Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Da 1 /		7/2	202	25		Time out: 3:05		need			os [.]	t c	uı	re	ent Est. Type Risk Category Page 1 o	_{.f} <u>2</u>
Pι	ırpo	se of	f Ins	pec		2-Follow U		3-Complai		4-]	Inve	stiga	tion		5-CO/Construction 6-Other TOTAL/SC	ORE
So	tabli oni	ishm C G	ent I Soli	Nam ad	2805	l n		act/Owner N	Name:	**	1				* Number of Repeat Violations: Vumber of Violations COS: a trap : Follow, up: Ves [4])/A
		al Ad S G			Rockwall, TX	Eco		-20-2025	,	Hoo Expre	od ex/1-2	2025	Tri	ease mb	e trap : Follow-up: Yes I I U/ 3C ble/900gal/1-13-2025 No No	
Ma					tatus: Out = not in compoints in the OUT box for ea	ach numbered it	em	Mark '		eckma	ark in	appr	opria	te bo	oplicable COS = corrected on site R = repeat violation W-W ox for IN, NO, NA, COS Mark an in appropriate box for R	atch
Co	mpli	iance	Stat	us	Priori	ty Items (3	Points,) violations	Kequi	_	<i>ompl</i>				tive Action not to exceed 3 days	
O U T	I N	N O	N A	C O S	Time and Tempe (F = deg	erature for For rees Fahrenhei		ty	R	O U T		N O	N A	C O S	Employee Health	R
	~				1. Proper cooling time and	d temperature					~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	~				2. Proper Cold Holding te	emperature(41°	°F/ 45°F))			~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
	~				3. Proper Hot Holding ten	mperature(135°	°F)								Preventing Contamination by Hands	
	~				4. Proper cooking time an	nd temperature					~				14. Hands cleaned and properly washed/ Gloves used properly Qloves used	
		~			5. Proper reheating proced Hours)	dure for hot ho	olding (10	65°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.)	
		~			6. Time as a Public Health	h Control; prod	cedures	& records							Highly Susceptible Populations	
						1.0									16. Pasteurized foods used; prohibited food not offered	
	ı					oved Source		D 4 in							Pasteurized eggs used when required liquid pasteurized eggs only	
	~				7. Food and ice obtained figood condition, safe, and destruction Gordon	unadulterated;									Chemicals	
	<				8. Food Received at prope	•					<				Food additives; approved and properly stored; Washing Fruits & Vegetables	3
					check at receip	om Contami	nation				~				18. Toxic substances properly identified, stored and used	+
	~				9. Food Separated & prote preparation, storage, displ			g food							Water/ Plumbing	
3				~	10. Food contact surfaces Sanitized at pp			aned and			~			+	19. Water from approved source; Plumbing installed; proper backflow device	
	~				11. Proper disposition of a reconditioned disca						~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
0	I	N	N	С	Prior	rity Founda	tion It	ems (2 Po	ints) v	iolat O		Requ	uire N	Cor	rective Action within 10 days	R
Ŭ	N	Ö	A	o s	Demonstration o					Ŭ	N	ö	A	o s	Food Temperature Control/ Identification	
	~				and perform duties/ Certif						~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	~				22. Food Handler/ no una 13	uthorized pers	ons/ pers	sonnel			~				28. Proper Date Marking and disposition	
						keeping and l Labeling	Food Pa	ckage			~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips probe	
	~				23. Hot and Cold Water a											
															Permit Requirement, Prerequisite for Operation	
	~				24. Required records avail destruction); Packaged Fo	lable (shellstoo ood labeled	ck tags; ¡	parasite		W					30. Food Establishment Permit (Current/insp report sign posterned to post current	ed)
	'				Conformance with 25. Compliance with Variation (Conformance with Variation)	lable (shellstoo ood labeled th Approved l	ck tags; per	parasite res		W					30. Food Establishment Permit (Current/insp report sign poste	ed)
	\rightarrow \right				Conformance with Vari 425. Compliance with Vari HACCP plan; Variance of processing methods; manu	lable (shellstoo ood labeled th Approved l iance, Speciali btained for spe ufacturer instru	ck tags; per	parasite res		W 2					30. Food Establishment Permit (Current/insp report sign poster need to post current Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly supplied, used	ed)
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Retail Food Establishment Inspection Report

Received by: (signature) Alex Garcia	Print: Alex Garcia	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishi Sonid	ment Name: C Goliad 2805	Physical A 1001	ddress: S Goliad	City/State:	all. TX	License/Permit # Pa	ge <u>2</u> of <u>2</u>				
		1	TEMPERATURE OBSERVA		,						
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca		Temp F				
dessert cooler/creamer		41	reach in cooler/hot dogs	+	WIC/hot dogs		40				
,	Shake mix	39/40	corn dogs	40	tomatoes		38				
hot d	log rollers/hot dogs	141	cheese	41	W	IF ambient	-2				
stea	am wells/queso	156	reach in freezer	6							
	chile	155	hot holding drawers/chicken	155							
ice	wells/cheese	41	chicken	153							
col	d top/cheese	41	sausage	145							
CL	ıt tomatoes	41	egg	158							
Itom			SERVATIONS AND CORRECTI								
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
31	Front hand sink/no hot water/only reaches 96F after 5 minutes of running/this is a long standing issue with this hand sink										
			washing/ to use other								
			ed to be sanitized after	every us	e						
42	To clean in/around/			overy ac							
45	To clean floors and										
10			• •								
	Sani buckets not setup to 150/less than										
10	3 comp sink dispenser not dispensing properly										
147	COS by hand mixing and testing with test strips										
W	Noticeable odor in back/near floor drains/refer to building department										
	3 comp sink 114 F										
45	Some missing grou										
32	Some rusty shelves	-	•								
32	•		/above/around condens	er							
45	To clean mold on w	/all behi	nd ice machine								
45	To seal gaps in var	ious pla	ces, corners								
32	To address rusty or	n outside	e of WIF and cooler								
46	Need a self closer of	on back	employee RR door								
T			15		-	The second secon					
Received (signature)			Alex Ga	arcia		Title: Person In Charge/ Own Manager	er				
Inspected (signature)		tez. 1	RS Christy Co	ortez.							
Form EH-06	6 (Revised 09-2015)	0,1		,		Samples: Y N # colle	cted				