Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

				Time in: 1:25 tion: 1-Routine	2:10	F	S-8 Complain	<u>563</u>	3_	Inve	otios	tion		Est. Type Risk Category Page 1 5-CO/Construction 6-Other TOTAL/S	
Estal Wh Phys	blish i ch sical	nment Wi Addr	Nan ch ess:	ne:	Pe	Rober est control :	Owner N t Arla ı	ame:			suga	Gr	ease	* Number of Repeat Violations: Viumber of Violations COS: e trap : Follow-up: Yes 7	
293´				ckwall, TX Status: Out = not in c		BC/month compliance		not e	n/a		NI.	Ga	rcia	a/1000gal/6mo No ✓	V/acala
Mark				points in the OUT box for	or each numbered i	item	Mark 'v	✓' a ch	eckma	ark in	appr	opriat	te bo	plicable COS = corrected on site R = repeat violation W-V ox for IN, NO, NA, COS Mark an in appropriate box for R	Vatch
		nce Sta		Pri	ority Items (3	Points) vi	olations .		C	ompl	iance	Stat	us	ive Action not to exceed 3 days	
O I U I	N O	N N O A	O S		mperature for F degrees Fahrenhe			R	U T	N	N O	N A	C O S	Employee Health	R
·	/			Proper cooling time	and temperature	;				~			~	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	-			Proper Cold Holdin	ig temperature(41	l°F/ 45°F)								13. Proper use of restriction and exclusion; No discharge from	
-				•		,				~				eyes, nose, and mouth	
	v	/		3. Proper Hot Holding	g temperature(135	5°F)								Preventing Contamination by Hands	
	v	/		4. Proper cooking time	e and temperature	e				~				14. Hands cleaned and properly washed/ Gloves used properly Gloves used	
	v			5. Proper reheating pro Hours)	ocedure for hot he	olding (165°l	F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)
				6. Time as a Public Ho	ealth Control; pro	ocedures & r	ecords							Highly Congentials Devolutions	
-												T		Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered	
				A	pproved Source					~				Pasteurized eggs used when required	
J				7. Food and ice obtain good condition, safe,	* *		od in							Chemicals	
				destruction Sysco										Chemicais	
v	/			8. Food Received at p		e				7				17. Food additives; approved and properly stored; Washing Frui & Vegetables	its
				check at reco	OIPT on from Contami	ination				~				water only 18. Toxic substances properly identified, stored and used	_
Τ				9. Food Separated & p			od			•					
V				preparation, storage, d										Water/ Plumbing	
·	1			10. Food contact surfa Sanitized at 200	nces and Returnab ppm/temperatur	oles ; Cleaned re	d and			~			ļ	19. Water from approved source; Plumbing installed; proper backflow device	
·	/			11. Proper disposition reconditioned disc	of returned, prev	viously served	d or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
							s (2 Poi							rective Action within 10 days	
O I U N T		N N O A	O S	Demonstration	on of Knowledge	e/ Personnel		R	U T	N	N O	N A	C O S	Food Temperature Control/ Identification	R
v			Ĩ	21. Person in charge pand perform duties/ C						/				27. Proper cooling method used; Equipment Adequate to	
_						mager/ i osici	u							Maintain Product Temperature	
- -				3										28. Proper Date Marking and disposition	
,				3 22. Food Handler/ no	unauthorized pers	sons/ personr	nel			·				28. Proper Date Marking and disposition29. Thermometers provided, accurate, and calibrated; Chemical	/
- -				3	unauthorized pers	sons/ personr	nel			\ \ \				29. Thermometers provided, accurate, and calibrated; Chemical Thermal test strips	/
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				22. Food Handler/ no Safe Water, Rec	ordkeeping and Labeling er available; adeq	sons/ personr Food Packa	nel nge e, safe							29. Thermometers provided, accurate, and calibrated; Chemical Thermal test strips digital Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign pos	
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Retail Food Establishment Inspection Report

Received by: (signature) Robert Arlauskas	Robert Arlauskas	Title: Person In Charge/ Owner Owner
Inspected by: Christy Cortez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Which Wich	Physical A		City/State: Rockwa	all. TX	License/Permit # FS-8563	Page <u>2</u> of <u>2</u>							
VVIIIOIT VVIOIT	2001	TEMPERATURE OBSERVAT		, 170	1.6.6666								
Item/Location	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp							
WIC/roast beef	38	ice cream freezer ambient	9										
ham	40	sandwich cold top/ham	41										
turkey	41	turkey	41										
WIF ambient	-8	chicken salad	41										
under counter cooler ambient	34	tuna salad	41										
salad cooler/cut tomatoes	41	cheese	41										
pickles for reference	41												
under/hummus	42												
Item AN INSPECTION OF YOUR ES		SSERVATIONS AND CORRECTIVENT HAS BEEN MADE. YOUR ATTENT			HE CONDITIONS OPER	ERVED AND							
Number NOTED BELOW:		ENT MAS DEEN MADE. TUUK ATTENT	ION IS DIKE	CIED IO II	TE CONDITIONS OBSE	ER VED AIND							
Back hand sink 109	F												
3 comp sink 120 F													
Sani sink setup to 2													
Fryer cleaned per n	nanufac	cturer's instructions and	wiped d	own da	ily								
Running dipper wel	I for ice	cream scoops											
32 Seal exposed wood	to fron	t counters											
Meat slicer WRS af	ter evei	ry use and stored clean											
Sani bucket 200 pp	m quats	3											
Soda/tea nozzles W	Soda/tea nozzles WRS daily												
Gloves used throug	hout	•											
Store, counters, wa	lls, shel	ves all look cleaner than	last ins	pection	. Good work.								
Received by:		Print:			Title: Person In Charg	ge/ Owner							
(signature) Robert Anlausk	as	Robert Ar	lausk	kas	Owner								
Inspected by: (signature) CWisty Cov		Print:											