## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 6/21/2022		าก	Time in:						Est. Type Risk Category Page 1 of 2	2									
O/Z I/ZUZZ Purpose of Inspec											Invo	ction	otion		5-CO/Construction 6-Other TOTAL/SCOI				
Establishment Name: The Olive Garden					ne:	2-ronow c	Contact/Owner Name: 4-Investigation Contact/Owner Name:					suga	ition		* Number of Repeat Violations: ✓ Number of Violations COS:				
Physical Address: Pest control: I-30 Rockwall, TX Ecolab/monthly								Hood Grease t Cintas/3mo Southw				rease	e trap : Follow-up: Yes 5/95/A	5/95/A					
		Com	plia	nce S	Status: Out = not in cor points in the OUT box for	npliance IN = in each numbered it	complianc tem	e NO Mark '		eckm	ark in	appr	\ = no	ot ap	pplicable $COS = corrected on site R = repeat violation W-Watcox for IN, NO, NA, COS Mark an in appropriate box for R$	h			
Co	mpl I	iance N	e Sta	tus C					Requi	_	ompl				ive Action not to exceed 3 days	R			
Ŭ	N	Ö	A	o s		grees Fahrenhe	it)	<b>y</b>		U	N	o	A	o s	Employee Health				
	~				1. Proper cooling time a	nd 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 to										Preventing Contamination by Hands				
		~		Proper cooking time and temperature  5. Proper reheating procedure for hot holding (165°F in 2)							~				14. Hands cleaned and properly washed/ Gloves used properly				
		~			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 Heal	lth Control; pro	cedures &	records							Highly Susceptible Populations				
					Арр	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required <b>NO EQQS</b>				
	/		7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction												Chemicals				
					8. Food Received at proper temperature										17. Food additives; approved and properly stored; Washing Fruits				
					check at recei	nation				<b>'</b>				& Vegetables water only  18. Toxic substances properly identified, stored and used					
	~				9. Food Separated & propagation, storage, dis							Water/ Plumbing							
	~				10. Food contact surface Sanitized at 200 I			~			+	19. Water from approved source; Plumbing installed; proper backflow device							
	~				11. Proper disposition of reconditioned disca	f returned, previ arded	iously serv	ved or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
0	I	N	N	С	Prio	ority Founda	ation Ite	ms (2 Po	ints) ı	violar O	_	Req N	uire N	Cor	rective Action within 10 days	R			
U T	N	O	A	o s	<b>Demonstration</b> 21. Person in charge pre				K	U	N	0	A	o s	Food Temperature Control/ Identification				
					and perform duties/ Cer						~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	~				5 ^				1 1							ļ			
	ィ ィ					nauthorized pers	sons/ perso	onnel			~				28. Proper Date Marking and disposition				
					22. Food Handler/ no un						✓ ✓				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips				
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## **Retail Food Establishment Inspection Report**

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

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A	ddress:	City/Sta			License/Permit #	Page	2 of <u>2</u>		
Olive	e Garden	I-30				II, TX	FS-9158				
Item/Loc	eation	Temp F	TEMPERATURE OBSERV. Item/Location		S mp F	Item/Locat	tion		Temp F		
	old top/artichoke dip	41	drawers/chicker		11	salmon/chicken			34/32		
unde	er/chicken/cheese	42/42	shrimp		30	pasta			4p		
grill	drawer/calamari	40	drawers/pasta	4	11	veggie WIC/ambient			32		
CC	old well/mac	39	pasta	4	11	WIF ambient			-15		
pas	ta cooker water	209	hot wells/Alfredo sauc	e <b>1</b>	81	salad under cooler/ambient			41		
cold	l drawers/pasta	41	soup cooker/wate	er 2	01	hot wells/soup/soup			186/177		
	pasta	41	WIC/bagged sou	p 4	11	salad c	cold top/cut toma	itoes	41		
grill c	old top/cut tomatoes	41	bagged soup		6/35		ounter freezer am	bient	10		
Item	AN INCRECTION OF VOLD EC		SERVATIONS AND CORRECT			.~	IE COMPITIONS OBSE	DVED A	NID		
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
	Hand sink 109 F										
	Line hand sink 110 F										
	Prep hand sink 109 F										
	Grill hand sink 111F										
36	Store sani buckets in sani buckets/dishwasher area										
	Dishwasher hand sink 130 F										
	3 comp sink 134 F										
	Dishwasher sanitizing per Temp Rite strips										
42	Clean air return ver	nts/dusty	1								
45	Missing grout in kite	hen/gril	I line/on order to fix								
39	Clean salad plate h	older/fo	od debris								
39/42	Clean under salad	cold top	lid								
40	Remove transport t	ape fron	n new equipment to be	etter c	lean						
40	Replace tape in salad plate unit where hanging/frayed										
	Sani buckets 200 ppm quats										
42/45 Clean walls, behind prep areas, hand sinks/replace caulking where moldy											
W	Replace broken gasket on under counter freezer/cheese sticks. On order.										
	To go hand sink 109F										
	Drink area hand sink 115F										
42	Clean inside coolers, handles, coolers										
	Bar hand sink 100+										
	bar 3 comp sink 125F										
	Beer taps cleaned/										
	Espresso machine sanitized using steamed water after every use. Broken down and cleaned nightly										
	Smart Sense digital thermos that records temps to internal system										
	HACCP temps kept/current										
	Back drink station hand sink 118F/RR hand sinks 100 F										
Received	d by: Print: Title: Person In Charge/ Owner										
(signature)	•		William	Lue	ede	ers	Manage Manage				
Inspected (signature)	William Lueders  d by:  Christy Cor	tez, 1	RS Christy C	orte	ez.						
		-					Samples: Y N	# collect	cu		