

# Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

|                          |                          |                           |                                    |           |               |                           |
|--------------------------|--------------------------|---------------------------|------------------------------------|-----------|---------------|---------------------------|
| Date:<br><b>8/6/2020</b> | Time in:<br><b>11:05</b> | Time out:<br><b>12:06</b> | License/Permit #<br><b>FS-8563</b> | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|--------------------------|--------------------------|---------------------------|------------------------------------|-----------|---------------|---------------------------|

|  |                                      |                                      |  |  |                                  |             |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine | <input type="checkbox"/> 2-Follow Up | <input type="checkbox"/> 3-Complaint | <input type="checkbox"/> 4-Investigation | <input type="checkbox"/> 5-CO/Construction | <input type="checkbox"/> 6-Other | TOTAL/SCORE |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

|  |  |                                      |               |
|--|--|--------------------------------------|---------------|
| Establishment Name:<br><b>Which Wich</b> | Contact/Owner Name:<br><b>Robert Arlauskas</b> | * Number of Repeat Violations: _____ | <b>7/93/A</b> |
|  |  | ✓ Number of Violations COS: _____    |               |

|  |                                      |                    |   |   |
|--|--------------------------------------|--------------------|---|---|
| Physical Address:<br><b>2931 Ridge Rd Rockwall, TX</b> | Pest control :<br><b>ABC/monthly</b> | Hood<br><b>n/a</b> | Grease trap :<br><b>LES/1000gal/6mo</b> | Follow-up: Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> |
|--|--------------------------------------|--------------------|---|---|

**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch  
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

### Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

| Compliance Status   |    |    |    |     |   | Compliance Status                        |    |    |    |     |   |
|---|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT   | IN | NO | NA | COS | R | OUT                                      | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   |    |    | ✓  |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   |    |    | ✓  |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   |    |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   |    |    |    |     |   |  | 3  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |

### Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

| Compliance Status  |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT  | IN | NO | NA | COS | R | OUT   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Consumer Advisory</b>                              |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |

### Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
| W                                       |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| 1                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   |                            | 1  |    |    |     |   |
| 1                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |

