

Retail Food Establishment Inspection Report

- ☒ First aid kit
- ☒ Allergy policy
- ☒ Vomit clean up
- ☒ Employee health

| | | | | | | |
|---|------------------|--|-------------------------------|---|--|---------------------------|
| Date: 7/30/2025 | Time in: 3:13 | Time out: 3:45 | License/Permit # FS2024-24 | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other <input type="checkbox"/> TOTAL/SCORE | | | | | | |
| Establishment Name: Pizza Hut (TA) | | | Contact/Owner Name: | * Number of Repeat Violations: ____ ✓ Number of Violations COS: ____ | | 2/98/A |
| Physical Address: 2105 S Goliad Rockwall, TX | | Pest control : Ecolab/7-21-2035/monthly | Hood n/a | Grease trap : Southwaste/2500gal/2-11-2025 | Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 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 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 | | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | R | |
| OUT | IN | NO | NA | COS | | |
| | ✓ | | | | 1. Proper cooling time and temperature | |
| | ✓ | | | | 2. Proper Cold Holding temperature(41 °F/ 45°F) | |
| | ✓ | | | | 3. Proper Hot Holding temperature(135°F) | |
| | | ✓ | | | 4. Proper cooking time and temperature | |
| | | ✓ | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | |
| | ✓ | | | | 6. Time as a Public Health Control; procedures & records | |
| | | Approved Source | | | | |
| | ✓ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction McClane's | |
| | ✓ | | | | 8. Food Received at proper temperature check at receipt | |
| | | Protection from Contamination | | | | |
| | ✓ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | |
| | ✓ | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature | |
| | ✓ | | | | 11. Proper disposition of returned, previously served or reconditioned discarded | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | |
| OUT | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel | R |
| | ✓ | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 4 | |
| | ✓ | | | | 22. Food Handler/ no unauthorized persons/ personnel 16 | |
| | | Safe Water, Recordkeeping and Food Package Labeling | | | | |
| | ✓ | | | | 23. Hot and Cold Water available; adequate pressure, safe | |
| | ✓ | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | |
| | | Conformance with Approved Procedures | | | | |
| | ✓ | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | |
| | | Consumer Advisory | | | | |
| | ✓ | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | |
| OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R |
| | ✓ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| | ✓ | | | | 28. Proper Date Marking and disposition | |
| | ✓ | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | |
| | | Permit Requirement, Prerequisite for Operation | | | | |
| | ✓ | | | | 30. Food Establishment Permit (Current/insp report sign posted) 12/31/2025 | |
| | | Utensils, Equipment, and Vending | | | | |
| | ✓ | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | ✓ | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | ✓ | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | |
| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First | | | | | | |
| OUT | IN | NO | NA | COS | Prevention of Food Contamination | R |
| | ✓ | | | | 34. No Evidence of Insect contamination, rodent/other animals | |
| | ✓ | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | |
| | ✓ | | | | 36. Wiping Cloths; properly used and stored | |
| | ✓ | | | | 37. Environmental contamination | |
| | ✓ | | | | 38. Approved thawing method | |
| | | Proper Use of Utensils | | | | |
| | ✓ | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | |
| | ✓ | | | | 40. Single-service & single-use articles; properly stored and used | |
| OUT | IN | NO | NA | COS | Food Identification | R |
| | ✓ | | | | 41.Original container labeling (Bulk Food) | |
| | | Physical Facilities | | | | |
| 1 | | | | | 42. Non-Food Contact surfaces clean | |
| | ✓ | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | ✓ | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| 1 | | | | | 45. Physical facilities installed, maintained, and clean | |
| | ✓ | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | ✓ | | | | 47. Other Violations | |

Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

[illegible]

Form EH-06 (Revised 09-2015)