Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health															
Date: Time in: Time out: License/Perm 5/15/2025 2:45 4:28 need of							mit # Est. Type Risk Category						Est. Type Risk Category		
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint								_	Inves			<u> </u>	5-CO/Construction 6-Other TOTAL/SCOR	E	
Establishment Name: Contact/Owner Name: Giovanni							:						* Number of Repeat Violations: ✓ Number of Violations COS: e tran: Follow-un: Yes□ 10/90//	Λ	
		al A Su			Lee Dr Rockwall, TX Pest control : Tech Force/4-21-2	2025	ו 5	Hoc -7-	od 202	25			e trap : Follow-up: Yes II 10/90/7 le/1500gal/1-21-2025 № □	٦	
Ma					1	0 = no '√' a c							pplicable $COS = corrected on site R = repeat violation W- Watch ox for IN, NO, NA, COS Mark an \times in appropriate box for R$	1	
Co	mpli	ance	stat	tus	Priority Items (3 Points) violations	s Requ	uire		<i>med</i> mpli				ive Action not to exceed 3 days		
O U T	U N O A O					R	R O I N N C U N O A O Employee Health T V S S Employee Health							R	
	~			5	1. Proper cooling time and temperature				~			0	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		
2					2. Proper Cold Holding temperature(41°F/ 45°F)		-						13. Proper use of restriction and exclusion; No discharge from		
3	_				3. Proper Hot Holding temperature(135°F)				~		eyes, nose, and mouth				
	~	~			4. Proper cooking time and temperature		14 Hands cleaned and properly washed						Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly		
					5. Proper reheating procedure for hot holding $(165^{\circ}F \text{ in } 2)$		-	_	~				15. No bare hand contact with ready to eat foods or approved		
		~			Hours) 6. Time as a Public Health Control; procedures & records		alternate method properly followed (APPR						alternate method properly followed (APPROVED Y. N)		
	~				o. This as a fubic realitic control, procedures & records								Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered		
		Approved Source							~				Pasteurized eggs used when required eggs cooked		
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco/Lisanti								Chemicals		
	~				8. Food Received at proper temperature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
		Check at receipt Protection from Contamination					-		~				18. Toxic substances properly identified, stored and used		
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting			Water/ Plumbing					Water/ Plumbing		
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>100</u> ppm/temperature				~				19. Water from approved source; Plumbing installed; proper backflow device		
	~			11. Proper disposition of returned, previously served or reconditioned discarded					~				20. Approved Sewage/Wastewater Disposal System, proper disposal		
0	Priority Foundation Items (2 Po				nts)	vio	olati 0	ons I	Req N	uire N	Con		R		
U T	N	0	A	0 S	Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowledge,			U T	N	0	A	O S	Food Temperature Control/ Identification		
	ע ע				 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 22. Food Handler/ no unauthorized persons/ personnel 				レ レ				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature28. Proper Date Marking and disposition		
Safe Water, Recordkeeping and Food Package Labeling						Ē		~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips			
	~	23 Hot and Cold Water available: adequate pressure safe							1				Permit Requirement, Prerequisite for Operation		
	~						,	W	\sim				30. Food Establishment Permit (Current/insp report sign posted)		
					Conformance with Approved Procedures]				need current/to post Utensils, Equipment, and Vending		
2					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			2					31. Adequate handwashing facilities: Accessible and properly supplied, used		
					Consumer Advisory				~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used		
	~				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label ON MENU		ŀ		~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided		
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First 0 I N N C											R				
U T	Ι	Ν	Ν	С				Ŭ	N	0	A	ŏ	Food Identification		
	I N	N O	N A	C 0 5	Prevention of Food Contamination 34 No Evidence of Insect contamination rodent/other	ĸ		Т				S		ĸ	
1.4.4	I N	N O		0	34. No Evidence of Insect contamination, rodent/other animals			T	~			S	41.Original container labeling (Bulk Food)	ĸ	
W 1		N O		0	34. No Evidence of Insect contamination, rodent/other		-	T				S		ĸ	
1		N O		0	34. No Evidence of Insect contamination, rodent/other animals35. Personal Cleanliness/eating, drinking or tobacco use		-	T	~			S	41.Original container labeling (Bulk Food) Physical Facilities	R	
		N O		0	 34. No Evidence of Insect contamination, rodent/other animals 35. Personal Cleanliness/eating, drinking or tobacco use 36. Wiping Cloths; properly used and stored 		-	T	~ ~			S	41.Original container labeling (Bulk Food) Physical Facilities 42. Non-Food Contact surfaces clean Physical Facilities		
1		N O		0	 34. No Evidence of Insect contamination, rodent/other animals 35. Personal Cleanliness/eating, drinking or tobacco use 36. Wiping Cloths; properly used and stored 37. Environmental contamination 38. Approved thawing method 		-	T	~			S	41.Original container labeling (Bulk Food) Physical Facilities 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used		
1				0	 34. No Evidence of Insect contamination, rodent/other animals 35. Personal Cleanliness/eating, drinking or tobacco use 36. Wiping Cloths; properly used and stored 37. Environmental contamination 			т 1	~ ~			<u>S</u>	41.Original container labeling (Bulk Food) Physical Facilities 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used 44. Garbage and Refuse properly disposed; facilities maintained		

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

Form EH-06 (Revised 09-2015)

Establish Giov	ment Name: anni	Physical A 2091	Summer Lee Dr	City/State: Rockwa	III, TX	License/Permit # need current/to post	Page <u>2</u> of <u>2</u>				
Item/Loc	ation	TEMPERATURE OBSERVA Temp F Item/Location		TIONS Temp F	Item/Locat	ocation					
bar co	oler	38	polenta	70		under/crab					
	bar cooler	40	stock	43	steam v	s 156					
k	oar cooler	40	beef	44	lob	160					
under	counter cooler/tiramisu	42	grill drawers/fish	1 41	ice we						
under	counter cooler/ambient	39	steak	41	cold t	s 38					
	in freezer ambient	8	shrimp	41	cut	36 it -9					
W	IC/chicken	44	cold tip/cut tomatoes			white freezer ambient					
	pasta	44	cheese								
Item	AN INSPECTION OF YOUR ES		SERVATIONS AND CORRECT: NT HAS BEEN MADE. YOUR ATTEN			E CONDITIONS OBSERVE					
Number	NOTED BELOW:			TION IS DIRE		E CONDITIONS OBSERVE					
31	Need designated hand sink in bar										
	There is one hand sink being used for storage next to ice bin used on weekends/need barrier to use sink Bar dishwasher sanitizing at 100ppm chlorine										
W	Need to protect che	ese and	l red chili pepper flakes	in dining	n room						
	3 comp sink 120+F				<u> </u>						
	Dishwasher sanitizing at 100ppm chlorine										
W	Need to label all spray bottles and store low/separate										
	Hand sink 110F equipped										
36	Need to store wipin	g cloths	in sani buckets, not on	prep cou	unters						
2	WIC had been cleaned today and door open a lot/ polenta prepped today, pasta prepped today										
	Will check to make	sure WI	C is cold holding/ambie	ent blowir	ng is 35	F					
		Ţ	elines and remove vacuum s				ving				
35			d and straw/no screw to	ops and s	store lov	v/separately					
	Prep hand sink 122										
2 45	Need more ice in ice well on cookline/COS										
43 W	Need to clean floors and under equipment All employees to have food handlers within 30 days of hire										
	Drink hand sink 100F equipped										
	Soda/tea nozzles WRS daily										
	Sani bucket setup to 100ppm chlorine										
45	5 To replace moldy caulking behind 3 comp sink										
Received by: Print: Title: Person In Charge/ Owned											
(signature)	Agron Dika		Agron I	Jika		Manager					
Inspecter (signature)	<u>Agron Dika</u> ^{1by:} Chrísty Cov	tez, 1	<i>RS</i> Christy Cortez, RS				llected				
Form EH-06 (Revised 09-2015)											