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
Allergy policy/training Vomit clean up Employee health
Employee health

Date: Time in: 10/05/2020 10:50					Time out: License/Permit # Food 5062					Est. Type Bakery	Risk Category Med	Page <u>1</u> of <u>2</u>		
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain								Investi	gatio	n	5-CO/Construction	6-Other	TOTAL/SCORI
Est	ablis	shmen	t Na	me:	Cor	ntact/Owner l				8		* Number of Repeat Viola ✓ Number of Violations C	tions:	101112/50010
_		lart 2		bakery	Pest con	trol :		Нос	od		Greas		Follow-up: Yes	8/92/A
I-30	ĺ				See store	9		10/19	9	St	tore	•	No 🗌	
Mai				Status: Out = not in core points in the OUT box for	ompliance IN = in compliance or each numbered item	Mark	$\mathbf{O} = \text{not } \mathbf{O}$ In ap		red riate box	NA =	not ap N, NC	pplicable COS = corrected on s D, NA, COS Mar	site \mathbf{R} = repeat vio \mathbf{K} in appropria	lation W-Watch ate box for R
Cor	mnlis	ance St	atus	Pric	ority Items (3 Point	ts) violations	Requir	_	<i>media</i> mplia			ive Action not to exceed 3 day	vs	
O U	I N N C Time and Temperature for Food Safety N O A O O Time and Temperature for Food Safety N O A O O O O O O O O O					R	O U	II	N N C O A O		Employee Health			
Т	(F = degrees Fahrenheit) 1. Proper cooling time and temperature						T			S	12. Management, food employees and conditional employees;			
	•								/			knowledge, responsibilities, ar	nd reporting	
	~	2. Proper Cold Holding temperature(41°F/ 45°F)							/			13. Proper use of restriction ar eyes, nose, and mouth	nd exclusion; No disc	charge from
		3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands					nds	
		4. Proper cooking time and temperature					14. Hands cleaned and properly washed/ Glov					ly washed/ Gloves u	ised properly	
		5. Proper reheating procedure for hot holding (165°F in 2					15. No bare hand contact with ready to eat foods or a							
		Hours) 6. Time as a Public Health Control; procedures & records						alternate method properly followed (APPROVED Y Gloves					, IN)	
		~		Prep only	earur Contror, procedure	es & fecolus	Ш					•	eptible Populations	
				A _I	pproved Source					-		16. Pasteurized foods used; pro Pasteurized eggs used when re Not mixing product		tered
				good condition, safe, a	ed from approved sourc and unadulterated; paras	e; Food in site						C	hemicals	
				destruction Wareho	ouse							Cl	ilemicais	
	/	8. Food Received at proper temperature At receiving					/			17. Food additives; approved a & Vegetables	and properly stored;	Washing Fruits		
	Protection from Contamination					3				18. Toxic substances properly Bag on clean racks	identified, stored an	d used		
				9. Food Separated & p preparation, storage, d	rotected, prevented duri	ing food						-	r/ Plumbing	
		10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature					<u> </u>			19. Water from approved sour backflow device	ce; Plumbing installe	ed; proper		
				11. Proper disposition	of returned, previously	served or					Н	City approved 20. Approved Sewage/Wastew	vater Disposal System	m, proper
				reconditioned Disc	carded							disposal Watch		
Ц				<u> </u>				4			_			
0	I	N N	C	Pr	iority Foundation		ints) v	О	I I	N	C	rective Action within 10 days		
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Pablo Deleon	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: Mart 259 bakery	Physical A	Address:	City/State: Rockwall		License/Permit # Food 5062	Page <u>2</u> of <u>2</u>				
	·		TEMPERAT	URE OBSERVAT	TIONS						
Item/Loc	ation	Temp F	Item/Location		Temp F Item/	<u>Location</u>	Temp F				
Floor	cases										
	18-34 F										
Up	right freezer	-16									
	Wic	40									
	Wif	-6									
		OI	BSERVATIONS A	ND CORRECTIV	E ACTIONS						
Item Number	AN INSPECTION OF YOUR ES	TABLISHME	ENT HAS BEEN MAI	DE. YOUR ATTENT	ION IS DIRECTED	TO THE CONDITIONS OBSER	VED AND				
	No self serve bread or	nastries	at this time all	l are pre- bag	ned with inare	edients label					
	Hot water at hand sink	-	at tino timo an	i aio pio bag	god Willimgi						
42/45	Minor cleaning in and		nd around equi	pment inside	cabinets and	drawers					
	Sink sanitizer at 200 p			p							
34	Fruit flies observed are	•	ee comp sink.								
18	Watch storage of bag		•	cks stacked n	ext to three co	omp sink					
W	Keep scrub brush cha					- F -					
W	Actively working on lea			tiles is missin	g over storag	e racks					
45	Clean air vents where				<u> </u>						
45	Clean drains and area	under th	ree comp sink	(
	Gloves used to touch	rte foods	}								
	Keep an eye on carts	and stick	ers that make	them unwash	able						
45	To clean Flooring in w	ic / dust f	ans								
45	Small amount of ice a	round do	or - check gas	sket and or the	eshold small	amount on plastic fla	р				
45	Threshold rusty going	into WIF									
33	Dishmachine not reac	hing tem	p - ran unit 4 ti	mes							
!!	use three comp sink										
Received	by:		Print:			Title: Person In Charge/	Owner				
(signature)	See ahou	/ e				Line, Leison in Charge	J., 101				
Inspected	Ihv.		Print:								
(signature)	See abou	utríck	RS			Samples: Y N #	collected				