	Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health																		
	Date: Time in: Time out: License/P 2/7/2022 10:50 12:04 FS-8							ermit # Est. Type Risk C						Risk Category	Page <u>1</u> of	2			
	∠///∠UZ2 IU.50 IZ.04 F3-0 Purpose of Inspection: ✓ 1-Routine 2-Follow Up 3-Compla						_					1	5-CO/Construc	ction	6-Other	TOTAL/SCO	RE		
Es	Establishment Name: Contact/Owner M Which Wich Robert Arla							Name:					* Number of Repeat Violations: ✓ Number of Violations COS:						
Ph	Physical Address: Pest control :						Hood Grease t				rease	Follow-up: Yes 7/93			7/93//	A			
2931 Ridge Rd Rockwall, TX ABC/monthly Compliance Status: Out = not in compliance NO						$\mathbf{O} = \mathbf{n}$	n/a GWS/1000gal/6mo No = not observed NA = not applicable COS = corrected on site R = repeating a propriate box for IN, NO, NA, COS						lation W-Wat	ch					
Mark the appropriate points in the OUT box for each numbered item Mark **								'√' a	check	kmar	rk in							e box for R	
Compliance Status								R	Require Immediate Corrective Action not to exceed 3 days Compliance Status							R			
U T	I N						к		O U T	I N	N O	N A	C O S			ĸ			
	~				1. Proper cooling time and temperature						~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
		2. Proper Cold Holding temperature(41°F/45°F)					5°F)		F					\square	13. Proper use of restriction and exclusion; No discharge from				-
3	3									~				eyes, nose, and mouth					
		~			3. Proper Hot Holding te										Preventing Contamination by Hands				
		~			4. Proper cooking time a	·				14. Hands cleaned and properly washed/ Gloves used pr Gloves used 15. No bare hand contact with ready to eat foods or appro-									
			~		5. Proper reheating proce Hours)	edure for hot holdin	g (165°F in 2				~				15. No bare hand con alternate method pro				
⊢	6. Time as a Public Health Control; procedures & records						╉╢	$\left \right $	Highly Susceptible Populations										
	•					10			F						16. Pasteurized food	fered			
					Approved Source						~				Pasteurized eggs use NO EGGS				
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco														
	~				8. Food Received at prop						~				17. Food additives; a & Vegetables	approved	and properly stored;	Washing Fruits	
	-				check at recei	•			F		· ·				18. Toxic substances		videntified, stored an	d used	
				1	9. Food Separated & pro	from Contamination					~								
	~				preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and										19. Water from appr		er/ Plumbing	ed: proper	
	~				Sanitized at <u>200</u> p	ppm/temperature			,	3					backflow device				
	~				reconditioned disca	arded	-				~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
0	I	N	N	С			· · · · · · · · · · · · · · · · · · ·	nts) R) vio	0	Ι	Req1 N O	Ν	С	rrective Action within				R
U T	N	0	A	O S		T S													
	~				and perform duties/ Certified Food Manager/ Posted 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					quate to									
	22. Food Handler/ no unauthorized persons/ personnel							~				28. Proper Date Mar	king and	disposition					
Safe Water, Recordkeeping and Food Package Labeling								~				29. Thermometers pr Thermal test strips	rovided, a	accurate, and calibrat	ed; Chemical/				
	23. Hot and Cold Water available; adequate pressure, safe					Permit Requirement, Prerequisite for Opera						peration							
	~				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						~				30. Food Establishr	port sign posted))		
			L	1		vith Approved Proc							1				ipment, and Vendin		
	~				25. Compliance with Va HACCP plan; Variance of processing methods; man	obtained for special	ized				~				31. Adequate handw supplied, used	C			
					Const	sumer Advisory					~				32. Food and Non-fo designed, constructed			e, properly	
	~				26. Posting of Consumer foods (Disclosure/Remin	r Advisories; raw or nder/Buffet Plate)/ A	under cooked Allergen Label			T	~				33. Warewashing Fa Service sink or curb			used/	
	Core Items (1 Point) Violations Require Corrective							on N						ys or Next Inspection	n , Whic	hever Comes First			
O U T	I N	N O	N A	C O S	Prevention o	of Food Contamina	tion	R		O U T	I N	N O	N A	C O S		Food	Identification		R
	~				34. No Evidence of Inser animals	ect contamination, ro	dent/other			-	~				41.Original containe	r labeling	g (Bulk Food)		
	~				35. Personal Cleanliness	s/eating, drinking or	tobacco use									Physi	cal Facilities		
	~				36. Wiping Cloths; prop	perly used and stored					~	Τ			42. Non-Food Conta	ct surface	es clean		
	~				37. Environmental conta	amination					~				43. Adequate ventila	ation and	lighting; designated	areas used	
	~				38. Approved thawing m	nethod					~				44. Garbage and Ref				
					-	r Use of Utensils				1					45. Physical facilities				
	~				39. Utensils, equipment, dried, & handled/ In use						~				46. Toilet Facilities;	properly	constructed, supplied	d, and clean	Ι
	~				40. Single-service & sing and used	gle-use articles; pro	perly stored			T	~				47. Other Violations				
			-																-

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

Form EH-06 (Revised 09-2015)

	Physical Ac 2931	^{Idress:} Ridge Rd	City/State: Rockwa	II. TX	License/Permit # Page <u>2</u> of <u>2</u> FS-8563						
TEMPERATURE OBSERVATIONS											
Item/Location Te	emp F	Item/Location	Temp F	Item/Locat	ion	Temp F					
WIC/ham	39	cheese	41								
turkey/cut tomatoes 3	9/39	tuna	41								
WIF ambient	8	under counter cooler/mil	k 41								
salad cold top/boiled eggs	48	ice cream freezer ambier	^{nt} -3								
cut tomatoes	37										
under/hummus	41										
sandwich cold top/ham	41										
turkey	41										
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item AN INSPECTION OF YOUR ESTAE Number NOTED BELOW:	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
Back hand sink 110 F											
•	3 comp sink 113 F										
	Sani sink 200 ppm quats										
	Need an established air gap under ice machine										
Sani bucket 200 ppm											
	Owner discarded boiled eggs at 48. Couldn't figure why temp was elevated as cooler was cold holding at 41 or below										
v .	Discussed having only small amounts in top portion in metal containers, avoid stacking high										
	Prepackaged cookies labeled correctly										
		soap and paper towel	S								
Soda/tea nozzles WR		1									
45 Some minor cleaning	of floo	ors, under equipment									
	RR sinks 100 F										
No raw meats, everyth											
	Fry machine has a small daily cleaning and once a week is broken down and WRS/oil discarded weekly										
	Shake machine nozzle soaked overnight and cleaned after every use										
W Watch condition of fro	Watch condition of front cabinets										
Received by: Print: Title: Person In Charge/ O											
(signature) Robert Arlauskas	,	Robert A	rlausk	as	Owner						
(signature) Robert Arlauskas Inspected by: (signature) Christy Corte	ez, F	RS Christy C	ortez,	RS	Samples: Y N #	collected					