez, î	2 <i>S</i> Christy (Corte	z, F	RS	Samples: Y N # colled	cted			
orm EH-06	6 (Revised 09-2015)		1								