Retail Food Establishment Inspection Report ビ First aid kit 오 Allergy policy 오 Vomit clean up																		
Date:Time in:Time out:License/Permit #6/24/20259:5011:34need to po										ne.	t c	21	rre	ent Est. Type Risk Category Page $\underline{1}$ of $\underline{2}$	_			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain												_	5-CO/Construction 6-Other TOTAL/SCORE	3				
Establishment Name: Contact/Owner National Co															* Number of Repeat Violations:			
Ph	Physical Address: Pest control : 1043 E I-30 Rockwall, TX Orkin/6-12-2025								Hood Cintas/6-17-2025						se trap : Follow-up: Yes			
					tatus: Out = not in comp	$\frac{OKII}{\text{liance}} IN = \text{in cor}$	npliance	NO = 1	_				-		waste/2000gal/3-18-2025 No pplicable COS = corrected on site R = repeat violation W- Watch			
Ma	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 X in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																	
Compliance Status Compliance Status O I N N C Time and Tomporature for Food Sofety R O												R						
U T	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								U T	N	0	A	O S	Employee Health				
	1. Proper cooling time and temperature									~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
3		2. Proper Cold Holding temperature(41°F/ 45°F)								~			\square	13. Proper use of restriction and exclusion; No discharge from eves, nose, and mouth				
5		3. Proper Hot Holding temperature(135°F)							-		•							
	•	A Proper cooking time and temperature					_	-				Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly						
	4. Froper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2					_	-		~				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; proced	ures & records							Highly Susceptible Populations				
	Approved 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										Chemicals						
		destruction corporate 8. Food Received at proper temperature					-						17. Food additives; approved and properly stored; Washing Fruits					
	~								~				& Vegetables					
		Protection from Contamination							18. Toxic substances properly id					18. Toxic substances properly identified, stored and used				
	~				 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and 									Water/ Plumbing 19. Water from approved source; Plumbing installed; proper				
	~				Sanitized at 200 pp		, Cleaned and			3					backflow device			
	~				11. Proper disposition of reconditioned				~			20. Approved Sewage/Wastewater Disposal System, proper disposal						
Priority Foundation Items (2 Points) violations Require Corrective Action within 0 I N N C									R									
U T	N	0	D A O Demonstration of Knowledge/Personnel						U T	N	0	A	O S					
	~		21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 4			ʻ,			~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
	~	22 Food Handler/ no unauthorized persons/ personnel]		~				28. Proper Date Marking and disposition					
	Safe Water, Recordkeeping and Food Package Labeling						2					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips						
	~													Permit Requirement, Prerequisite for Operation				
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled							~				30. Food Establishment Permit (Current/insp report sign posted)					
		Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and										1	Utensils, Equipment, and Vending					
	~				HACCP plan; Variance ob processing methods; manu	stained for specia	lized				~				31. Adequate handwashing facilities: Accessible and properly supplied, used			
		Consumer Advisory							~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
	 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label in menu 								~			ļ	33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					
0	T	N	N	C	Core Items (1 Point)	Violations Rea	quire Correcti	ve Act		Not 0	to E	xcee N	ed 90 N	0 Da C	ays or Next Inspection , Whichever Comes First	R		
U T	N	0	A	o s		Food Contamin				U T	N	0	A	o s	Food Identification			
1					34. No Evidence of Insect animals						~				41.Original container labeling (Bulk Food)	_		
	~				35. Personal Cleanliness/ea										Physical Facilities			
<u> </u>	•				36. Wiping Cloths; propert37. Environmental contam		au	_	4						42. Non-Food Contact surfaces clean43. Adequate ventilation and lighting; designated areas used			
┡	•			37. Environmental contamination 38. Approved thawing method			_	-						44. Garbage and Refuse properly disposed; facilities maintained				
	~				-						45. Physical facilities installed, maintained, and clean							
	Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored,				-	1					46. Toilet Facilities; properly constructed, supplied, and clean							
	~																	
	~				40. Single-service & single and used	e-use articles; pr	operly stored								47. Other Violations			

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Received by: (signature) Nic Scorecia	Print: Nic Scorcia	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: rden Italian Restaurant #4425	Physical A 1043		City/State:	II, TX	License/Permit # Page 2 of FS-9158		<u>2</u> of <u>2</u>						
14 /T	-4:	Tomer	TEMPERATURE OBSERVA		T. (T. 1)									
Item/Loca		Temp F	Item/Location	Temp F	Item/Location			Temp F						
•	cooker/water	208/210	WIF	-19	under counter cooler/sauce			41						
-	na/ROP/in ice slurry	37	grill drawers/pasta		under counter freez			11						
	WIC/beef	37	pasta	49	dessert cooler/ambier			31						
	shrimp	37	shrimp	48	sa	lad cooler		39						
coc	ked veggies	36	pasta drawers/pasta	a 41	salad cold top/tomato		es	41						
р	asta/pasta	37/37	pasta	41	bar cooler ambien			36						
t	tomatoes	38	hot holding unit/lasagn	a 186	under c	counter cooler/creamer		40						
V	VIC veggie	28	small grill drawers/calamar	i 41										
		OB	SERVATIONS AND CORRECT	IVE ACTION	IS			<u>.</u>						
Item Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND													
	Prep hand sink 126F equipped													
	Prep hand sink 110+F equipped													
	warewashing hand sink 120F equipped													
19														
	Dishwasher sanitizing per temp strips													
29	Need plate thermo	or high t	emp strips to test dishv	vasher										
	3 comp sink 130F													
19	One faucet at 3 comp sink turned off because it is leaking/ to repair as this is state minimum requirement													
	Line hand sink 130F equipped													
2			d/unit was off/ all food loaded withi	n an hour pre	vious/all rer	moved and iced until un	it cool	S						
	All line coolers emp		0											
	Line hand sink 126													
	To go hand sink 12 Prep hand sink 120													
	Drink hand sink 110													
34	Some fruit flies in te													
- 54	Soda/tea nozzles V													
			,											
	Sani buckets at 200ppm quats Test strips on site/current													
	Digital thermo													
	Bar hand sink 130F equipped													
	Bar 3 comp sink 126F													
	Sani sink setup to 200ppm quats													
34	4 Fruit flies in bar/to address													
	Drink hand sink 120F equipped													
W			e broken baseboard tiles, re	place caulk	ing behin	d sinks where mole	dy							
	HACCP temp logs current/ROPs													
Received by: Print: Title: Person In Charge/ Owner														
(signature)	•			orcia		Manager								
Inspected (signature)	Nic Scorcia ^{Iby:} Chrísty Cov	ton	RS Christy C	ortaz										
Form EH-06	(Revised 09-2015)	<i>cey</i> , 1		\Box	1.0	Samples: Y N #	collecte	2d						