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

Di 5					/Permit # <b>9459</b>						5	Page <u>1</u> of <u>2</u>						
Pı	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complete Establishment Name: Contact/Owner		mplain	t		-Inv	estig	atior	n [	5-CO/Construction 6-Other		TOTAL/SCORE						
							Contact/Ov Jennifer I								Number of Repeat Viola  Number of Violations Co	os:	0/07	/ A
	ysic 99 La				ckwall, TX		st control : lab 5/17/25			Ho N/a						Follow-up: Yes No	3/97/	Ά
М	141	Com	plia	nce S	Status: Out = not in co	ompliance IN = in c	compliance			obser					plicable COS = corrected on s	site $\mathbf{R}$ = repeat vio	lation W= W	atch
IVI	ark ti	ne ap	pprop	rrate											ox for IN, NO, NA, COS Mar ive Action not to exceed 3 day	k an 🗙 in appropriate vs	e box for <b>R</b>	
O U	mpli I N	ance N O	Sta N A	C	Time and Ten	nperature for Fo	od Safety		R	О	I	lianc N O	Stat N A	C	F1	II14b		R
T	IN	U	A	O S		egrees Fahrenheit				T		0	A	o s	12. Management, food employ	oyee Health	employees:	
		/				r					/				knowledge, responsibilities, ar	nd reporting		
	/				2. Proper Cold Holding <b>See</b>	temperature(41°I	F/ 45°F)				/				13. Proper use of restriction and eyes, nose, and mouth		charge from	
		/			3. Proper Hot Holding	temperature(135°)	F)								Employee health form Preventing Con	n posted Itamination by Han	ds	
		<u> </u>			4. Proper cooking time	and temperature					<b>/</b>				14. Hands cleaned and proper			
		. /			5. Proper reheating pro	cedure for hot hol	lding (165°F i	n 2				•			15. No bare hand contact with	ready to eat foods or	r approved	_
		V			Hours)	olth Control	- d				•				alternate method properly follo Gloves & Utensils	owed (APPROVED	YN)	
	<b>/</b>				6. Time as a Public Hea Lobby Carafes	ann Control; proce	edures & reco	orus			T	ı	1		Highly Susce	eptible Populations	Corned	
					Ар	proved Source					~				Pasteurized eggs used when re		ered	
					7. Food and ice obtaine good condition, safe, at	nd unadulterated:		in							CI.			
					destruction Penske											hemicals		
	/				8. Food Received at pro Checking	oper temperature					/	1			17. Food additives; approved a & Vegetables	and properly stored;	Washing Fruits	
					J	n from Contamin	nation				/				N/A  18. Toxic substances properly		d used	
	_				Food Separated & pr preparation, storage, dis-										Stored low and separa  Water	TC r/ Plumbing		
					10. Food contact surfac	es and Returnable	es; Cleaned a	nd			Τ				19. Water from approved sour	Ü	ed; proper	
	<b>V</b>				Sanitized at 200  11. Proper disposition of			r			<b>'</b>			- 1	backflow device City approved  20. Approved Sewage/Wastew	vater Disposal Syster	n. proper	_
	/				reconditioned Disc						/				disposal	·	, FF	
0	I	N	N	С	Pri	ority Foundat			_						rective Action within 10 days	7		R
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/	tion Items ( Personnel		ts)	violar O U T	I	Req N O	uire N A	C C O S		e Control/ Identific	ation	R
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by:  Jennifer Knight	Print: Jennifer Knight	Title: Person In Charge/ Owner MOD
Inspected by: Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: Pucks Laguna	Physical A		ty/State: <b>Rockwa</b> l	II, Tx	License/Permit # FS-9459	Page	<b>2</b> of <b>2</b>			
	Ţ.		TEMPERATURE OBSERVATI		•						
Item/Loc		Temp	Item/Location	Temp	Item/Loca			Temp			
Thaw		40	Hot Bar 1		Warming Fridge 1			39			
Col	d Brew fridge	41	Whole Milk	39	3 3			40			
	Milk fridge	40	Almond Milk	41	D/T \	Narming Fric	dge	39			
	Freezer	11.2	Hot Bar 2								
E	Back Bar 1		Whip	38							
C	Dat/coconut	38/37	2% Milk	38							
E	Back Bar 2		Nitro Cold Brew	43							
Wh	ip/sweet Crm	38/38	Fridge D/T	38							
Item	AN DIGDEOTYCLY CO		SERVATIONS AND CORRECTIVE			THE COMPANY TO THE	TES	ID			
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F										
	Restrooms equipped t	emp grea	ater than 101 in each room								
	Hand sinks equipped, temps greater than 104 throughout kitchen										
	3 comp sink set up, 130, quat sani 200ppm, strips current										
00/45	Dishwasher confirmed 160 st, temp dots available										
32/45											
	Cleaning expresss wands with sani towel										
	Bug light operation in back of house										
	All food arrived frozen, thawed in fridge, heated to desire temp per order, no hot holding										
	Using tongs to transfer from oven to sleeve packaging / handed directly to customer  All tongs and utensils w/r/s every 4 hours or as needed										
	Digital thermapen thermo onsite										
	Sani buckets filled at 3										
		•	iscarded at end of days operations								
	Trash enclosure looks great, keep up the good work										
32 Oxidation noted on interior shelves in refrigerators in BOH, to make cleanable											
W	New self serve cold walll, amb temps 41/42. Adjust thermo so that temp is not at upper limit for cold holding										
Received (signature)	• _	/e	See abo	ve		Title: Person In Charge/	Owner				
Inspected (signature)	d by:	(8)	Richard								
	6 (Pavisad 09 2015)	, r)				Samples: Y N #	collecte	ed			