## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 4/28/2025		25	Time in: 10:50	Time out: 11:30		License/Pe			en	t/t	0	po	OSt Est. Type Risk Category Page	<u>1</u> of <u>2</u>				
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint								int		-Inve				5-CO/Construction 6-Other 70TA	AL/SCORE			
Establishment Name:  Raising Cane's #152  Contact/Owner Na								lame:	<b>★</b> Number of Repeat Violations: ✓ Number of Violations COS:				02//					
Physical Address: Pest control: 1114 I-30 Rockwall, TX Orkin/4-18-2025/monthly							hly		Hood Grease trap: Follow-up: Yes V No				8/92/A					
M					Status: Out = not in cor points in the OUT box for	прпансс	in compliance d item	110	) = not √'a ch						oplicable $COS = corrected on site                                   $	W- Watch r <b>R</b>		
Priority Items (3 Points) violations Require Immediate  Compliance Status Compliance												ive Action not to exceed 3 days						
O U T	D I N N C Time and Temperature for Food Safety  (F = daggeege February Safety)						R	U T	N	N O	N A	C O S	Employee Health	R				
	~			J	Proper cooling time and temperature						~				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								
	~				Proper Hot Holding to      Proper acabine time					Preventing Contamination by Hands								
	~				Proper cooking time a      Proper reheating process	•		°F in 2			~				14. Hands cleaned and properly washed/ Gloves used progloves used progloves used 15. No bare hand contact with ready to eat foods or approve			
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)						~				alternate method properly followed (APPROVED Y. N.							
6. Time as a l			6. Time as a Public Hea	lth Control; pr	rocedures &	records			Highly Susceptible Population									
					Арр	proved Sourc	ce				~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite										no eggs			
	<b>V</b>			destruction BeneK	-									Chemicals				
				•	8. Food Received at proper temperature					~				17. Food additives; approved and properly stored; Washin & Vegetables	g Fruits			
					Check at receipt  Protection from Contamination						~				18. Toxic substances properly identified, stored and used			
	_				Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing							
					10. Food contact surfaces and Returnables; Cleaned and						Τ				19. Water from approved source; Plumbing installed; prop	er		
3					Sanitized at 1  11. Proper disposition o			ed or			~			-	20. Approved Sewage/Wastewater Disposal System, prope	ar.		
	~				reconditioned disca		eviously serv	cu oi			~				disposal			
								tions	Dag	· · · · ·	~							
0	I	N	N	С	111	ority Found	dation Iter	ns (2 Poi		_	_	_		_	rrective Action within 10 days	R		
O U T	I N	N O	N A	C O S	Demonstration	of Knowledg	ge/ Personne	l		O U T	I N	N O	N A	C C O S	Food Temperature Control/ Identification	R		
		N O		О	Demonstration  21. Person in charge pre and perform duties/ Cer 9	of Knowledgesent, demonstrified Food M	ge/ Personne stration of kno fanager/ Post	owledge,		O U	I N	N	N	C 0	·			
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Received by: (signature) Francisco Zaragoza	Print: Francisco Zaragoza	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishi Raisi	ng Cane's #152	Physical A		City/State:	all, TX	License/Permit # need current	Page <u>2</u> of <u>2</u>					
	Ţ	· · · · · · · · · · · · · · · · · · ·	TEMPERATURE OBSER	VATIONS								
Item/Loc	****	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
to go uno	der counter cooler/ambient	34	WIC	30								
front (	under counter cooler	30	WIF	10								
under	counter cooler/coleslaw	41										
under co	ounter cooler(sauce)/ambient	45										
under	counter cooler/sauce	42										
ch	nicken fried	198										
raw c	chicken in cold well	38										
rea	ch in freezer	-1										
Item	AN INSPECTION OF YOUR ES		SSERVATIONS AND CORRECT HAS BEEN MADE YOUR ATT			JE CONDITIONS ORSERY	/FD AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	To go hand sink 10	3F equi	pped									
			zer wipes/quats 200p	•								
W			ent 45F/empty/don't use u			ding at 41F or belo	W					
	•		d nightly/open drain to		<u>1</u>							
	•		l and sanitized weekly									
			6 minutes, 3 minutes	for fries								
10/33	•	108F/requirement to be 110F										
	Must have hot water during peak times/requirement to be 110F											
40	Dishwasher sanitizing per Temp strips											
10	Sani buckets under chicken prep at 0ppm/no sani at 3 comp sink/COS to 200ppm											
	Gloving when breading chicken then places in fryer/only does this, no assembling of RTE foods											
	Line prep hand sink											
	Back hand sink 101											
	Using chlorine spra			rovent che	mical or	oog contominatio						
29	Discussed not using on same surfaces as quat to prevent chemical cross contamination  Need test strips or plate thermometer for dishwasher											
29	•			SHEI								
45	Chicken prep hand sink 100F equipped  Some cleaning needed under equipment/ floors, some minor food debris											
10	Some dearning needed under equipment/ 110015, some millor 1000 debris											
Received (signature)	•	oza	Francisco	o Zarago	oza	Manager	Owner					
Inspected (signature)	Francisco Zarag Iby: Chvisty Cov	tez, 1	RS Christy	Cortez,	RS	Samples: Y N #	collected					