## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 4/21/2025				Time out: 3:05		DD	7284					Est. Type Risk Category Page 1 of 2	2_			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain  Establishment Name: Contact/Owner Na							Name:	e:					5-CO/Construction 6-Other TOTAL/SCOI  * Number of Repeat Violations:	RE		
Cluckin Great John McKen Physical Address: Pest control:						enzie		ood		Gı	ease	Number of Violations COS: trap: Follow-up: Yes 🗸	Ά			
1810 S Goliad Rockwall, TX owner to email Jose/3-15								/3-15-	owner to email							
	ark t	he ap	oprop	riate	points in the OUT box for	each numbered it	tem Mar		heckm iire In	nark in <b>mme</b> c	appr liate	opria <i>Cor</i>	te bo recti	plicable COS = corrected on site R = repeat violation W-Watcox for IN, NO, NA, COS Mark an in appropriate box for R  ive Action not to exceed 3 days	ch	
O U	Compliance Status    D   I   N   N   C     Time and Temperature for Food Safety   Time and Tempe					R	Compliance S				C O					
Т		S (F = degrees Fahrenheit)  1. Proper cooling time and temperature					T	?			S	12. Management, food employees and conditional employees;				
	~									~				knowledge, responsibilities, and reporting		
	~				2. Proper Cold Holding temperature(41°F/ 45°F)					~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
	~				3. Proper Hot Holding temperature(135°F)					Preventing Contamination by Hands						
		4. Proper cooking time and temperature						~				14. Hands cleaned and properly washed/ Gloves used properly				
		5. Proper reheating procedure for hot holding (165°F in 2 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 Health Control; p			alth Control; prod	rocedures & records							Highly Susceptible Populations			
			<u> </u>		Δnı	proved Source				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required		
				l	•	•	l source: Food in							no eggs		
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction  Bassham									Chemicals		
	~				8. Food Received at pro					~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
					Check at receipt  Protection from Contamination				V	V				18. Toxic substances properly identified, stored and used		
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									Water/ Plumbing		
3					10. Food contact surface Sanitized at					~			+	19. Water from approved source; Plumbing installed; proper backflow device		
					11. Proper disposition o	of returned, previ	iously served or							20. Approved Sewage/Wastewater Disposal System, proper		
					reconditioned									disposal		
			-		Dei	ority Founda	tion Itoms (2 I	Points)	wiola	tions	Dag		Con	maeting Action within 10 days	<u>.                                    </u>	
O U T	I N	N O	N A	C O S		ority Foundan of Knowledge/		Points)	U	J I	Req N O	n N A	C O	rective Action within 10 days  Food Temperature Control/ Identification	R	
O U T		N O			Demonstration 21. Person in charge pro and perform duties/ Cer	n of Knowledge/	Personnel ation of knowledge	R	O	J I	N	N	C	Food Temperature Control/ Identification  27. Proper cooling method used; Equipment Adequate to	R	
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Received by: (signature) Krystal Brown	Print: Krystal Brown	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: kin Great	Physical A	ddress: C	City/State: Rockwal	I TX	License/Permit # FOOD 7284	Page <u>2</u> of <u>2</u>					
Oldo	Kiir Groat	1010	TEMPERATURE OBSERVAT		1, 17	1 000 7201						
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Locat	tion	Temp F					
under h	neat lamp/chicken breats	145	gravy	170								
	icken thighs	142	mashed potatoes	173								
ch	nicken strips	135-148	2 door glass front cooler/tartar sauce	42								
stea	am wells/gravy	144	WIC/chicken	38								
mas	shed potatoes	135	chicken	39								
m	ac n cheese	175	WIF ambient	12								
	beans											
back	up steam wells/corn	153										
•		OB	SERVATIONS AND CORRECTIV	VE ACTIONS	5		ı					
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Front hand sink 100		• •									
\\/	Sani bucket at 100ppm chlorine  Need to label spray bottles. If strong chlorine spray used for floors only/to label as non food/1 bottle only on floor in corner, separated											
W	• • •					on floor in corner, separa	itea					
10			s/some black residue ac	cumulau	OH							
45	Grease changed 2			looro								
43			ood debris to clean on f		ulation							
29	•		rer chicken/some greason or get a digital thermo		liation							
29			<u> </u>	,								
	Warewash hand sink 105F/need paper towels  3 comp sink 115F											
37	Heavy condensation in WIF											
Gloves used for prep and RTE												
42	-	-	under front counter									
42	To clean in/around/											
22	Need food handlers		<u> </u>									
Global picks up and disposes of spent grease												
	Mgmt has been working on FIFO, moving product quickly and ordering based on demand											
Received	l by:		Print:			Title: Person In Charge/	Owner					
(signature)	. *			Brow	n	Manager						
Inspected (signature)		tez, 1	RS Christy Co	ortez, I	RS	Complete V. M. "	aallaste J					
Form EU 0	6 (Revised 09-2015)					Samples: Y N #	collected					