\$50.00 fee for 2nd Followup if needed

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: Time in: 09/13/2022 2:38				Time out: 3:14							Food handlers Food managers Page 1 of 2	,					
Pu	Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla									atior	n [5-CO/Construction 6-Other TOTAL/SCOR	E				
Establishment Name: Contact/Owner Dottie							Jame:					* Number of Repeat Violations: ✓ Number of Violations COS:					
Ph	Physical Address: Pest control:											se trap/ waste oil Follow-up: Yes 3/97/A	١				
Steger town Romney Res Northeast TExas No 🗹 Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch												ı					
Mark the appropriate points in the OUT box for each numbered item Mark √ 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																	
Compliance Status								R	_	ompl	The state of the s	R					
Ŭ T	N O A O Finde and Temperature for Food Safety (F = degrees Fahrenheit)						U T	J N	Employee Health								
		•			1. Proper cooling time			~	,			12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
	~				2. Proper Cold Holding See			/	,			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Posted at hand sinks					
		3. Proper Hot Holding temperature(135°F)											Preventing Contamination by Hands				
		4. Proper cooking time and temperature Cooking to required								1	14. Hands cleaned and properly washed/ Gloves used proper						
		~			5. Proper reheating pro- Hours)			/	,			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)					
		~			6. Time as a Public Hea Prep only	alth Control; proceed	dures & records							Highly Susceptible Populations			
					Ap	proved Source				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Cooking thoroughly			
					7. Food and ice obtaine good condition, safe, and destruction	nd unadulterated; pa	arasite							Chemicals			
	-				destruction Comme 8. Food Received at pro		<u>'</u>					ı		17. Food additives; approved and properly stored; Washing Fruits			
	'				Ordering online ar		store immed			'	,			& Vegetables Water			
	ı	1	1			n from Contamina				'				18. Toxic substances properly identified, stored and used Back room or away from food			
	~	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting										Water/ Plumbing					
W		10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature See 33						/			1	19. Water from approved source; Plumbing installed; proper backflow device					
	11. Proper disposition of returned, previously served or				-	20. Approved Sewage/Wastewater Disposal System, prope			Inspected when installed 20. Approved Sewage/Wastewater Disposal System, proper	_							
Ц		•			reconditioned					~				disposal			
0	I	N	N	С			`	ints) ı R	О	I	N	N	С	rrective Action within 10 days	R		
U T	N	0	A	o s	21. Person in charge pr	esent, demonstration			T		0	A	o s	Food Temperature Control/ Identification			
	~				and perform duties/ Cer					~				Proper cooling method used; Equipment Adequate to Maintain Product Temperature			
22. Food Handler/ no unauthorized persons/ personnel						~	1			28. Proper Date Marking and disposition							
Safe Water, Recordkeeping and Food Package Labeling							/	,			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Yes						
	/	23. Hot and Cold Water available; adequate pressure, safe			1							Permit Requirement, Prerequisite for Operation					
		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled					/				30. Food Establishment Permit (Current/ insp sign posted) Posted						
					25. Compliance with V		d Process, and			T				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly			
			~		HACCP plan; Variance processing methods; ma					/	,			supplied, used Equipped			
					Con		٧	\ <u>\</u>	•			32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Watch condition					
	~				26. Posting of Consume foods (Disclosure/Rem Posting				2					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Kitchen 1 Sani dispenser to be adjusted			
0	I	N	N	C	,	,	•	Action	C	I	N	N	С	ays or Next Inspection , Whichever Comes First	R		
U T	N	0	A	o s		of Food Contamin			T	J N	O	A	o s	Food Identification			
	/				34. No Evidence of Ins animals 35. Personal Cleanlines						'			41.Original container labeling (Bulk Food)			
Щ	/													Physical Facilities 42. Non-Food Contact surfaces clean			
	/				36. Wiping Cloths; pro Using for sanitiz	zing surfaces	s in buckets		٧	1				Vatch Adequate ventilation and lighting; designated areas used			
H	37. Environmental contamination 38. Approved thawing method				\square	-	'				44. Garbage and Refuse properly disposed; facilities maintained	_					
	38. Approved thawing method Pull thaw						-	'				45. Physical facilities installed, maintained, and clean					
					Propo 39. Utensils, equipmen	er Use of Utensils t, & linens; properli	y used, stored.		V	\ -				Watch cleaning 46. Toilet Facilities; properly constructed, supplied, and clean			
	/				dried, & handled/ In us Watch				1					Some tlc			
	/				40. Single-service & sin and used	ngle-use articles; pr	roperly stored				~			47. Other Violations			
											1						

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Lin Arriaga	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establish YCA	ment Name:	Physical A	Address: er town	City/State: Rockwal	I License/Permit # FS 9392	Page <u>2</u> of <u>2</u>															
		1 21292	TEMPERATURE OBS	SERVATIONS																	
Item/Loc		Temp F	Item/Location	Temp F	Item/Location	Temp I															
Kitche	n 1		Middle are	ea	Kitchen 2																
Uı	oright cooler		Freezer	3.5	Cooler	36/37															
	Butter	40			Butter	37															
		41			Dattoi																
	Mayo	41																			
		O	 BSERVATIONS AND COR	RECTIVE ACTION	IS																
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: ALL TEMPS T	TABLISHME			TED TO THE CONDITIONS OBSERV	/ED AND															
	This is a cooking school / teaching how to cook at home therefore using residential equipment and utensils																				
	Commercial refrigeration is in place																				
	Hand washing sign posted at hand sink																				
	Cooking raw meats to	required	d temps																		
	Hand washing is part	vashing is part of curriculum																			
	Kitchen 1																				
33	Sanitizer is not showing at correct ppm - less than 200 ppm label indicates 150-400) very close to 150 to call ecolab																				
Changing drying mat daily																					
	Keep an eye on place	ement of	carts with clean utens	ils next to broon	ns hanging																
	Hot water 116																				
	Gloves on site and us	sed to pre	p for kids																		
	Test strips /digital the	rmo																			
	Good date marking Kitchen 2																				
	Gloves on site																				
	Three comp sink sanitizer 200 ppm																				
	Good date marking Test strips and digital thermo in each kitchen																				
	Took on po and digital thornto in odon kitohon																				
	Spray bottle in middle	storage	area 200 ppm quats																		
46 Bathrooms equipped some tlc needed in first behind toliet lid Will use kitchen 2 sanitizer until dispenser repaired for kitchen 1 (or hand mix and test) Washing pot holders weekly																					
										Watch condition of cabinets etc											
Received	by:		Print:		Title: Person In Charge/	Owner															
(signature)		ve																			
Inspecte	d by:		Print:																		
(signature)	Kelly kírkpatr	ick RS j	your		Samples: Y N #	collected															