Follow-up fee of \$50.00 is Retail Food Establishment Inspection Report Image: First aid kit required after 1st City of Rockwall Image: First aid kit Followup City of Rockwall Image: First aid kit										ng						
Date: 02/08/2021			Time in: 12:59	Time out: 1:45	License/P Food			6				Est. Type Risk Category Middle Med Page 1 of.	2			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N						4	-Inve	estig	atio	n	5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:	RE				
Utley middle school RISD Physical Address: Pest control :					Но	ood		G	reas	✓ Number of Violations COS:	A					
TI Townsend	-	nce S	tatus: Out = not in co	ompliance IN = in comp	pliance N	$\mathbf{O} = \mathrm{not}$		2021 rved	N	-	imme	her $N_0 \swarrow Pics$ pplicable $COS = corrected on site R = repeat violation W-Wat$	ch			
			points in the OUT box for	r each numbered item	Mark				oox fo	r IN,	NO,	b , NA, COS Mark an \times in appropriate box for R the exceed 3 days				
Compliance O I N U N O	e Stat N A	C O	Time and Temperature for Food Safety				0	Compliance O I N U N O			tus C O		F			
T T	A	O S (F = degrees Fahrenheit) 1. Proper cooling time and temperature				T			A	s	12. Management, food employees and conditional employees;					
			Avoid leftovers / batch cooking 2. Proper Cold Holding temperature(41°F/ 45°F)									knowledge, responsibilities, and reporting 13. Proper use of restriction and exclusion; No discharge from				
~			See					~	•			eyes, nose, and mouth Self screening / policy				
~			3. Proper Hot Holding temperature(135°F) Ambient					1				Preventing Contamination by Hands				
	4. Proper cooking time and temperature Reheating for hot holding / logs					~	•		14. Hands cleaned and properly washed/ Gloves used prop 15. No bare hand contact with ready to eat foods or approv							
~		5. Proper reheating procedure for hot holding (165°F in 2 Hours) LOGS					~	•			alternate method properly followed (APPROVED Y_N_) Gloves					
~			6. Time as a Public Hea	alth Control; procedu	res & records					Highly Susceptible Populations						
				Approved Source				~	,			16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required AllPrecooked				
~			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Labatt									Chemicals				
~			8. Food Received at pro	oper temperature				~	,			17. Food additives; approved and properly stored; Washing Fruits & Vegetables	T			
			Protection	n from Contaminatio	on			~	,			Water only 18. Toxic substances properly identified, stored and used Stored in lower draw reserved	+			
			9. Food Separated & pr preparation, storage, dis	. <u>.</u>	uring food			•				Stored in laundry room Water/ Plumbing				
			10. Food contact surfac Sanitized at <u>200</u>	as and Paturnahlas .	Cleaned and 60 surface		_	~	,			19. Water from approved source; Plumbing installed; proper backflow device City	T			
~				arded				~	•			20. Approved Sewage/Wastewater Disposal System, proper disposal	Ì			
0 I N U N O	N A	C O		iority Foundation	· · · · · · · · · · · · · · · · · · ·	nts) v	viola 0 U) I	s Req N O		Cor C C		F			
		s	21. Person in charge pr and perform duties/ Cer	resent, demonstration	of knowledge,		T		,		s	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature No left overs	T			
~			22. Food Handler/ no u All employees	nauthorized persons/	personnel			~	•			28. Proper Date Marking and disposition Good	T			
			Safe Water, Reco	ordkeeping and Food Labeling	l Package			~	•			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Dials and test strips				
~			23. Hot and Cold Water See	r available; adequate	pressure, safe			<u> </u>		•		Permit Requirement, Prerequisite for Operation	T			
~			24. Required records av destruction); Packaged TO go / comm	Food labeled				~	,			30. Food Establishment Permit (Current/ insp sign posted) 2021 posted Utensils, Equipment, and Vending				
~			25. Compliance with V HACCP plan; Variance processing methods; ma Logs show time	Variance, Specialized 1 e obtained for special anufacturer instruction	Process, and ized			~	•			31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped				
			Con	sumer Advisory			٧					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
~			26. Posting of Consume foods (Disclosure/Rem Ingredients by requ	inder/Buffet Plate)/ A	Allergen Label			~	,			Watch condition 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided See attached /				
0 I N	N	C				Action R	0) I	Ν	Ν	С	ays or Next Inspection , Whichever Comes First	I			
O I N U N O T -	A	0 S	Prevention 34. No Evidence of Inst	of Food Contaminat			U T		0	A	O S	Food Identification 41.Original container labeling (Bulk Food)				
		_	animals 35 Personal Cleanlines	ss/eating drinking or	tobacco use	+						Physical Facilities	+			
		-	36. Wiping Cloths; pro	ind bottom i	n cooler	+		~	·			42. Non-Food Contact surfaces clean	Ŧ			
W		╡	In buckets 37. Environmental cont See 45	tamination		+		~	,			43. Adequate ventilation and lighting; designated areas used	+			
		╡	38. Approved thawing Pull / COOK	method		+		~	,			44. Garbage and Refuse properly disposed; facilities maintained	+			
				er Use of Utensils			1					45. Physical facilities installed, maintained, and clean	+			
~			39. Utensils, equipment dried, & handled/ In us Watch	se utensils; properly u	ised			~	·			46. Toilet Facilities; properly constructed, supplied, and clean Equipped				
~			40. Single-service & sin and used	ngie-use articles; proj	periy stored				~			47. Other Violations				

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Received by: Sandra Foley	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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Establishm Utley	nent Name: middleSchool	Physical A TI tow	nsend	City/State: Rockwal		<u>2</u> of <u>2</u>					
Item/Loca	tion	Temp F	TEMPERATURE OBSERVAT	TONS Temp F	Item/Location	Temp F					
Line 1		<u>remp r</u>	Line 2		Curbside milk unit						
	Hot pass	202	Ice wells	40	Curbside Hot pass	170					
(Cold pass	20	Cold pass	34	Curbside Cold pass	34					
S	team table	176	Hot pass	179	Wic						
	Ice wells	34	Line 3		Sample greenBeans	40					
	Drink well	14	Hot pass	176	Fruit	38					
			Cold pass	37	Ranch	38					
N	lilk ice well	29	Steam table turned of		Wif	-16					
OBSERVATIONS AND CORRECTIVE ACTIONS											
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
	Hot water at hand sink 100 / 124 at two										
	Serving all meals in to go containers sealed with lids etc										
	No selfService all served by staff										
	Sanitizer in buckets - 200 ppm in buckets Watch for dented cans - pulled one borderline										
			rear frozen from pipe in ba	ck to add	ress						
	Dust air vents where r										
	Disahmachine -160 su	rface rea	ding using labels								
	Using dial thermos cal	ibrated d	aily								
45	New panel of FRP behind mop sink but surrounding walls still peeling										
Received I (signature)	See abov	'e	Print:		Title: Person In Charge/ Owner						
Inspected (signature)	See abov ^{by:} Kelly Kírkpa	ıtríck	\sqrt{RS} Print:			_					
Form EH 06	(Revised 09-2015)				Samples: Y N # collecte	ed					