

Retail Food Establishment Inspection Report

- ☒ First aid kit
- ☒ Allergy policy
- ☒ Vomit clean up
- ☒ Employee health

|   |                  |  |                                      |                     |  |   |
|---|------------------|--|--------------------------------------|---------------------|--|---|
| Date:<br>5/20/2025  | Time in:<br>2:15 | Time out:<br>3:15  | License/Permit #<br>FS2023-17        | Est. Type           | Risk Category  | Page <u>1</u> of <u>2</u>   |
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other <input type="checkbox"/> TOTAL/SCORE  |                  |  |                                      |                     |  |   |
| Establishment Name:<br>Sugar Llamas   |                  |  | Contact/Owner Name:<br>Mike Ridgeway |                     | * Number of Repeat Violations: ____<br>✓ Number of Violations COS: ____  |   |
| Physical Address:<br>6601 Horizon Rockwall, TX  |                  |  | Pest control :<br>owner to email     | Hood<br>Halo/5-2025 | Grease trap :<br>owner to email  | Follow-up: Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> |
| Compliance Status:    Out = not in compliance    IN = in compliance    NO = not observed    NA = not applicable    COS = corrected on site    R = repeat violation    W- Watch<br>Mark the appropriate points in the OUT box for each numbered item    Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS    Mark an <b>X</b> in appropriate box for R |                  |  |                                      |                     |  |   |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days   |                  |  |                                      |                     |  |   |
| Compliance Status   |                  | Time and Temperature for Food Safety<br>(F = degrees Fahrenheit) |                                      |                     | R  |   |
| OUT   | IN               | NO   | NA                                   | COS                 |  |   |
|   | ✓                |  |                                      |                     | 1. Proper cooling time and temperature   |   |
| 3   |                  |  |                                      |                     | 2. Proper Cold Holding temperature(41 °F/ 45°F)  |   |
|   |                  | ✓  |                                      |                     | 3. Proper Hot Holding temperature(135°F)   |   |
|   |                  | ✓  |                                      |                     | 4. Proper cooking time and temperature   |   |
|   |                  | ✓  |                                      |                     | 5. Proper reheating procedure for hot holding (165°F in 2 Hours)   |   |
|   | ✓                |  |                                      |                     | 6. Time as a Public Health Control; procedures & records   |   |
|   |                  | Approved Source  |                                      |                     |  |   |
|   | ✓                |  |                                      |                     | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction<br>US Foods                   |   |
|   | ✓                |  |                                      |                     | 8. Food Received at proper temperature<br>check at receipt   |   |
|   |                  | Protection from Contamination                                    |                                      |                     |  |   |
|   | ✓                |  |                                      |                     | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting  |   |
| 3   |                  |  |                                      | ✓                   | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at _____ ppm/temperature   |   |
|   | ✓                |  |                                      |                     | 11. Proper disposition of returned, previously served or reconditioned<br>discarded  |   |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days  |                  |  |                                      |                     |  |   |
| OUT   | IN               | NO   | NA                                   | COS                 | R  |   |
|   | ✓                |  |                                      |                     | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted<br>2                                  |   |
|   | ✓                |  |                                      |                     | 22. Food Handler/ no unauthorized persons/ personnel<br>20   |   |
|   |                  | Safe Water, Recordkeeping and Food Package Labeling              |                                      |                     |  |   |
|   | ✓                |  |                                      |                     | 23. Hot and Cold Water available; adequate pressure, safe  |   |
|   | ✓                |  |                                      |                     | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled  |   |
|   |                  | Conformance with Approved Procedures                             |                                      |                     |  |   |
|   | ✓                |  |                                      |                     | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions |   |
|   |                  | Consumer Advisory  |                                      |                     |  |   |
|   | ✓                |  |                                      |                     | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label                                   |   |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First  |                  |  |                                      |                     |  |   |
| OUT   | IN               | NO   | NA                                   | COS                 | R  |   |
|   | ✓                |  |                                      |                     | 34. No Evidence of Insect contamination, rodent/other animals  |   |
|   | ✓                |  |                                      |                     | 35. Personal Cleanliness/eating, drinking or tobacco use   |   |
| 1   |                  |  |                                      |                     | 36. Wiping Cloths; properly used and stored  |   |
| 1   |                  |  |                                      |                     | 37. Environmental contamination  |   |
|   | ✓                |  |                                      |                     | 38. Approved thawing method  |   |
|   |                  | Proper Use of Utensils   |                                      |                     |  |   |
| 1   |                  |  |                                      |                     | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used   |   |
|   | ✓                |  |                                      |                     | 40. Single-service & single-use articles; properly stored and used   |   |
| Food Identification   |                  |  |                                      |                     |  |   |
| OUT   | IN               | NO   | NA                                   | COS                 | R  |   |
|   | ✓                |  |                                      |                     | 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  |   |
|   | ✓                |  |                                      |                     | 45. Physical facilities installed, maintained, and clean   |   |
| 1   |                  |  |                                      |                     | 46. Toilet Facilities; properly constructed, supplied, and clean   |   |
|   | ✓                |  |                                      |                     | 47. Other Violations   |   |

Retail Food Establishment Inspection Report

|  |                                  |  |
|--|----------------------------------|--|
| Received by:<br>(signature) <i>Micah Yates</i>         | Print: <b>Micah Yates</b>        | Title: Person In Charge/ Owner<br><b>Owner</b> |
| Inspected by:<br>(signature) <i>Christy Cortez, RS</i> | Print: <b>Christy Cortez, RS</b> | Business Email:                                |

Form EH-06 (Revised 09-2015)

|  |   |  |               |                                    |        |  |  |                           |  |
|--|---|--|---------------|------------------------------------|--------|--|--|---------------------------|--|
| Establishment Name:<br><b>Sugar Llamas</b>             |   | Physical Address:<br><b>6601 Horizon</b> |               | City/State:<br><b>Rockwall, TX</b> |        | License/Permit #<br><b>FS2023-17</b>           |  | Page <u>2</u> of <u>2</u> |  |
| TEMPERATURE OBSERVATIONS                               |   |  |               |                                    |        |  |  |                           |  |
| Item/Location  |   | Temp F                                   | Item/Location |                                    | Temp F | Item/Location                                  |  | Temp F                    |  |
| reach in cooler/ambient                                |   | <b>35</b>                                |               |                                    |        |  |  |                           |  |
| reach in freezer/ambient                               |   | <b>-1</b>                                |               |                                    |        |  |  |                           |  |
| under counter cooler by ice cream                      |   | <b>55+</b>                               |               |                                    |        |  |  |                           |  |
| diary under counter cooler                             |   | <b>52+</b>                               |               |                                    |        |  |  |                           |  |
| ice cream freezers                                     |   | <b>4</b>                                 |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
| OBSERVATIONS AND CORRECTIVE ACTIONS                    |   |  |               |                                    |        |  |  |                           |  |
| Item Number  | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:           |  |               |                                    |        |  |  |                           |  |
|  | Line hand sink 109F equipped  |  |               |                                    |        |  |  |                           |  |
| 10   | Sani bucket setup less than 200ppm quats/need to change every 2 to 3 hours or as needed to keep at required ppm/COS to 200ppm quats |  |               |                                    |        |  |  |                           |  |
|  | Test strips on site/current   |  |               |                                    |        |  |  |                           |  |
| 39   | Need dipper well to be on and running/ handle broken/to repair  |  |               |                                    |        |  |  |                           |  |
|  | 3 comp sink 123F/sani sink setup to 200ppm quats  |  |               |                                    |        |  |  |                           |  |
|  | Warewash hand sink 111F   |  |               |                                    |        |  |  |                           |  |
|  | TCS foods only milk, cream, ice cream, Almond and oat milks   |  |               |                                    |        |  |  |                           |  |
|  | No eggs, meat, etc  |  |               |                                    |        |  |  |                           |  |
|  | Donut batter/instructions call for it be held at 70F/batter with water only   |  |               |                                    |        |  |  |                           |  |
|  | Donut sugar and spices bowls (non TCS) covered when not in use and overnight  |  |               |                                    |        |  |  |                           |  |
|  | Tongs WRS daily   |  |               |                                    |        |  |  |                           |  |
|  | Soda nozzles WRS daily  |  |               |                                    |        |  |  |                           |  |
|  | Donuts fried to order   |  |               |                                    |        |  |  |                           |  |
| 42   | Selling Ashby ice cream/ labeled with ingredients on containers   |  |               |                                    |        |  |  |                           |  |
| 36   | To store wiping cloths in sani buckets  |  |               |                                    |        |  |  |                           |  |
|  | Digital thermo  |  |               |                                    |        |  |  |                           |  |
|  | Donut prep hand sink 128 F equipped   |  |               |                                    |        |  |  |                           |  |
|  | Milk frothers sanitized after every use   |  |               |                                    |        |  |  |                           |  |
| 2  | Discarded all TCS in under counter cooler by ice cream freezer/no TCS until repaired  |  |               |                                    |        |  |  |                           |  |
| 2  | Discarded all milks in dairy cooler as had been there all day/temps all above 50F/no TCS until repaired                             |  |               |                                    |        |  |  |                           |  |
|  | Blender pitchers WRS after every use  |  |               |                                    |        |  |  |                           |  |
| 37   | Need to defrost ice cream freezer   |  |               |                                    |        |  |  |                           |  |
| 46   | Need soap in women's RR   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
|  |   |  |               |                                    |        |  |  |                           |  |
| Received by:<br>(signature) <i>Micah Yates</i>         |   | Print: <b>Micah Yates</b>                |               |                                    |        | Title: Person In Charge/ Owner<br><b>Owner</b> |  |                           |  |
| Inspected by:<br>(signature) <i>Christy Cortez, RS</i> |   | Print: <b>Christy Cortez, RS</b>         |               |                                    |        | Samples: Y    N    # collected                 |  |                           |  |

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