Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

6/	Date: Time in: 2:13		Time out: License/Permit FS-936			6					Est. Type Risk Category Page 1 of 2					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner Na								_	1-Inv	estig	atior	1	5-CO/Construction 6-Other TOTAL/SCOR * Number of Repeat Violations:	E		
RGAC-Warming Kitchen														✓ Number of Violations COS: 21/70/0	\bigcirc	
Physical Address: 2600 Champions Rockwall, TX Pest control: Ecolab/monthly							у	n/a	Hood Grease trap : Dar Pro/5-2025				sc trup.			
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 NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark '' a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days												1				
О	Compliance Status O I N N C Time and Temperature for Food Safety						R	(0 I			С		R		
U T	N	0	O A O S (F = degrees Fahrenheit)							U N T	0	A	o s	Employee Health 12. Management, food employees and conditional employees;		
	~				Proper cooling time and temperature					~				knowledge, responsibilities, and reporting		
3					2. Proper Cold Holding temperature(41°F/ 45°F)					~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth		
	~	3. Proper Hot Holding temperature(135°F)											Preventing Contamination by Hands			
		4. Proper cooking time and temperature						~				14. Hands cleaned and properly washed/ Gloves used properly Gloves USEO				
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)				2		V				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)					
		~			6. Time as a Public Health Control; procedures & records			ds						Highly Susceptible Populations		
					Ap	oproved Source				~				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 destruction Sysco									Chemicals		
	v			8. Food Received at proper temperature					~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
				Check at receipt Protection from Contamination				3	1				Water only 18. Toxic substances properly identified, stored and used			
	~	9. Food Separated & protected, prevented during food						<u>' </u>				Water/ Plumbing				
3					10. Food contact surfact Sanitized at			i						19. Water from approved source; Plumbing installed; proper backflow device		
_					11. Proper disposition									20. Approved Sewage/Wastewater Disposal System, proper		
	~				reconditioned disc	arded				~				disposal		
	Priority Foundation Items (2 Poi					Daimen)	viole	ations	Rea	nuire	Cor					
0		N					·	Points)	(0 I	N	N	C		R	
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Received by: (signature) Juan Cabrera	Print: Juan Cabrera	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishi RGA(nent Name: C-Warming Kitchen	Physical A	ddress: Champions	City/State:	all, TX	License/Permit # FS-9366	Page <u>2</u> of <u>2</u>					
	<u> </u>		TEMPERATURE OBSERV	ATIONS	,							
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
ice cre	eam freezer	-2	2 door cooler	37								
wing	gs on ice slurry	61-92	under counter coole	er 34								
0	n ice /ham	32										
stea	m wells/chicken	140										
	chile	156										
hot do	gs on rollers hot holding	141										
reach	n in cooler/all TCS	46-50										
2 do	or cooler ambient	35										
Item	AN INSPECTION OF VOLD ES		SERVATIONS AND CORRECT OF THE PROPERTY OF THE			IE CONDITIONS ODSE	DVED AND					
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 136F eq	uipped										
	3 comp sink 126F											
10/33	Dishwasher not sar	nitizing a	t 100ppm chlorine/no	sani hook	ked up t	o machine						
	Can use 3 comp si	nk until f	ixed/working by end o	of inspecti	on							
	Using quats tabs for sanitizer											
18	Sani buckets setup far too strong/using a whole tab/instead use 1/4 to 1/2 tab											
	Test strips on site/o											
	Gloves used for pre	•										
27			urry but not up to product level/r	moved to more	e shallow m	netal pans and to free	ezer					
	2 hours to 70F ther	4 hours	s to 41F or below									
34	Flies/to address											
32			ere discolored/ scored									
45	To clean floors and		• •									
32	• •		exposed wood cabine									
-	 W All personal in kitchen to have food handlers license/employees Will move all TCS to new 2 door cooler and whole veggies to single door reach in cooler (as not TCS) 											
2	•	ot 108)										
	Old single door reach in cooler to be replaced/ years of temp abuse											
35	Rolling ice bin emptied nightly No screw tops for employee dripks/use a cup with lid and straw instead/ store low and separate											
- 33	No screw tops for employee drinks/use a cup with lid and straw instead/ store low and separate											
	No cooking here/just prep and some storage in coolers All dishes washed in dishwasher											
29	29 Need metal stem thermo											
42												
12	10 olean maioana											
			T n e		,		10					
Received (signature)			Juan C	<u>Cabre</u>	ra	Title: Person In Charg	e/ Owner					
Inspected (signature)	Juan Cabrera Iby: Chvisty Cov	tez, 1	RS Christy C	Cortez,	RS	Samples: Y N	# collected					