## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

		/20			Time in: 9:40	10:34		cense/Per S-85	563	_					Est. Type	Risk Category	Page <u>1</u> of <u>2</u>	2		
	Purpose of Inspection:   1-Routine 2-Follow Up 3-Compla  Establishment Name: Contact/Owner N					4-	Inve	stiga	ation		5-CO/Construction  * Number of Repeat Violation	6-Other	TOTAL/SCOR	RE						
W	hic/	ch V	۷ic	ch	ic.		Robert								✓ Number of Violations Co	OS:	6/94/	Λ		
		al Ac Rido			ckwall, TX	AB	est control : BC/monthl	ly	I	Ho n/a			Ga	rease		Follow-up: Yes ✓ No □	0/34//	_		
Ma					tatus: Out = not in copoints in the OUT box for	impilance	n compliance		= not o						plicable COS = corrected on s ox for IN, NO, NA, COS Marl	ite $\mathbf{R}$ = repeat viol k an $\mathbf{X}$ in appropriate	ation W-Watc	ch		
					•					re In	nmed	liate	Cor	recti	ive Action not to exceed 3 day					
O U	Î	mpliance Status  I N N C Time and Temperature for Food Safety N O A O Time and Temperature for Food Safety					R	O			С	Employee Health			R					
T	-11			Š	(F = do	egrees Fahrenhe and temperature	-			T	T			Š	12. Management, food employ	employees;				
	~				1 0	•					~					owledge, responsibilities, and reporting				
	~		2. Proper Cold Holding temperature(41°F/ 45°F)								~				13. Proper use of restriction an eyes, nose, and mouth	d exclusion; No disc	exclusion; No discharge from			
			3. Proper Hot Holding temperature(135°F)										Preventing Contamination by Hands							
		4. Proper cooking time and temperature									14. Hands cleaned and properly washed/ Gloves used properly gloves used									
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)  6. Time as a Public Health Control; procedures & records						~				15. No bare hand contact with alternate method properly follo									
											Highly Susceptible Populations									
	o. Time as a Tuone Ticana Connot, procedures de records									1		ered								
					$\mathbf{A}\mathbf{p}_{\mathbf{j}}$	proved Source					~				Pasteurized eggs used when re <b>no eggs</b>	quired				
				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite			od in							Chemicals						
					destruction Sysco															
	~				8. Food Received at pro		e				~				17. Food additives; approved a & Vegetables	and properly stored;	Washing Fruits			
					check at rece	PIPL n from Contami	ination			3					water only 18. Toxic substances properly	identified, stored and	d used	+		
					9. Food Separated & pr	otected, prevent	ted during foo	od												
	~				preparation, storage, dis											/ Plumbing				
	<b>'</b>				10. Food contact surfact Sanitized at _200_	ppm/temperatur	re				<b>'</b>				19. Water from approved source backflow device	-				
	<				11. Proper disposition or reconditioned	of returned, prev	iously served	l or			<				20. Approved Sewage/Wastew disposal	rater Disposal System	n, proper			
					Pri	ority Founda	ation Items	s (2 Poir	nts) vi	iolat	tions	Req	uire	Cor	rective Action within 10 days					
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	/ Personnel		R	O U T	N	N O	N A	C O S	Food Temperature	e Control/ Identifica	ation	R		
1	~			3	21. Person in charge pro and perform duties/ Cer					1	~			3	27. Proper cooling method use Maintain Product Temperature	d; Equipment Adec	quate to			
	~				22. Food Handler/ no un	nauthorized pers	sons/ personn	nel			~				28. Proper Date Marking and d			+		
														-	<b>Yes, good</b> 29. Thermometers provided, ac	ccurate, and calibrate	od: Chemical/	+		
					Safe Water, Recor	rdkeeping and	Food Packag	ge							Thermal test strips		u, Chemical			
					Safe Water, Recon	Labeling					•				_digital		ou, Chemical			
	~				23. Hot and Cold Water	Labeling r available; adeq	quate pressure	e, safe							digital Permit Requirement,		peration			
	ر د					Labeling r available; adeq vailable (shellsto	quate pressure	e, safe			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Permit Requirement, 30. Food Establishment Perm 12/31/2021	nit (Current/insp re	port sign posted)			
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## **Retail Food Establishment Inspection Report**

Received by: (signature) Blair Tennings	Blair Jennings	Title: Person In Charge/ Owner Manager
Inspected by: Christy Coetez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: ch Wich	Physical A		Sity/State: Rockwall, T	Y	License/Permit # FS-8563	Page <u>2</u> of _					
VVIIIC	NI VVICII	2331	TEMPERATURE OBSERVAT			1 0-0000						
Item/Loc	cation	Temp F	Item/Location	Temp F Item/	Locat	ion	Tem					
WIC/t	urkey	38	meat cold top/turkey	40								
ha	m/roast beef	38/38	roast beef/meatballs	39/40								
W	/IF ambient	-13	chicken	39								
salac	d cold top/hummus	37	under/gyro	40								
CL	ut tomatoes	37										
und	ler/cut lettuce	41										
under	r counter cooler/milk	40										
ice cre	am freezer well ambient	9										
Item	AN INSPECTION OF VOLID ES		SERVATIONS AND CORRECTIV		го ти	E CONDITIONS ODSER	VED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 114 F											
	3 comp sink											
	3 comp sink 118 F											
	Quats at 3 comp sink 200 ppm quats											
	French fry machine cleaned daily and deep cleaned weekly											
	Running dipper well for ice cream scoops											
18	Store chemicals lov	v and se	parate, not over or on c	lean dish ra	ck							
	Gloves used											
	Cookies and brownies, cakes labeled with ingredients for individual sale											
	Slicers WRS after use											
34	Some fruit flies											
W	Watch trash can in	front of	back hand sink. Must be	e accessible	)							
	Everything made to											
45	Clean walls behind											
	Soda/tea nozzles V											
34	Dead roach in men		,									
34/45			n men's RR to prevent p	est entrv								
45	5 Seal around escutcheons in men's RR to prevent pest entry Clean under 3 comp sink/some food debris											
42	Minor food debris/crumbs in front shelving. Clean											
	Minior 1000 Gobilo/ordinate in Horit Shorving. Olean											
Received	by:		Print:			Title: Person In Charge/	Owner (					
(signature)	· ·			nnings		Manager						
Inspected (signature)		ton, 1	Christy Co	<u> </u>		<u> </u>						
Form EU 0	6 (Revised 09-2015)	<i>102</i> , 1	Cillisty CC	n toz, INC	,	Samples: Y N #	# collected					