Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 8/11/2020			· ^ ^	20	Time in: Time out: License/I						Est. Type Risk Category Page 1 of 2				
8/11/2020								FS-8207						—r	
						3-Complaint 4-Investigation 5-CO/Construction 6-Other ct/Owner Name: * Number of Repeat Violations: * Number of Violations COS:						* Number of Repeat Violations: ✓ Number of Violations COS:			
Physical Address: 2455 Ridge Road Rockwall, TX Pest control: APT/monthly										Hood Grease Southy				ease	Te trap : Follow-up: Yes TO/90/A
Compliance Status: Out = not in compliance Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch Mark 's' a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days															
O U	ompliance Status I N N C Time and Temperature for Food Safety						R	_	Compl	Employee Health					
T				S	(F = de 1. Proper cooling time a		T		0	A	o s	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting			
	~				2. Proper Cold Holding			'				13. Proper use of restriction and exclusion; No discharge from			
	~	-			3. Proper Hot Holding to			~				eyes, nose, and mouth			
	~		~		4. Proper cooking time a			~				Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly			
		.,			5. Proper reheating proc Hours)			~				If the second of			
	~				6. Time as a Public Hea	lth Control; pro	ocedures	& records							Highly Susceptible Populations
					Ani	proved Source	<u>.</u>				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
					7. Food and ice obtained from approved source; Food in										no eggs
	~				good condition, safe, an destruction PFG		_	e 							Chemicals
	~				8. Food Received at pro	_	:e				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables
		1			Protection	C 1		3					18. Toxic substances properly identified, stored and used		
	~				9. Food Separated & propreparation, storage, dis	play, and tastir	ng								Water/ Plumbing
	~				10. Food contact surface Sanitized at 200		3				ı	19. Water from approved source; Plumbing installed; proper backflow device			
	~				11. Proper disposition of returned, previously served or reconditioned discarded						~				20. Approved Sewage/Wastewater Disposal System, proper disposal
		L L			Prio	ority Found	lation It	tems (2 Po	ints) 1	viola	tions	Req	uire	Cor	rrective Action within 10 days
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	e/ Person	nel	ints) 1	viola: O U T	I N	Req N O	n N A	Cor C O S	rrective Action within 10 days Food Temperature Control/ Identification
		N O		О		of Knowledge	e/ Person	mel knowledge,		O U	I N	N	N	C O	
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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)

B - 12.1	·N				G': /G: .		T (D)						
	ment Name: JSTOP	Physical Ad 2456 F	dress: Ridge Road		City/State: Rockwa	ıll TX	License/Permit # FS-8207	Page <u>2</u> of <u>2</u>					
VVIII	jotop	2 100 1		RE OBSERVA		, 173	1 0 0201						
Item/Loc	cation	Temp F	Item/Location		Temp F	Item/Loca	tion	Temp F					
reach	in freezer ambient	5.4											
reach	n in cooler/chicken	41											
und	er cooler/ranch	41											
W	IC/fries/fries	41/41											
,	fries/fries	41/41											
V	/IF ambient	21											
COC	oked chicken	208											
back sa	auce cooler reach in/ranch	41											
		OBS	ERVATIONS AN	D CORRECTI	VE ACTION	NS							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:												
	Hand sink front 100												
19	Leaking front hand												
31	Need soap and par												
W	Strong sewer odor		k hand sink	drain									
W	Condensation in W												
18	Store chemicals lov	v and se	parate (not c	n clean di	sh rack).	Label	spray bottles						
	3 comp sink 110+												
	back near 3 comp h		100										
19	Leaking 3 comp sin												
40	Sani bucket setup t												
42	Clean in/around/on												
W	Store personal item	is/drinks	low and sep	arate									
0.4	RR sinks 100												
34	Gap at back door/fr												
	Tea nozzles WRS	aaliy											
	Covid-19												
	Gloves and masks	worn by	all employee	es									
	Temp checks daily.												
	Testing required if												
	No dine in. Only pi												
	Sanitizing contact s			utes									
Received (signature)	by:		Print:		_		Title: Person In Charg						
,	Tennifer Gamez		Je	nnifer	Gam	nez	Manage	<u>r</u>					
Inspected (signature)		orte	3 Print: C	hristy	Cort	ez	Samples: Y N	# collected					