

Additional followups
\$50.00 fee

Retail Food Establishment Inspection Report


City of Rockwall

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

Date: 06/20-2024		Time in: 10:05		Time out: 11:14		License/Permit # Food 5058		Food handlers All 38!		Food managers 7		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: Taco Bell 18722						Contact/Owner Name: Smf				* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____				10/90/A											
Physical Address: 2815lridge rd				Pest control : Ecolab 5/20/24 (noted ants)		Hood Pdc 2:24		Grease trap/ waste oil Les 1000 4-26/24		Follow-up: Yes <input checked="" type="checkbox"/> 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 Mark the appropriate points in the OUT box for each numbered item Mark <input checked="" type="checkbox"/> in appropriate box for IN, NO, NA, COS Mark an <input checked="" type="checkbox"/> 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 (F = degrees Fahrenheit)						R		Compliance Status		Employee Health				R									
OUT	IN	NO	NA	COS							OUT	IN	NO	NA	COS										
		<input checked="" type="checkbox"/>			1. Proper cooling time and temperature							<input checked="" type="checkbox"/>				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting									
	<input checked="" type="checkbox"/>				2. Proper Cold Holding temperature(41 °F/ 45°F) Yes						W	<input checked="" type="checkbox"/>				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Need at all hand sinks /currently in office									
	<input checked="" type="checkbox"/>				3. Proper Hot Holding temperature(135°F) Yes						Preventing Contamination by Hands														
		<input checked="" type="checkbox"/>			4. Proper cooking time and temperature							<input checked="" type="checkbox"/>				14. Hands cleaned and properly washed/ Gloves used properly									
			<input checked="" type="checkbox"/>		5. Proper reheating procedure for hot holding (165°F in 2 Hours)									<input checked="" type="checkbox"/>		15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) Gloves									
		<input checked="" type="checkbox"/>			6. Time as a Public Health Control; procedures & records Prep only						Highly Susceptible Populations														
Approved Source												<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Liquid product									
	<input checked="" type="checkbox"/>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Mcclane						Chemicals														
	<input checked="" type="checkbox"/>				8. Food Received at proper temperature Yes logged									<input checked="" type="checkbox"/>		17. Food additives; approved and properly stored; Washing Fruits & Vegetables									
Protection from Contamination												<input checked="" type="checkbox"/>				18. Toxic substances properly identified, stored and used Watch									
	<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						Water/ Plumbing														
	<input checked="" type="checkbox"/>				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature							3				19. Water from approved source; Plumbing installed; proper backflow device Air gap / 1 inch above drain									
		<input checked="" type="checkbox"/>			11. Proper disposition of returned, previously served or reconditioned Trash							<input checked="" type="checkbox"/>				20. Approved Sewage/Wastewater Disposal System, proper disposal Les									
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days																									
OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel						R		OUT	IN	NO	NA	COS	Food Temperature Control/ Identification						R	
	<input checked="" type="checkbox"/>				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 7								<input checked="" type="checkbox"/>				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature								
	<input checked="" type="checkbox"/>				22. Food Handler/ no unauthorized persons/ personnel All								<input checked="" type="checkbox"/>				28. Proper Date Marking and disposition								
Safe Water, Recordkeeping and Food Package Labeling													<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips								
	<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe						Permit Requirement, Prerequisite for Operation														
	<input checked="" type="checkbox"/>				24. Required records available (shellstock tags; parasite destruction): Packaged Food labeled Packaged per order							<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current/ insp sign posted) Posted									
Conformance with Approved Procedures											Utensils, Equipment, and Vending														
	<input checked="" type="checkbox"/>				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Taking temps 2 times per day / on tablet							<input checked="" type="checkbox"/>				31. Adequate handwashing facilities: Accessible and properly supplied, used Yes									
Consumer Advisory												2				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Outside of Bev station is oxidizing									
	<input checked="" type="checkbox"/>				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label Ingredients by request							<input checked="" type="checkbox"/>				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Confirmed									
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First																									
OUT	IN	NO	NA	COS	Prevention of Food Contamination						R		OUT	IN	NO	NA	COS	Food Identification						R	
1					34. No Evidence of Insect contamination, rodent/other animals See								<input checked="" type="checkbox"/>				41.Original container labeling (Bulk Food)								
	<input checked="" type="checkbox"/>				35. Personal Cleanliness/eating, drinking or tobacco use Watch						Physical Facilities														
	<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored In buckets						1					42. Non-Food Contact surfaces clean See									
1					37. Environmental contamination Condensation						W					43. Adequate ventilation and lighting; designated areas used Wif									
		<input checked="" type="checkbox"/>			38. Approved thawing method Wic						W					44. Garbage and Refuse properly disposed; facilities maintained									
Proper Use of Utensils											1					45. Physical facilities installed, maintained, and clean Watch									
1					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used See							<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean Watch soap men's									
	<input checked="" type="checkbox"/>				40. Single-service & single-use articles; properly stored and used								<input checked="" type="checkbox"/>			47. Other Violations									

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Veronica Hernandez	Print: 	Title: Person In Charge/ Owner
Inspected by: <i>Kelly Kirkpatrick RS</i> (signature)	Print: _____	Business Email: _____

Form EH-06 (Revised 09-2015)

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Received by: (signature) See above	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly kirkpatriick RS</i>	Print:	Samples: Y N # collected

Form EH-06 (Revised 09-2015)