Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

| 7/31/25 | | 12:10 | FS-0 | | | 53 | | | | 4 | 2 | Page <u>1</u> of <u>2</u> | | |
|---|--|--|--|--------|------------|---------------------------------------|---------------|--|----------------|--|--|--|---|--|
| Purpose of Inspection: 1-Routine | | 2-Follow Up | 3-Compla | int | 4 | | | tion | | 5-CO/Construction | 6-Other | TOTAL/SCORE | ; | |
| Establishment Name: Contact/Owner In Huckabees Coffee Duke | | Vame | ame: | | | | | Number of Repeat Viol Number of Violations (| | 0.10=1.4 | | | | |
| Physical Address: 2083 Summer Lee Dr #111 Pest control: Wise Choice 7/23/25 | | | Ho N/a | | | | | e trap :/ waste oil 0/25 40g | Follow-up: Yes | 3/97/A | | | | |
| Compliance Status: Out = not in compliance IN = in compliance | | $\mathbf{O} = \mathbf{n}$ | ot obser | | N/ | L | | | | lation W= Watch | | | | |
| Mark the appropriate | e points in the OUT box for ea | ach numbered iter | n Mark ' | | | | | | | x for IN, NO, NA, COS Ma we Action not to exceed 3 da | site \mathbf{R} = repeat vio | e box for R | | |
| Compliance Status O I N N C Time and Temperature for Food Safety | | | R | | ompl | | Stati | | | | | | | |
| | N O A O S (F = degrees Fahrenheit) | | | U | N | Ö | A | o s | | R | | | | |
| | Proper cooling time and temperature 2. Proper Cold Halding to proper type (4197/459F) | | | | | • | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | |
| | 2. Proper Cold Holding te See | emperature(41°F | / 45°F) | | | ~ | | | | 13. Proper use of restriction a eyes, nose, and mouth Employee headroom | | charge from | | |
| V | 3. Proper Hot Holding ten | mperature(135°F |) | | | | | | | | ntamination by Han | ıds | | |
| ' | 4. Proper cooking time an | nd temperature | | | | / | | | | 14. Hands cleaned and prope | erly washed/ Gloves u | sed properly | | |
| ~ | 5. Proper reheating proced Hours) | dure for hot hold | ling (165°F in 2 | | | ~ | | | | 15. No bare hand contact with alternate method properly fol Gloves & utensils | | | | |
| / | 6. Time as a Public Health | h Control; proce | dures & records | | | | | | | Highly Susc | ceptible Populations | | | |
| | Appr | roved Source | | | | ~ | | | | 16. Pasteurized foods used; p Pasteurized eggs used when r | | fered | | |
| | 7. Food and ice obtained if good condition, safe, and destruction Sysco | | | | | | | | | N/A | Chemicals | | | |
| | 8. Food Received at proper Checking | er temperature | | | | | | ~ | | 17. Food additives; approved & Vegetables | and properly stored; | Washing Fruits | | |
| | Protection fr | rom Contamina | tion | | | 1 | | | | 18. Toxic substances properly Stored low and separa | | d used | | |
| | 9. Food Separated & prote preparation, storage, displ | | during food | | | | | | | | er/ Plumbing | | | |
| | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at _200_ ppm/temperature | | | | | ~ | | | | 19. Water from approved sou backflow device City approved | rce; Plumbing installe | ed; proper | _ | |
| | 11. Proper disposition of returned, previously served or reconditioned Discard immediately | | | + | - | | | | | | ton Diamonal Courter | m nroner | _ | |
| | reconditioned Disca | rd immed | diately | | | / | | | | 20. Approved Sewage/Waste disposal | water Disposal Syster | п, ргорсі | | |
| | reconditioned Disca | rd immed | diately | | _ | _ | _ | | | | | | | |
| O I N N C U N O A O T S | Prior Demonstration o | rd immed rity Foundati of Knowledge/ P | diately on Items (2 Po ersonnel | ints) | viola U | I | Req N O | N | Cor. | disposal rective Action within 10 day | | R | R | |
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Retail Food Establishment Inspection Report

City of Rockwall

| Received by: Al Gutierrez | Print: Al Gutierrez | Title: Person In Charge/ Owner MOD |
|--|---------------------|------------------------------------|
| Inspected by: Richard Hill (signature) | Print: Richard Hill | Business Email: |

Form EH-06 (Revised 09-2015)

| E-4-hi-h | ment Name: | Di 1 A | Maria | C:4/C4-4 | | Li/Downia# | Dans O of O | | | | |
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| | abees Coffee | Physical A | Summer Lee Dr #111 | City/State: Rockwa | II, Tx | License/Permit # FS-0004053 | Page <u>2</u> of <u>2</u> | | | | |
| | | | TEMPERATURE OBSERVA | | , | | | | | | |
| Item/Loc | | Temp | Item/Location | Temp | Item/Loca | ation | Temp | | | | |
| | age Cooler | 41 | Cream Cheese | 41 | | | | | | | |
| D | isplay case | | Back bar cooler | | | | | | | | |
| | | | Whole milk | 38 | | | | | | | |
| Che | st freezer HTT | 5.6 | Oat Milk | 38 | | | | | | | |
| Dee | p freezer HTT | 6.7 | Half & Half | 39 | | | | | | | |
| ľ | Milk Cooler | 39 | | | | | | | | | |
| F | Refrigerator | | | | | | | | | | |
| \ | Whole Milk | 39 | | | | | | | | | |
| - | | OF | SERVATIONS AND CORRECTI | VE ACTION | NS | | • | | | | |
| Item Number | AN INSPECTION OF YOUR ES NOTED BELOW: all temperature | | ENT HAS BEEN MADE. YOUR ATTENT F | TON IS DIRE | CTED TO T | THE CONDITIONS OBSERVE | ED AND | | | | |
| | Restrooms equipped, | temp gre | ater than 120 | | | | | | | | |
| | Hand sink equipped te | | | | | | | | | | |
| | 3 comp sink setup, 120 | 0, quat s | teramine tabs used 200ppn | 1 | | | | | | | |
| | All self service food items prepackaged by manufacturer with labels on back | | | | | | | | | | |
| | Currently not serving macaroons at the moment | | | | | | | | | | |
| | Expresso wands are cleaned after use with sani towel stored in solution 200ppm | | | | | | | | | | |
| | Using tongs to handle macaroons, placed in clear bag and handled directly to customer | | | | | | | | | | |
| | Chest freezer located to entrance of service line no longer being used, defrosted and stored clean | | | | | | | | | | |
| | All meat items are precooked and heated for service according to manufacturer specs no hot holding | | | | | | | | | | |
| | Ice machine looks great | | | | | | | | | | |
| | 1 CFM and 1 CFH onsite | | | | | | | | | | |
| | No oxidation on bottom shelf of galvanized prep table as previously noted | | | | | | | | | | |
| | Red sani buckets made at 3 comp sink as needed | | | | | | | | | | |
| | W/R/S all food contact | W/R/S all food contact surfaces every 4 hours or as needed | | | | | | | | | |
| 29 | · | | | | | | | | | | |
| 29 | Test strips expired, to | replace a | ısap | | - | | | | | | |
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| Received (signature) | | | Print: | | | Title: Person In Charge/ O | wner | | | | |
| | See abov | <u>'e</u> | See ab | ove | | | | | | | |
| Inspected (signature) | | Cat | Richard | l Hill | | Samples: Y N # c | ollected | | | | |
| orm FH-0 | 6 (Revised 09-2015) | • | | | | Sumples. 1 19 # Cl | one ted | | | | |