	ln	ir	e d		of \$50.00 is after 1st			ity of I	Rock			In	spe	ecti	ion Report		First aid A Allergy po Vomit clea Employee	olicy/traini In up	ng
Date:         Time in:         Time out:         License/Permi           03/01/2021         3:07         3:35         FS 905										ne	ee	d t	01	po	-	t. Type	Risk Category	Page $\underline{1}$ of	2
Pu	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai							int	_	Inve				5-CO/Construe	ction	6-Other	TOTAL/SCO	RE	
			nent i I <b>mb</b>		<sup>ne:</sup> 94 Fuel Center			act/Owner N Thumb	Name:						<ul><li>* Number of Re</li><li>✓ Number of Vi</li></ul>			0/100	/ •
	Physical Address: Pest control : Goliad Store							Hood Grease trap : Na Store					: trap : Follow-up: Yes U/ IU			0/100/	'A		
	(				Status: Out = not in co	ompliance IN = in o	complian	ice No	$\mathbf{O} = \text{not o}$	bserv			<b>4</b> = n	ot ap	oplicable $COS = contract con$		$\mathbf{R} = \text{repeat vio}$	lation W- Wat	ch
Ma	rk ti	ne ap	prop	riate	points in the OUT box for	or each numbered it	em	Mark							D, NA, COS tive Action not to exc		ark an <b>√</b> in appropria <b>ays</b>	ate box for <b>R</b>	
0	Compliance Status           0         I         N         N         C   Time and Temperature for Eood Safety						R	0	Î	Ν		С					R		
U T	<b>N O A O S Imme and Temperature for Food Safety</b> (F = degrees Fahrenheit) <b>1</b> . Proper cooling time and temperature						U T		0	A	O S	Employee Health 12. Management, food employees and conditional employees;							
	1. Proper cooling time and temperature								~				knowledge, responsibilities, and reporting						
	V			2. Proper Cold Holding temperature(41°F/ 45°F) <b>See</b>							~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Screening at arrival / temps taken				
			~		3. Proper Hot Holding	-	Ϋ́F)										ontamination by Har		
			~		4. Proper cooking time	-					~				14. Hands cleaned a				
			~		5. Proper reheating pro- Hours)	cedure for hot ho	lding (1	65°F in 2				~			15. No bare hand co alternate method pro No food hand				
		~			6. Time as a Public Health Control; procedures & records						Highly Susceptible Population						ceptible Populations		
					Approved Source								~		16. Pasteurized food Pasteurized eggs use	fered	T		
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction At receiving in main store						ı								
	~				8. Food Received at pro Main store che								~		<ul><li>17. Food additives;</li><li>&amp; Vegetables</li></ul>	approved	and properly stored;	Washing Fruits	
					Protection	n from Contamin	nation				~				18. Toxic substance Low	s properl	y identified, stored an	d used	+
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing					er/ Plumbing			
	~				10. Food contact surfact Sanitized at <u>200</u>			aned and			~			+	19. Water from appr backflow device City approv		arce; Plumbing install	ed; proper	
		~			11. Proper disposition of reconditioned <b>Disc</b>	of returned, previ	ously se	rved or			~						ewater Disposal System	m, proper	
	I	N	N	С	Pri	iority Founda	tion It	ems (2 Po	ints) vi	olat 0	_	Req N	uire N	Cor C	rrective Action withi	in 10 day	VS		R
O U T	N	0	A	o s		n of Knowledge/			, K	U T	Ν	0	A	o s	Food Te	mperatu	re Control/ Identific	ation	
	~				21. Person in charge pr and perform duties/ Cer Prepackaged	ertified Food Man	ager (CF	FM)					~		Maintain Product Te	emperatu		quate to	
	/				22. Food Handler/ no u One on site	inauthorized perso	ons/ pers	sonnel					~		28. Proper Date Mar	U	×.	1.01 : 1/	_
					Safe Water, Reco	Labeling		-		W					Thermal test strips		accurate, and calibrat		
	~				23. Hot and Cold Wate Good	er available; adequ	late pres	ssure, safe									t, Prerequisite for O		
	~				24. Required records av destruction); Packaged <b>Commercial</b>	Food labeled				W					Need to pos	st 202	rmit (Current/ insp s 21 for custom	ers to see	!
			~		Conformance v 25. Compliance with V HACCP plan; Variance processing methods; m	e obtained for spe	zed Proc cialized	ess, and			~						<b>ipment, and Vendin</b> acilities: Accessible a		
					Con	nsumer Advisory					~				32. Food and Non-fo designed, constructed		tact <u>surfaces cleanable</u> sed	e, properly	
•	~				26. Posting of Consume foods (Disclosure/Rem Commercially labele	ninder/Buffet Plate					~				33. Warewashing Fa Service sink or curb		installed, maintained, g facility provided	used/	
	T	N	N	G	Core Items (1 Poin	nt) Violations I	Require	Corrective	Action R	Not 0		'xcee N	ed 90 N			on , Whi	chever <u>C</u> omes First		R
U T	I N	N O	N A	C O S	Prevention 34. No Evidence of Ins	of Food Contam		t/other	ĸ	U T	Ν	0 •	A	C O S	41.Original containe		Identification g (Bulk Food)		ĸ
	~				animals 35. Personal Cleanlines	ss/eating, drinkin	g or toba	acco use				-				Phys	sical Facilities		+
H	- /				36. Wiping Cloths; pro	perly used and st	ored		$\left  - \right $	-	~				42. Non-Food Conta	•			T
┠┤	*	~			37. Environmental cont				$\left  \right $		· /				43. Adequate ventila	ation and	lighting; designated a	areas used	+
┠┤		/			38. Approved thawing	method			[]	╞──	~				44. Garbage and Re Watch	fuse prop	perly disposed; faciliti	es maintained	┮
		<u>.                                    </u>	<b>—</b>	_	Prop	oer Use of Utensil	s			-	~	_		-		es installe	ed, maintained, and cl	ean	╧
	~				39. Utensils, equipmen dried, & handled/ In us						~		_				<u>y con</u> structed, supplied	l, and clean	1
	~				40. Single-service & sin and used Watch			y stored				~			47. Other Violations	5			

## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Johnny Mendoza	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: humb 2694 Fuel center	Physical A Goliac			ity/State: <b>Rockwal</b>	I	License/Permit # Page 2 of E		<u>2</u> of <u>2</u>			
		TEMPERATURE OBSERVA				-						
Item/Loc	ation	<u>Temp F</u>	Item/Location		<u>Temp F</u>	Item/Locat	ion		<u>Temp F</u>			
Freeze	er	-2										
Beverage coolers												
33/34/35												
OBSERVATIONS AND CORRECTIVE ACTIONS												
Number	AN INSPECTION OF FOOR LEADED HIMLENT HAS BEEN WADE. FOOR AT LEATION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
	Not using soda dispenser currently											
	Dates on milk look good											
	Hot water 130 in back room / 104 at restroom hand sink											
	Sink sanitizer 200 ppm quats											
	<u> </u>		er areas hourly using a c	uate	s produc	t 300-40	0 ppm					
	Back room looks good											
Hand sink equipped Gloves stored under wipes and chemicals are not used for food handling												
	All bottles off floor in back room- great Co2 tanks secure under table											
	Slushee machine routinely cleaned											
	Drains look great											
	Hot cocoa machine - powder and water											
	Beverage station and ice unit cleaned routinely to keep build up at a minimum											
	Reminder to watch use of baskets etc											
W	Provide a first aid kit that is ANSI approved											
w Add another thermo to cooler												
Deal	hu		<b>D</b> 4.				Titles Devenue Le Cl	0				
Received (signature)	See abov	/e	Print:				Title: Person In Charge/	owner				
Inspected (signature)	See abov <sup>Iby:</sup> Kelly Kírkpo	to: ale	Print:									
Form FH-06	(Revised 09-2015)	uruk					Samples: Y N #	¢ collecte	ed			