

# Retail Food Establishment Inspection Report

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

Date: <b>9/8/2020</b>	Time in: <b>9:40</b>	Time out: <b>11:36</b>	License/Permit # <b>FS-8267</b>	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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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
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Establishment Name: <b>Zanata</b>	Contact/Owner Name: <b>Al Lefere</b>	* Number of Repeat Violations: _____	<b>20/80/B</b>	
		✓ Number of Violations COS: _____		
Physical Address: <b>202 E Rusk Rockwall, TX</b>	Pest control : <b>TX Extreme/ monthly</b>	Hood <b>Triple B/3mo</b>	Grease trap : <b>LES/100gal/2mo</b>	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 '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

### 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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
	✓					✓					
<b>3</b>						✓					
		✓				<b>Preventing Contamination by Hands</b>					
		✓				✓					
		✓				✓					
	✓					<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>						✓					
	✓					<b>Chemicals</b>					
	✓					✓					
<b>Protection from Contamination</b>						✓					
	✓					<b>Water/ Plumbing</b>					
<b>3</b>						<b>3</b>					
	✓					✓					

### 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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
	✓					✓					
	✓					W					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						✓					
	✓					<b>Permit Requirement, Prerequisite for Operation</b>					
	✓					W					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
	✓					2					
<b>Consumer Advisory</b>						W					
	✓					2					

### 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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
<b>1</b>						✓					
W						<b>Physical Facilities</b>					
<b>1</b>						<b>1</b>					
<b>1</b>						✓					
	✓					✓					
<b>Proper Use of Utensils</b>						<b>1</b>					
<b>1</b>						✓					
<b>1</b>						✓					

## Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

Establishment Name: <b>Zanata</b>	Physical Address: <b>202 E Rusk</b>	City/State: <b>Rockwall, TX</b>	License/Permit # <b>FS-8267</b>	Page <u>2</u> of <u>2</u>
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### TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
cold top/meatballs	<b>41</b>	seabass/potatoes	<b>48/48</b>	reach in freezer ambient	<b>5.4</b>
pimento/humus	<b>41/41</b>	cold top/mozzarella	<b>35</b>	beer cooler	<b>41</b>
under/steak	<b>45</b>	egg/remoulade	<b>33/35</b>		
crab	<b>45</b>	pizza cold drawers/sausage	<b>41</b>		
WIC/noodles	<b>45</b>	shredded cheese	<b>41</b>		
risotto/meatballs	<b>45/43</b>	bar cooler ambient	<b>38</b>		
chicken	<b>43</b>	2 door freezer ambient	<b>15</b>		
meat drawers/salmon	<b>48</b>	dessert cooler/cheesecake			

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Hand sink 116
	dishwasher 100 ppm bleach
<b>19</b>	Hand sink prep continuously running. Must fix asap as is turned off. will use back hand sink till repaired. Repair within 24 hours.
<b>2</b>	Cold tops and WIC must cold hold at 41 or below.
<b>42</b>	Clean intake filters, ceiling in dining, vents, beams, sound boards
<b>31</b>	Must have soap and paper towels at all hand sinks
<b>33</b>	No 3 comp sink
<b>42</b>	Clean lids of flour containers, etc
<b>39</b>	Store knives clean on knife magnet
<b>40</b>	Discard dirty, greasy boxes on dry storage rack
<b>45</b>	Maintenance to walls, grout, floors, clean walls behind prep, light switches
<b>2</b>	Meat drawers loaded this morning. Need to cold hold at 41 or below. will only have 4 hours worth TPHC. Fix within 24 hours.
<b>34</b>	Fruit flies in bar
	Bar hand sink 133
<b>42/37</b>	Clean/organize 2 door freezer
<b>37</b>	Organize dry storage/6 inches off of floor to clean
<b>W</b>	Store employee drinks low and separate, not over prep areas
<b>10</b>	Sani bucket must be setup 200 ppm quats
	Sanitizer was not mixing properly at sink. Must be 200-400 ppm. Wiggled tube and got to 200 ppm quat.
<b>39</b>	Discard frayed, broken equipment
<b>36</b>	Store wiping cloths in Sani buckets
	Covid-19 Response
	Masks worn by all employees. gloves used for all prep and ready to eat
	Monitoring employee health. Testing required if ill or exposed.
	50% dining and socially distanced. Tables sanitized after every customer.
	Hand sanitizer station for employee.
	Single serve dressings. Condiments upon request. Sanitized after use. menus sanitized after use.

Received by: (signature) <i>Al Lefere</i>	Print: <b>Al Lefere</b>	Title: Person In Charge/ Owner <b>Owner</b>
Inspected by: (signature) <i>Christy Cortez</i>	Print: <b>Christy Cortez</b>	Samples: Y    N    # collected

Form EH-06 (Revised 09-2015)