



# Retail Food Establishment Inspection Report

## City of Rockwall

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

Form EH-06 (Revised 09-2015)

<b>Establishment Name:</b> <b>YCA</b>	<b>Physical Address:</b> <b>Steger town</b>	<b>City/State:</b> <b>Rockwall</b>	<b>License/Permit #</b> <b>FS 9392</b>	Page 2 of 2
--	--	---------------------------------------	---	-------------

### TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Kitchen 1		<b>Middle area</b>		<b>Kitchen 2</b>	
<b>Upright cooler</b>		<b>Freezer</b>	<b>3.5</b>	<b>Cooler</b>	<b>36/37</b>
<b>Butter</b>	<b>40</b>			<b>Butter</b>	<b>37</b>
<b>Mayo</b>	<b>41</b>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: ALL TEMPS TAKEN in F
	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 temps
	Hand washing 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 placement of carts with clean utensils next to brooms hanging
	Hot water 116
	Gloves on site and used to prep for kids
	Test strips /digital thermo
	Good date marking
	Kitchen 2
	Hot water 108 at hand sink and 114 at three comp
	Gloves on site
	Three comp sink sanitizer 200 ppm
	Good date marking
	Test strips and digital thermo in each kitchen
	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

<b>Received by:</b> <small>(signature)</small> <b>See above</b>	<b>Print:</b>	<b>Title: Person In Charge/ Owner</b>
<b>Inspected by:</b> <small>(signature)</small> <i>Kelly kirkpatrick RS your</i>	<b>Print:</b>	<b>Samples: Y N # collected</b>

Form EH-06 (Revised 09-2015)