Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

| | | | | Time in: 3:13 | 3:45 | F | S202 | _ | | | | | | | Est. Type | Risk Category | Page 1 | |
|---|--------|--------------|-------------|---|--|--|---|---------|---------------|---|-------|---------------|---|--|---|--|---|-------|
| Estal | olish | ment | Nan | | ne 2-Follow U | | C omplaint Owner Na | _ | 4-Ir | nves | tigat | ion | × | | struction of Repeat Vio of Violations | | TOTAL/SO | |
| Phys | ical . | Addr Addr | ess: | | | est control : | 005/ | | Hood | d | | Grea | se trap | • | | Follow-up: Yes | 2/98 | /A |
| | Co | mplia | nce S | Rockwall, TX Status: Out = not | in compliance IN = in | olab/7-21-20 compliance | NO= | = not o | n/a bserve | | NA | = not : | applicab | | = corrected or | No V n site R = repeat vio | olation W-W | Vatch |
| Mark | the a | approp | priate | points in the OUT bo | ox for each numbered in Priority Items (3 | item | | | | | | _ | | IN, NO, NA | , COS M | ark an 🗙 in appropria | te box for R | |
| 0 1 | N | | С | Time and | Temperature for F | ood Safety | | R | О | I | N | Status N C | | | | | | R |
| U N | 1 O | A | O S | (1 | F = degrees Fahrenhe time and temperature | eit) | | | U T | N | 0 | A C | | Managemen | | ployee Health oyees and conditional | l employees: | |
| - | | | | Ti Toper coomig t | e una temperature | | | | | - | | | | | | and reporting | i employees, | |
| V | 1 | | | 2. Proper Cold Ho | lding temperature(41 | °F/ 45°F) | | | | ~ | | | | Proper use of nose, and | | and exclusion; No dis | scharge from | |
| v | 1 | | | 3. Proper Hot Hold | ding temperature(135 | 5°F) | | | | | | | | Pı | reventing Co | ontamination by Ha | nds | |
| | V | 1 | | 4. Proper cooking | time and temperature | e | | | | ~ | | | alc | ves u | sedîî | erly washed/ Gloves | | |
| | ~ | , | | 5. Proper reheating Hours) | g procedure for hot ho | olding (165°F | F in 2 | | | ~ | | | | | | th ready to eat foods of llowed (APPROVEI | | |
| - L | , | | | 6. Time as a Public | c Health Control; pro | ocedures & re | ecords | | | | | | | | Highly Sus | ceptible Populations | | |
| * | | | | | . 10 | | | | П | | | | | | foods used; | prohibited food not of | | |
| | | | 1 | 7 Frederice 1 | Approved Source | 1 | 4 | | Ш | | | \perp | | eurized egg eggs | s used when | required | | |
| V | | | | good condition, sa | tained from approved fe, and unadulterated Clane's | | od in | | | | | | | | | Chemicals | | |
| v | - | | | | at proper temperature | 2 | | | | <u> </u> | | | & V | egetables | | d and properly stored; | ; Washing Fruit | íS. |
| | | | | check at re | ction from Contami | ination | | | H | ~ | | | | ater or | | ly identified, stored a | nd used | + |
| v | 7 | | | | & protected, prevente, display, and tasting | | od | | | | | | | | Wat | ter/ Plumbing | | |
| , | , | | | 10. Food contact s Sanitized at 20 | urfaces and Returnab ppm/temperatur | oles ; Cleaned | d and | | Π, | / | | | | Water from | | urce; Plumbing instal | led; proper | |
| | , | | | | tion of returned, previ | | d or | | Η. | <u></u> | | | | Approved S | ewage/Waste | ewater Disposal Syste | em, proper | |
| Ţ | | | | al | scarded Priority Founda | | s (2 Poin | ts) vi | olatio | one k | Reau | ire C | | | vithin 10 da | ve | | |
| | | | , | | 1 Hority 1 ound | ation Items | 5 (2 I 0III | | omno | | wyu | u c c | | c zicuon n | unin 10 uu | ys | | |
| | | | C O S | Demonstr | ation of Knowledge | / Personnel | | R | Ü | | | N C A C |) | Food | l Temperatu | ıre Control/ Identifi | cation | R |
| U | 1 0 | | | 21. Person in char and perform duties | ge present, demonstra s/ Certified Food Mar | ation of know | wledge, | | U T | | | | 27. I | Proper cooli | • | sed; Equipment Ade | | R |
| U N | , O | | О | 21. Person in char and perform duties 4 | ge present, demonstra | ation of know nager/ Posted | wledge, | | UT | N | | A C | 27. I Maii | Proper cooli | ing method u | sed; Equipment Ade | | R |
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Retail Food Establishment Inspection Report

| Received by: (signature) Melissa Taylor | Print: Melissa Taylor | Title: Person In Charge/ Owner Manager |
|---|---------------------------|--|
| Inspected by: Christy Cortez, RS | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

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|--------------------------|---|-----------------|--------------------------------|------------|-------|--------------------|----------|----------------------------|---------------------------|--|--|
| | ment Name: a Hut (TA) | Physical A 2105 | ^{ldress:} S Goliad | 1 | | State: ockwall, | TX | License/Permit # FS2024-24 | Page <u>2</u> of <u>2</u> | | |
| 1 122 | 4 1141 (171) | 2100 | | RATURE OBS | | | 170 | 1 0202 1 2 1 | | | |
| Item/Loc | cation | Temp F | Item/Location | n | 1 | Temp F Ite | em/Locat | tion | Temp I | | |
| 2 doo | r dough cooler | 38 | | | | | | | | | |
| Pizz | a cold table/ham | 38 | | | | | | | | | |
| | sausage | 40 | | | | | | | | | |
| u | nder/wings | 39 | | | | | | | | | |
| rea | ach in cooler | 39 | | | | | | | | | |
| 2 do | or reach in freezer | 8 | | | | | | | | | |
| 2 doo | or reach in cooler/meat | 40 | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | NS AND COR | | | | | l | | |
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: | | | | | | | | | | |
| | warewash hand sink 115F equipped | | | | | | | | | | |
| | 3 comp sink 118F | | | | | | | | | | |
| | Sani dispenser dispensing at 200ppm quats | | | | | | | | | | |
| | Atkins probe thermo | | | | | | | | | | |
| | Quat test strips current | | | | | | | | | | |
| | All food is commercially precooked/no raw meat | | | | | | | | | | |
| | No prep/just assembling pizzas, cutting into sections | | | | | | | | | | |
| | Front hand sink 105F equipped | | | | | | | | | | |
| | Personal pizzas time stickered for discard 45 minutes, pasta and wings are on hour to discard time stickers | | | | | | | | | | |
| | Gloves used for all prep and RTE | | | | | | | | | | |
| | Sani bucket setup to 200ppm quats | | | | | | | | | | |
| 4- | All food run through | | | | | | | | | | |
| 45 | To fill holes in walls | | 3 comp s | sink | | | | | | | |
| 45 | To clean floors drai | | | | | | | | | | |
| 45 | To clean floors in W | | | | | | | | | | |
| 42 | To clean hand sinks/rolling carts | | | | | | | | | | |
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| | | | | | | | | | | | |
| Received | l by: | | Print | : | | | | Title: Person In Charge/ | Owner | | |
| (signature) | . • | | | Melis | ssa T | Гаую | or | Manager | | | |
| Inspected (signature) | | tez. 1 | Print | Christ | v Cor | tez. R | RS | | | | |
| Form FU 0 | 6 (Revised 09-2015) | 0, ' | | , | , - ' | , | | Samples: Y N # | collected | | |