## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

D	ate:				Time in:	Time out:	License/F	Permit #	ŧ					Est. Type	Risk Category		
	/6/	120	าว	n		12:06	FS-8							250. Турс	Tush category	Page <u>1</u> of <u>2</u>	<u>.                                    </u>
					tion: 1-Routine	2-Follow Up	3-Compla			-Inve	ction	ation	_	5-CO/Construction	6-Other	TOTAL/SCOR	F
	stabli						Contact/Owner			-IIIve	suga	41101	1	* Number of Repeat Vio		TOTAL/SCOK	L
W	/hic	h۱	Νi	ch			Robert Arla		as					✓ Number of Violations	COS:	7/02/4	
	nysic				Doolgwall TV		control : monthly		Ho			Gı	reas	e trap : 1000gal/6mo	Follow-up: Yes	7/93/A	•
29					Rockwall, TX	TAT :			n/a		3.7	-		•			_
М					Status: Out = not in compoints in the OUT box for e	прпансс	17	$\mathbf{O} = \text{not}$						plicable <b>COS</b> = corrected or ox for <b>IN</b> , <b>NO</b> , <b>NA</b> , <b>COS</b> M	a site $\mathbf{R}$ = repeat vio	olation W-Watch te box for R	1
		•			Prior	rity Items (3 Po								ive Action not to exceed 3 de			
Co	ompli	iance N	Sta N	tus				R	0	ompl	iance N	Stat N	tus C				R
U	N	o	A	О		perature for Food grees Fahrenheit)	Safety	I K	U	N	o	A	o s	Emp	ployee Health		
1				S	Proper cooling time ar	•			1				5	12. Management, food emple	oyees and conditional	employees;	
	~									~				knowledge, responsibilities,	and reporting		
					2. Proper Cold Holding t	temperature(41°F/	45°F)	+						13. Proper use of restriction	and exclusion; No dis-	charge from	_
	~									~				eyes, nose, and mouth			
			~		3. Proper Hot Holding te					!		Preventing Co	ontamination by Han	nds			
		_	•		4. Proper cooking time a	and temperature		++						14. Hands cleaned and prop			
		~					(1.55077: 0			~				aloves used			
			/		<ol> <li>Proper reheating proce Hours)</li> </ol>	edure for hot holdi	ng (165°F in 2			~				15. No bare hand contact wit alternate method properly fo			
			•		ŕ		0 1									/	
	~				6. Time as a Public Heal	Ith Control; proced	ures & records							Highly Sus	ceptible Populations		
						proved Comme				~				16. Pasteurized foods used; p		fered	
						proved Source								Pasteurized eggs used when pasteurized eggs	s used only		
					7. Food and ice obtained good condition, safe, and										·		
	~				7	a unadunerated, pa	itasic							(	Chemicals		
					Sysco 8. Food Received at prop	ner temperature		++				ı		17. Food additives; approved	1 and properly stored:	Washing Fruits	
	~				check at recei	_				~				& Vegetables	and properly stored,	v ushing Truns	
							•							water only 18. Toxic substances properl	v identified, stored an	id used	
	1 1					from Contaminat			3								
	~				<ol><li>Food Separated &amp; pro preparation, storage, disp</li></ol>		during food							Wat	er/ Plumbing		
	~				10. Food contact surface Sanitized at 200 p		; Cleaned and			~				19. Water from approved sor backflow device	urce; Plumbing install	ed; proper	
					11. Proper disposition of	f returned, previous	sly served or	+						20. Approved Sewage/Waste	ewater Disposal System	m, proper	
					reconditioned					V				disposal			
	~				reconditioned									1			_
	<b>'</b>					ority Foundatio	on Items (2 Po				_			rective Action within 10 day	ys		
O U	I N	N O	N A	COO	Prio	ority Foundatio		pints) v	U	I	Req N O	uire N A	C 0	rective Action within 10 day	ys ire Control/ Identific	eation	R
O U T		N O			Prio	of Knowledge/ Pe	ersonnel		0	I	N	N	С	rective Action within 10 day Food Temperatu	re Control/ Identific		R
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## **Retail Food Establishment Inspection Report**

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below (signature)	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: h Wich	Physical A	ddress: Ridge Road	City/State: Rockwa	ıll. TX	License/Permit # FS-8563	Page <u>2</u> of <u>2</u>					
*******	11 771011	2001	TEMPERATURE OBSERVA		, 173	1.0.000						
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp					
WIF ambient WIC/turkey		-9	chicken/roast bee	f 41/40								
		37	mozzarella cheese									
haı	m/gyro meat	39/40	under/Turkey	39								
cut tomatoes under/cut lettuce		39	ham	37								
		40										
		40										
small u	inder counter cooler/milk	41										
mea	t cold top/turkey	41			10							
Item	AN INSPECTION OF YOUR ES		SERVATIONS AND CORRECT NT HAS BEEN MADE. YOUR ATTEN			HE CONDITIONS ORSE	ERVED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 110											
	3 comp sink 115											
36	Store wiping cloths	in Sani	buckets									
18			rate/not adjacent or on le	vel with c	lean disl	nes over 3 com	p sink					
45			•									
39	Clean walls behind 3 comp sink Store milk shake nozzles clean											
	Maintenance to floors, shelves in front near register											
45	Clean food debris under equipment											
	Slicers WRS at least every 4 hours											
	Soda/tea nozzles WRS nightly											
W	Store employee items low and separate in back.											
34												
	Separate employee	drink h	older. Good.									
	Sani sink setup to 2											
	Sani bucket setup t											
	Sam bucket setup t	0 200 p <sub>l</sub>	oni quats									
							_					
	Covid 19 - Response											
	Gloves, masks worn by all employees											
	Socially distanced t											
	Sanitizing contact surfaces after each customer											
	Monitoring employee health. Testing required if sick.											
Received (signature)	by:		Print:		as	Title: Person In Charge Owner	ge/ Owner					
	1 by:		Print:			<u> </u>						