Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report City of Rockwall

First aid kit
Allergy policy/training
Vomit clean up Employee health
Employee health

Date: 04 /		′20	23	Time in: 2:48	Time out: 3:39		License/Per OC		02	20				Food handlers Food managers 4 Page 1 of	2	
				tion: 1-Routine	2-Follow U		3-Complain ct/Owner Na		4-]	Inve	stig	ation	ı	5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:)RE	
Tiffs	Establishment Name: Tiffs treats Bakery					Tiffs treats								✓ Number of Violations COS: 4/96/	Δ	
	2061 summer lee Term					est control erminix			Hoo Na	od				te trap/ waste oil: //25/23 40 gals inside Follow-up: Yes No	<i>,</i> ,	
Mark	Con the a	nplia:	nce S	tatus: Out = not in copoints in the OUT box for	omphance	n complianc item	110	= not o						pplicable COS = corrected on site R = repeat violation W-Wat N, NA, COS Mark an in appropriate box for R	tch	
									e Im	ımed	liate	Cor	rect	tive Action not to exceed 3 days		
O I	mpliance Status I N N C Time and Temperature for Food Safety N O A O Time and Temperature for Food Safety					R	0	O I N N C U N O A O		С	Employee Health					
T			(F = degrees Fahrenheit) 1. Proper cooling time and temperature					T				Š	12. Management, food employees and conditional employees;			
	/									'				knowledge, responsibilities, and reporting		
V	2. Proper Cold Holding temperature(41°F/45°F)								7				Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
	3. Proper Hot Holding temperature(135°F)				5°F)								Sign posted Preventing Contamination by Hands			
	-	/		Proper cooking time and temperature										14. Hands cleaned and properly washed/ Gloves used properly		
				5. Proper reheating procedure for hot holding			5°F in 2							15. No bare hand contact with ready to eat foods or approved	+	
	Hours) 6. Time as a Public Health Control; pro											alternate method properly followed (APPROVED Y N) Gloves and tissue etc	_			
\ <u>\</u>				Prep only	earm Control; pro	ocedures &	z records							Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered		
				A	pproved Source	e						~		Pasteurized eggs used when required No eggs on site / dough arrives frozen		
Т				7. Food and ice obtain good condition, safe, a	ned from approve	ed source; F	Food in									
				destruction		a, parasite								Chemicals		
_	,			8. Food Received at p	roper temperature	·e						/		17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
	To check			·imatian								18. Toxic substances properly identified, stored and used	_			
		Protection from Contamination 9. Food Separated & protected, prevented during for				food							Watch			
V	preparation, storage, display, and tasting												Water/ Plumbing			
V			10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature			ned and			19. Water from approved source; Plumbing instated backflow device			19. Water from approved source; Plumbing installed; proper backflow device				
	/	,		11. Proper disposition reconditioned	of returned, prev	viously serv	ved or			/				20. Approved Sewage/Wastewater Disposal System, proper disposal		
				Pı	riority Founds	ation Ite	ms (2. Poj	nts) vi	olati	ions	Rea	mire	Cor	rrective Action within 10 days		
O I U N	N O	N A	C O		on of Knowledge			R	O U		N O		C	Food Temperature Control/ Identification	R	
Т			S	21. Person in charge p					Т				S	27. Proper cooling method used; Equipment Adequate to		
				4 22. Food Handler/ no		υ .	ĺ							Maintain Product Temperature 28. Proper Date Marking and disposition		
				11							'			29. Thermometers provided, accurate, and calibrated; Chemical/	-	
				Safe Water, Rec	ordkeeping and Labeling	I Food Pac	kage			~				Thermal test strips Digital and test strips		
V	1			23. Hot and Cold Wat	er available; adec	quate press	ure, safe				<u> </u>			Permit Requirement, Prerequisite for Operation		
V				24. Required records a destruction); Package		ock tags; pa	arasite			/				30. Food Establishment Permit (Current/ insp sign posted) Posted		
					with Approved									Utensils, Equipment, and Vending		
		/		25. Compliance with MACCP plan; Variance processing methods; r	ce obtained for sp	pecialized	ess, and			~				31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped		
				Co	nsumer Advisor	ry			2					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used		
				26. Posting of Consum foods (Disclosure/Ren	ner Advisories; ra	aw or unde	er cooked							See 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided		
		_	_	Posted at front are	a				Ļ	_	_			Confirmed		
O I U N		N	С	_			Corrective A	Action R	0	I	Xce N O	N	C	ys or Next Inspection , Whichever Comes First	R	
U N		A	o s	34. No Evidence of In	n of Food Contai		other		U T	N	U	A	O S	Food Identification 41.Original container labeling (Bulk Food)		
				animals Watch 35. Personal Cleanline						•				*		
				Separate	_				۱.					Physical Facilities 42. Non-Food Contact surfaces clean		
				36. Wiping Cloths; pr Discussed qu 37. Environmental con	ats binding	g			W					Watch inside coolers 43. Adequate ventilation and lighting; designated areas used	-	
\sqcup				Condensation	n				1.0	•				44. Garbage and Refuse properly disposed; facilities maintained	+	
<u> </u>	<u> </u>	<u> </u>	_	38. Approved thawing Pull thaw						<u> </u>	<u> </u>		_	Watch dumpster 45. Physical facilities installed, maintained, and clean	+	
				39. Utensils, equipme	nt, & linens; prop		stored.	_	<u>1</u>	<u> </u>	<u> </u>		_	See 46. Toilet Facilities; properly constructed, supplied, and clean	_	
				dried, & handled/ In t						~				,,,,,,,,,,		
V	1			40. Single-service & s and used	single-use articles	s; properly	stored				<u> </u>			47. Other Violations		
			ı					- 1	1	ı I	1	ı I	ı I	1		

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Alora Martin	Print:	Title: Person In Charge/ Owner ASM
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A			City/State: Rockwall	License/Permit # Fs 0001020	Page <u>2</u> of <u>2</u>					
11115	IGais	Sullill		RE OBSERVAT		130001020						
Item/Loc	ation	Temp F	Item/Location	KE ODSEKVAT		Location	Temp F					
Front	milk cooler											
101101		38										
Cookie	Dough cooler/ slacker	32										
	Wif	-8.9										
Uprig	ht cooler ambient	36/39										
Refri	g/ freezer combo	37/-1.										
	9											
		OB	GEDVATIONG AN	D. CODDECTI	TE A CENONIC							
Item	AN INSPECTION OF YOUR ES		SERVATIONS AN NT HAS BEEN MAD			O THE CONDITIONS OBSERV	ED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: All temps F											
	Restrooms - equipped											
	Hot water at 104 at hand sink in front area											
	Tissues used to touch rte foods - cookies											
	Using small sheet pans lined with paper on serving tray until served											
	New sprinkles cupcakes are delivered at rt and stored at room temp as non Tcs											
37/ cos	Condensation from pig	oe out of	condenser to a	ddressed an	d use pan for r	now to protect boxes ι	underneath					
45	Minor cleaning of floor inside Wif											
W	To remove stickers from plastic container used for cinnamon sugar											
	Order when running water at three comp sink											
	Sanitizer at three comp sink 200 ppm / also in bucket - discussed quats binding											
32	To replace metal drying rack that is rusty											
	Hanging mops to allow to air dry											
	Using Clorox wipes for front lounge area											
W	Will research need or	no need t	or ingredients	label on sprir	nkles package	d cupcakes being sol	d here now					
	All cupcakes etc are handed to customers however											
ъ :			1			mu »						
Received (signature)	Soo ohou	<i>1</i> 0	Print:			Title: Person In Charge/ (Jwner					
	See abov	/ U										
Inspected (signature)	See abou	 	Print:									
	кешу кикро	urick	KS			Samples: Y N #6	collected					