Followup Fee of \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

## City of Rockwall

Date: <b>7/16/25</b>		5	Time in: 9:20	Time out: 10:05	-	License/Permit # FS-9083						CPFM <b>1</b>	Food handlers  3	Page 1	of <u>2</u>			
Pu	rpos	se of	f Ins	spec	tion: 1-Routine	2-Follow U		Complai			-Inve	estiga	atior	1 [	5-CO/Construction	6-Other	TOTAL/S	CORE
Be	st \		ste	rn F	ne: Plus		Contact/C Himmat		lame						Number of Repeat Violati	OS:	7/93	2/Δ
		al Ao 80 R			Tx		st control : lex Pest biwe	eekly		H/a	ood 1		G: N/a			Follow-up: Yes 🖊 No 🔲	1100	
Mai					Status: Out = not in co points in the OUT box for Prio	each numbered it		Mark 'v	√' a c		nark ir	appı	opria	te bo	plicable COS = corrected on si ox for IN, NO, NA, COS Mark ive Action not to exceed 3 days		lation W= box for R	Watch
Cor	mpli I	ance N	Sta	tus		aperature for Fo			R	(	Comp							R
U T	N	О	A	o s	(F = d)	egrees Fahrenhei					J <b>N</b>	0	A	o S		yee Health	1	
		/			1. Proper cooling time a No leftovers	and temperature					/				12. Management, food employe knowledge, responsibilities, and		employees;	
3					2. Proper Cold Holding See	g temperature(41°	°F/ 45°F)				/				13. Proper use of restriction and eyes, nose, and mouth		charge from	
	/				3. Proper Hot Holding t	temperature(135°	°F)								Employee health form Preventing Cont	posted tamination by Han	ds	
	,	/			4. Proper cooking time	and temperature					/				14. Hands cleaned and properly	y washed/ Gloves u	sed properly	
		·			5. Proper reheating prod Hours)	cedure for hot ho	olding (165°F	F in 2			/				15. No bare hand contact with ratternate method properly follows:			)
	<b>✓</b>				6. Time as a Public Hea	alth Control; proc	cedures & re	ecords							Gloves & utensils Highly Suscer	ptible Populations		
					A	muonod Commo									16. Pasteurized foods used; pro	hibited food not off	ered	
				ı	7. Food and ice obtaine	proved Source	I source: Food	d in							Pasteurized eggs used when req Eggs			
•	/				good condition, safe, ar destruction US Foo	nd unadulterated;		u m							Cho	emicals		
	/				8. Food Received at pro Checking	oper temperature					/				17. Food additives; approved at & Vegetables	nd properly stored;	Washing Fru	its
					,	n from Contami	nation				~	'			Water 18. Toxic substances properly in Stored low under 3 com		d used	
	/				9. Food Separated & pr preparation, storage, dis			od								/ Plumbing		
	/				10. Food contact surfact Sanitized at _200_	es and Returnabl	les; Cleaned	and			/			+	19. Water from approved source backflow device	e; Plumbing installe	ed; proper	
					11. Proper disposition of	of returned, previ	iously served	or				,		Ī	20. Approved Sewage/Wastewa	ater Disposal Syster	n, proper	
'					reconditioned Disc			(2 P.			~			~	disposal			
0	I	N	N	С				s (2 Poi	R R		tions	N O	N A	Cor	rective Action within 10 days  Food Temperature			R
U	N			0	Demonstration	n of Knowledge/						~				Control/ Identific:	ation	
O U T	N	О	A	o s	21. Person in charge property duties / Control of the control of t	esent, demonstra	tion of know	ledge,			r	(		Š	27. Proper cooling method used	d; Equipment Adec		
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Jessica Dodds	Print: Jessica Dodds	Title: Person In Charge/ Owner
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishe	ment Name:	Dhysical A	ddwara	try/Ctata		Liganga/Damait #	Dogo	0 of 0				
	Western Plus	Physical A		ity/State: Rockwal	l, Tx	License/Permit # FS-9083	rage	<u>2</u> of <u>2</u>				
			TEMPERATURE OBSERVAT			•						
Item/Loca		Temp	Item/Location	Temp	Item/Loca			Temp				
Refrige		36	Service Cooler	48	Chest freezer h			6.1				
Εί	ggs thawing	39	Milk	49	Upright freezer I		htt	11.7				
	Milk	39	Cream Cheese	50								
	Yogurt	39	Hard boil eggs	51								
			Hot holding	140								
			Sausage link/patties	143/139								
			Eggs	137								
			Roasted potatoes	140								
		OF	SERVATIONS AND CORRECTIV		IS							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
	Restrooms equipped temp greater than 103											
	Hand Sink equipped to	emp grea	ter than 100									
	3comp sink set up, 112	2, quat s	ani 200ppm									
	Breakfast served 6:30-9:30 daily											
	Discard waffle mix daily at close of breakfast 9:30am every day											
	Buffet sign requiring new plate for each visit confirmed											
	Hot foods discarded at 9:30a, no leftovers											
	Using digital thermo, strips current, gloves to touch Rte foods											
00/4=	All foods received frozen, fully cooked, heated onsite according to manufacturer directions and hot held 135 or higher											
39/47	, ,											
2	Minor detail cleaning in shelves above 3 comp, cereal crumbs  Service cooler amb temp 48, all tcs foods discarded within 4 hours. Thermostat adjusted from 6 to 4											
38												
30	Thawing at room temp, sausage links between 36-40, discuss 4 approved thawing ways according to FDA											
	1. Under refrigeration, 2. Under cold running water, 3 by cooking, 4. Defrost in microwave											
Received (signature)	See abov	/ <u>P</u>	See abo	)VA		Title: Person In Charge/	Owner					
Inspected			7.1									
(signature)	M H	) (s	<₿ Richard	Hill		Samples: Y N #	collecte	ad				