	Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health																	
	Date: Time in: Time out: License/Per 2/4/2021 1:50 2:42 FS-8													Est. Type Risk Category Page <u>1</u> of <u>2</u>	2			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla											gatio	n	5-CO/Construction 6-Other TOTAL/SCOR	E				
Establishment Name: Contact/Owner I						Name:				,		× Number of Repeat Violations: ✓ Number of Violations COS:						
Physical Address: Pest control :					Hood Grease				C	breas	se trap : Follow-up: Yes / 5/95							
2931 Ridge Rd Rockwall, TX ABC/monthly						2	n/a LES/1000					- $ -$						
Compliance Status:Out = not in complianceIN = in complianceNO = not observedNA = not applicableCOS = corrected on siteR = repeat violationMark the appropriate points in the OUT box for each numbered itemMark ' \checkmark ' a checkmark in appropriate box for IN, NO, NA, COSMark and X in appropriate box for IN, NO, NA, COS											box for IN, NO, NA, COS Mark an \times in appropriate box for R	1						
Co	Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days Compliance Status Compliance Status																	
O U T	Î N	N O	N A	C O S	Time and Tem (F = de	R	1	O I U N T	NOA		C O S	Employee Health	R					
1	~			0	1. Proper cooling time an						3	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	_					
	-				2. Proper Cold Holding temperature(41°F/45°F)									13. Proper use of restriction and exclusion; No discharge from				
	~									•				eyes, nose, and mouth				
			~		3. Proper Hot Holding temperature(135°F)							1		Preventing Contamination by Hands				
		4. Proper cooking time and temperature								v	1			14. Hands cleaned and properly washed/ Gloves used properly Gloves used				
			~		5. Proper reheating proce Hours)	edure for hot hold:	ing (165°F in 2			v	/			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_ N_{-})				
	~				6. Time as a Public Heal	Ith Control; procee	lures & records				_	1		Highly Susceptible Populations				
	·					nuoved Same						16. Pasteurized foods used; prohibited food not offered						
						proved Source	unes. East in							Pasteurized eggs used when required pasteurized eggs only				
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco									Chemicals				
	~				8. Food Received at prop	per temperature				~	/			17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
	Protection from Contamination								~				water only 18. Toxic substances properly identified, stored and used					
	9. Food Separated & protected, prevented during food							_	Water/ Plumbing									
					10. Food contact surfaces and Returnables ; Cleaned and							19. Water from approved source; Plumbing installed; proper						
	~				Sanitized at 200 p	of returned, previou	sly served or			V				20. Approved Sewage/Wastewater Disposal System, proper				
	~				reconditioned disca			•	1			disposal						
0	I	N	Priority Foundation Items (2 Po				R		0 1	I N	N	С		R				
U T	N	0	A	0 S	Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowledge,					U N T	N 0		O S					
	~				and perform duties/ Certified Food Manager/ Posted 3					v				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	~	22. Food Handler/ no unauthorized persons/ personnel						v	/			28. Proper Date Marking and disposition						
	Safe Water, Recordkeeping and Food Package Labeling						v	/			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital							
	~	23. Hot and Cold Water available; adequate pressure, safe									Permit Requirement, Prerequisite for Operation							
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled					v	N				30. Food Establishment Permit (Current/insp report sign posted)						
		Conformance with Approved Procedures						1				need current Utensils, Equipment, and Vending						
	~				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions									31. Adequate handwashing facilities: Accessible and properly supplied, used				
					Const	sumer Advisory			2	2				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
	~				26. Posting of Consumer foods (Disclosure/Remir all meats pre-coo	inder/Buffet Plate)/				v	/	T		33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	T	N	N	C	Core Items (1 Point	t) Violations Re	quire Corrective	Actio						ays or Next Inspection , Whichever Comes First	R			
O U T	I N	N O	N A	C O S		of Food Contamin		A	i	O I U N T			C O S	Food Identification	ĸ			
	•				34. No Evidence of Insec animals	,				v	<u>·</u>			41.Original container labeling (Bulk Food)				
1					35. Personal Cleanliness			Ш			-			Physical Facilities				
	~				36. Wiping Cloths; prop	•	ed	Ш	1	1				42. Non-Food Contact surfaces clean				
	•				37. Environmental conta			Ш		v	1			43. Adequate ventilation and lighting; designated areas used				
	38. Approved thawing method							v	/			44. Garbage and Refuse properly disposed; facilities maintained						
Proper Use of Utensils					1	1				45. Physical facilities installed, maintained, and clean								
	~				39. Utensils, equipment, dried, & handled/ In use					•				46. Toilet Facilities; properly constructed, supplied, and clean	_			
	~				40. Single-service & sing and used	igle-use articles; pr	roperly stored			•	/			47. Other Violations				

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

Form EH-06 (Revised 09-2015)

	nent Name: h Wich	Physical A 2931	^{ddress:} Ridge Rd	City/State:	III, TX	License/Permit # Page _ FS-8563		<u>2</u> of <u>2</u>				
.	·		TEMPERATURE OBSERVA	TIONS				m –				
Item/Loc		Temp F	Item/Location	Temp F	Item/Locat	Item/Location		Temp F				
WIC/t	urkey	39	hummus	41								
chick	en/cut tomatoes	38/39	under/lettuce	41								
N	/IF ambient	-4	under counter cooler/milk	41								
co	ld top/turkey	41	ice cream counter freezer ambient	18								
moz	zarella cheese	37										
	roast beef	34										
u	nder/turkey	40										
cold	top/cut tomatoes	41										
OBSERVATIONS AND CORRECTIVE ACTIONS												
Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND Number NOTED BELOW:											
	Hand sink 116+ F											
	3 comp sink 110+F											
			sandwich to be discont	inued ne	xt mont	h						
W	Need current permi											
	Sani sink setup to 2											
	Sani bucket setup t		om quats									
	line hand sink 100+	·F										
	Running dipper wel											
	Slicer cleaned/sanit	ized afte	er use									
	Cookies/brownies p	ackage	d and labeled correctly	for sale								
42	Clean shelving where cookies are stored											
45	Clean food debris o	n floor u	Inder equipment									
45	Patch holes in walls	above	back hand sink/missing	grout in	line are	a						
42	Clean in/around/on	coolers	, equipment									
	Employee shelf for	drinks.	Good.									
32	Sand/bleach cutting) boards	, replace when necessa	ary (back	cutting	board)						
35												
	Soda/tea nozzles W	/RS dail	у									
32	Rusty shelves in W											
42	Clean/remove/replace tape on ice cream toppings container											
Received	by:		Print:			Title: Person In Charg	ge/ Owner					
(signature)	Robert Arlausk	as	Robert A	rlausk	as	Owner						
Inspected (signature)		tez, î	RS Christy C	ortez,	RS	Samples: Y N	# collecte	bd				
Form EH-0	5 (Revised 09-2015)	-				Sampios, i IN	" concett					