Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report City of Rockwall

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

Date: Time in: Time out: License/Pe 7/1 4/2025 8:58 10:29 Fs 94										Food handlers Food managers Page 1 of 2	2			
				ion: 1-Routine	2-Follow Up	3-Complain		4.1	Inves	tiga	tion		5-CO/Construction 6-Other TOTAL/SCO	RE
Establ	ishm	ent l	Nam			Contact/Owner N		1	IIIVCS	uga	uon		* Number of Repeat Violations:	KL.
Papa						un holdings ontrol :		11-			Cr	2000	V Number of Violations COS: e trap//waste oil Follow-up: Yes 5/95//	Δ
Physic 1180 ho			ess:		Msssey	y 6/4:/25		Hoo Univ	ersal				e trap//waste oil vaste 500 gals Follow-up: Yes No Pics	
				tatus: Out = not in cor points in the OUT box for	mpliance IN = in com	npliance NO	not o						plicable COS = corrected on site R = repeat violation W-Wate NA, COS Mark an in appropriate box for R	ch
WHIR C	ше цр	ургор	Tiute										ive Action not to exceed 3 days	
Compl		Stat N	tus C	Time and Tom	perature for Food	Cofety	R	Co	omplia I			us C		R
U N T	О	A	O S	(F = de	egrees Fahrenheit)	Safety		U T	N	0		o s	Employee Health	
✓	,			1. Proper cooling time a	and temperature								12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
				2. Proper Cold Holding	temperature(41°F/4	15°F)							At hs 13. Proper use of restriction and exclusion; No discharge from	-
		/				,			~				eyes, nose, and mouth	
	~			3. Proper Hot Holding to	emperature(135°F)				<u> </u>				Preventing Contamination by Hands	
•				4. Proper cooking time	and temperature								14. Hands cleaned and properly washed/ Gloves used properly	
				5. Proper reheating proc	cedure for hot holdin	ng (165°F in 2							Yes 15. No bare hand contact with ready to eat foods or approved	\vdash
	~			Hours)									alternate method properly followed (APPROVED Y N)	
/				6. Time as a Public Hea Pep only	lth Control; procedu	ires & records							Highly Susceptible Populations	
											T		16. Pasteurized foods used; prohibited food not offered	
					proved Source								Pasteurized eggs used when required All	
			Ī	7. Food and ice obtained good condition, safe, an	nd unadulterated; par	rasite							Charital	
				destruction Commis	ssary								Chemicals	
	,			8. Food Received at pro	-						. /		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	Т
				To always ched	CK 					'			All pre cut	_
					from Contaminati				'				18. Toxic substances properly identified, stored and used	
~				Food Separated & propreparation, storage, dis	' A	uring food							Water/ Plumbing	
✓	,			10. Food contact surface Sanitized at _200_		Cleaned and			/				19. Water from approved source; Plumbing installed; proper backflow device	
_	,			11. Proper disposition o reconditioned	of returned, previous	ly served or			1				20. Approved Sewage/Wastewater Disposal System, proper disposal	
Ť				Duit	onity Foundation	n Itams (2 Dai	nta) w	ialat	ional	Dogs	ui ma	Con	rective Action within 10 days	_
O I U N	N O	N A	C O		of Knowledge/ Per	,	R R	O	I	N	N	COL	Food Temperature Control/ Identification	R
T	U	A	s	21. Person in charge pre	8			T	14			s	•	
				and perform duties/ Cer					'				Proper cooling method used; Equipment Adequate to Maintain Product Temperature Proper Date Marking and disposition	
~	,			22 Food Handler/ no ur	nauthorized persons	/ personnel								
! ~	'			22. Food Handler/ no ur 3 need all with. 30 da	nauthorized persons/ ays	/ personnel		2					.s/b 7 days total and 6 days out from prep	
! ~				3 need all with. 30 da	ays rdkeeping and Food Labeling	d Package		2	~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
! ~				3 need all with. 30 da	ays rdkeeping and Food Labeling	d Package		2	'				29. Thermometers provided, accurate, and calibrated; Chemical/	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (Printed / covid Dave McAlister	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrick: Mary Almendarez	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: John's	Physical Address: Horizon			y/State: Rockw a	all	License/Permit # Fs9443	Page 2	Page <u>2</u> of <u>3</u>		
		1	TEMPERATURE OBSERVA								
Item/Loc		Temp F	Item/Location		Temp F	Item/Loca	<u>ıtion</u>]	Гетр		
Beverage cooler pizza sauce non Tcs		40.8	Wic ambient		35						
F	Pizza table	K	Food temp chees	е	38						
F	lamm/beef	33/33									
Tomatoes /cheese		33/	Small black resident it a	аl							
Below temps Wings		36									
		38									
			SERVATIONS AND CORRECT					<u> </u>			
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW; ALL TEMPS TAKEN IN F										
	Remember to have lights on when there with knives etc										
W	Lock is broken on rt door.Being fixed										
	Soap : towels provided										
	RR equipped hot water at 114 in rr										
	Hand sink in kitchen 1	12/ r3 co	mp 226								
42/45	General detailed clear	ning facili	ties and								
	They do not rework toppings										
42/55	, , , , , , , , , , , , , , , , , , , ,										
29	Date marking to be 7 t										
42:45											
	Back prep and warewashing / monitor cleaning c										
	Are they printing 7 days out on cheer etc for date naming and get should only. Be rate opened plusn6 days out										
	2/2026 - test strips expire on										
	Sink sanitizer - 200 at right temp										
	Gloves to touch rte										
V	Air gap at 3 comp con	firmed									
42/45	Mop sink needs mino	r cleanin	g								
34	Need new Weather st	ripping a	t back door								
32	To address cutting boa	ard condi	tion attached to can opene	er -	time to	replace					
W	Small black. Residential cooler - minor cleaning										
	Sauces sre Shelf stab		-								
	Food thermo - Taylor -	gray nsf									
	Allergy poster posted										
28	Pizza cutter changed every 2 hrs - fresh this morning extra set in back										
	Please checkOn getting date marking per code										
	- iouse cheston getting date maining per odde										
Received (signature)	See abov	e	Print:				Title: Person In Char	ge/ Owner			
Inspected (signature)	See abov Kelly kirkpo	ıtríck	Print:					,, ,,			
	5 (Ravisad 09-2015)						Samples: Y N	# collected			