

Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: 4/20/24	Time in: 11:45	Time out: 12:32	License/Permit # FS-0001073	CPFM 7	Food handlers 0	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other TOTAL/SCORE

Establishment Name: Twisted Treats	Contact/Owner Name: Stever	<input checked="" type="checkbox"/> Number of Repeat Violations: _____ <input checked="" type="checkbox"/> Number of Violations COS: _____	0/100/A
Physical Address: 2065 Summer Lee Dr, Rockwall, Tx	Pest control : Will provide	Hood N/a	Grease trap / waste oil Will provide
			Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
1. Proper cooling time and temperature No leftovers						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
2. Proper Cold Holding temperature(41°F/ 45°F) See						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
			<input checked="" type="checkbox"/>			Preventing Contamination by Hands					
3. Proper Hot Holding temperature(135°F)						14. Hands cleaned and properly washed/ Gloves used properly					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
4. Proper cooking time and temperature						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Gloves					
			<input checked="" type="checkbox"/>			Highly Susceptible Populations					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
6. Time as a Public Health Control; procedures & records						Chemicals					
Approved Source						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Dominicol						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					18. Toxic substances properly identified, stored and used Chemicals are stored low and separated					
8. Food Received at proper temperature Checking						Water/ Plumbing					
Protection from Contamination						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					19. Water from approved source; Plumbing installed; proper backflow device City approved					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					20. Approved Sewage/Wastewater Disposal System, proper disposal					
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature											
	<input checked="" type="checkbox"/>										
11. Proper disposition of returned, previously served or reconditioned Discard											

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 7						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature No leftovers					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
22. Food Handler/ no unauthorized persons/ personnel 0						28. Proper Date Marking and disposition					
Safe Water, Recordkeeping and Food Package Labeling						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Black digital thermo, strips current					
23. Hot and Cold Water available; adequate pressure, safe 117, good pressure						Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commerical labels						30. Food Establishment Permit/Inspection Current/ insp posted Posted and expired					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped					
Consumer Advisory						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label Per signage, need to add 9th allergen						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)					
	<input checked="" type="checkbox"/>					Physical Facilities					
35. Personal Cleanliness/eating, drinking or tobacco use						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					42. Non-Food Contact surfaces clean					
36. Wiping Cloths; properly used and stored Stored in solution						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					43. Adequate ventilation and lighting; designated areas used					
37. Environmental contamination						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					44. Garbage and Refuse properly disposed; facilities maintained					
38. Approved thawing method Refrigerator						<input checked="" type="checkbox"/>					
Proper Use of Utensils						45. Physical facilities installed, maintained, and clean					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean Clean and stocked					
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
40. Single-service & single-use articles; properly stored and used						47. Other Violations N/a					

