

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


Date: 06/26/2025		Time in: 9:45		Time out: 11:15		License/Permit # L Elijah Fleenor		Food Manager: 0		Food Handlers 1 on site		Page <u>1</u> of <u>2</u>													
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input checked="" 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: Phoenix nutrition						Contact/Owner Name: Stephen Perkins				* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____				10:90/A											
Physical Address: 3045 Goliad				Pest control : Need info		Hood Na		Grease trap / waste oil : Waterman plumbing to check with teddy		Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pics															
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) See							<input checked="" type="checkbox"/>				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Posted near hand sink									
			<input checked="" type="checkbox"/>		3. Proper Hot Holding temperature(135°F)						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)									
W					6. Time as a Public Health Control; procedures & records Discussed online/ for Tcs foods left out at room temp 4 hrs toss						Highly Susceptible Populations														
					Approved Source							<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Milk etc									
	<input checked="" type="checkbox"/>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial grocery						Chemicals														
	<input checked="" type="checkbox"/>				8. Food Received at proper temperature No Tcs except whipped cream transport safely							<input checked="" type="checkbox"/>				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Frozen									
					Protection from Contamination							<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	18. Toxic substances properly identified, stored and used Watch storage									
	<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 In bucket and suite compartm						3				<input checked="" type="checkbox"/>	19. Water from approved source; Plumbing installed; proper backflow device Confirmed /I follow up to be 110 barely									
		<input checked="" type="checkbox"/>			11. Proper disposition of returned, previously served or reconditioned Well discarded in front of customer							<input checked="" type="checkbox"/>				20. Approved Sewage/Wastewater Disposal System, proper disposal Need info									
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	
W					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) Not on sight (low risk facility)						★			<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 employees 1 on sote								2					28. Proper Date Marking and disposition Tcs foods - whipped cream - only 7! Days total not . datted atvalddto reach her goals							
					Safe Water, Recordkeeping and Food Package Labeling								W					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Need secondary in cooler							
2				<input checked="" type="checkbox"/>	23. Hot and Cold Water available; adequate pressure, safe Hot water follow up return to 110 only to start to begin to fall again so please call plumber								Permit Requirement, Prerequisite for Operation												
2					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Tea for customer self serve / The I								W					30. Food Establishment Permit (Current/ insp sign posted) To post so the customers can read it							
					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									<input checked="" type="checkbox"/>				31. Adequate handwashing facilities: Accessible and properly supplied, used Equi							
					Consumer Advisory								W					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used See / what condition of utensils and food context services place when needed?							
	<input checked="" type="checkbox"/>				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label Ingredients by request and a								W				<input checked="" type="checkbox"/>	33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Came back for a follow up after leaving store first time and hot water at 1:10 FU							
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	
	<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals										<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 Store in sanitizer									<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			42. Non-Food Contact surfaces clean Mi n or cleaning inside cabinets etc							
		<input checked="" type="checkbox"/>			37. Environmental contamination Watch ice I build upo										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used							
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		38. Approved thawing method								W	<input checked="" type="checkbox"/>				44. Garbage and Refuse properly disposed; facilities maintained Watch dumpster							
					Proper Use of Utensils								1					45. Physical facilities installed, maintained, and clean Minor under shelves and inside cabinets and inside coole							
	<input checked="" type="checkbox"/>				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used Watch storage handed up									<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean							
	<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:	Elijah Fleenor has	Print:		Title: Person In Charge/ Owner
Inspected by: (signature)	Kelly Kirkpatrick RS	Print:		Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name:	Physical Address:	City/State:	License/Permit #	Page 2 of 2	
Phoenix foodsc	3045 Goliad	Rockwall 3045 n Goliad	Fs 0004301		
TEMPERATURE OBSERVATIONS					
Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Black residential					
Freezer	5.4,				
Cooler	39.8				
Whipped. Cream	40				
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: temps in F				
	RestroomHot water 111 - ewuipped				
	Hot water at 106/! 3 comp 105 at				
	Sanitizer in sink				
	Air gap looks good				
39	Address the hanging towels on the sink				
	Test strips dated 3/26				
37	To hang mops to dry o lining bucket whebbunnjbsev in hub				
	Ice machine looks good				
28	Wjhiped cream to date when opening 6 days eco date only				
Note	Blender pitchers - washed after each use				
W	Peanut butter stored Sep believe				
	Using sleeved straws				
W/32	Watch wooden straw holder should be washable no raw undress woods				
	Need to label tea for customer self services or hand it to them fir now				
W	Employees knew basic info .food handlers only on site need manager				
	Gloves on site if needed				
	Follow-ups				
	Removed access of tea by customerEes				
	Hot water at followup at three comp si k was 110 and then started falling				
	Need toGet with plumber to check it				
	Nothing to wash at routine or Followupl				
	Quats sanitizer in sink and bucket at b72 this is the camp required for testing				
W	Only need hot water for wear wash washing may				
	Facility is considered low risk				
Received by: (signature)	See above	Print:		Title: Person In Charge/ Owner	
Inspected by: (signature)	Kelly Kirkpatrick RS	Print:		Samples: Y N # collected	

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