

Follow-up fee of \$50.00 is required after 1st Followup

Followup
11/04/21

Retail Food Establishment Inspection Report

City of Rockwall See pg 2

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

| | | | | | | |
|--------------------------|--------------------------|---------------------------|---|-----------------------------|-----------------------------|---------------------------|
| Date: 09/24/21 | Time in: 11:45 | Time out: 12:44 | License/Permit # Need food permit | Est. Type Dessert | Risk Category Med | 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: Wild daisy dessert bar | Contact/Owner Name: Denise | * Number of Repeat Violations: _____ | 14/86/B |
| Physical Address: | Pest control : To provide | ✓ Number of Violations COS: _____ | |
| Hood Na | | Grease trap : Refer to Craig | Follow-up: Yes <input checked="" type="checkbox"/> 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 ✓

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 |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | ✓ | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | | | ✓ | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| | | ✓ | | | | | | | ✓ | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | | | ✓ | | |
| | | | | | | 3 | | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| 3 | | | | | | ? | | | | | |
| | | ✓ | | | | ? | | | | | |

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 |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| W | ✓ | | | | | ✓ | | | | | |
| W | ✓ | | | | | W | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | | | | | |
| | ✓ | | | | | ? | | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| W | | | | | | ✓ | | | | | |
| | | | | | | 2 | | | | | |
| | ✓ | | | | | W | ✓ | | | | |

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 |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| | | | | | | ✓ | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | | | ✓ | | | W | ✓ | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| W | | | | | | 1 | | | | | |
| W | | | | | | | ✓ | | | | |

Need to add date to
Provided Pudding and
cheesecake

See attached

NO public restroom / remove carpet

Protect in back

