Retail Food Establishment Inspection Report

V	First aid kit
	Allergy policy
V	Vomit clean up
۳	Employee health

						nse/Permit # Est. Type Risk Category Page							Page 1	of <u>2</u>					
Purpose of Inspection: V 1-Routine 2-Follow Up 3				3-Complaint 4-Investigation 5-CO/Construction 6-Other						TOTAL/	SCORE								
Establishment Name: Contact/Owner N Firehouse Subs						lame:	* Number of Repeat Violations: ✓ Number of Violations COS:						11/0	0 /D					
Physical Address: 1067 E I-30 Rockwall, TX Pest control: Massey/5-28-2025						5	Hood Grease trap : Follow-up: Yes Cold Springs/5-27-2025/125gal No					Follow-up: Yes V	11/89/B						
		Com	pliar	ice S	Status: Out = not in co	mpliance IN = in	n compliance	e NO	not =						plicable COS :	= corrected on	site \mathbf{R} = repeat vio	lation W-	Watch
										re In	nmed	iate	Corr	recti	ive Action not to			C OOM TOT K	
O U	II N O A O Time and Temperature for Food Safety						R	Compliance Status							R				
Т	N O A O S (F = degrees Fahrenheit) 1. Proper cooling time and temperature						T S 12. Management, food employees and conditional emp						employees;						
	~								~				13. Proper use of restriction and exclusion; No discharge from						
3		2. Proper Cold Holding temperature(41°F/45°F)							~			eyes, nose, and mouth							
	~	3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands											
		~			4. Proper cooking time			50E : . 2		14. Hands cleaned and properly washed/ Gloves used progloves used 15. No bare hand contact with ready to eat foods or appro							/		
		~			5. Proper reheating prod Hours)	cedure for hot he	iolding (165	5°F in 2			~				alternate method		.)		
		~			6. Time as a Public Hea	alth Control; pro	ocedures &	records		Highly Susceptible Populations									
					Ap	proved Source				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required						fered			
	4				7. Food and ice obtaine good condition, safe, ar			ood in				<u> </u>			no eggs	_			
	•				destruction Benek		, _F									C	Chemicals		
	/				8. Food Received at pro		e				<				& Vegetables		and properly stored;	Washing Fr	uits
					check at rece	ipt n from Contami	ination				~				water or 18. Toxic substa		y identified, stored an	d used	
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting													Wate	er/ Plumbing				
3					10. Food contact surfac			ed and			_				19. Water from backflow device		rce; Plumbing install	ed; proper	
								ed or						1			water Disposal Syste	m, proper	
	•				reconditioned disc	arded	11. Proper disposition of returned, previously served or reconditioned discarded 20. Approved Sewage/Wastewater Disposal System, proper disposal												
	Priority Foundation Items (2 Point of Items (2 Point of Items)																		
0						•		Ì	nts) v	О	I	N	N	С				ection	R
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Received by: (signature) Juan Leija	Print: Juan Leija	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortex. R.S	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: Nouse Subs	Physical A	ddress: E I-30	City/State: Rockwa	all TX	License/Permit # need current posted	Page <u>2</u> of <u>2</u>
1 11 011		1007	TEMPERATURE OBSERVA		411, 173	·	
Item/Loc		Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F
steam	wells/meatballs	175/166	WIC/ham	44			
CO	ld top/turkey	40	turkey	44			
	ham	39	meatballs	45			
	roast beef	40	cut tomatoes	45			
CU	ıt tomatoes	36	reach in cooler	39			
stean	n wells/potato soup	144					
	chile	141					
2 0	door freezer	3					
		OB	SERVATIONS AND CORRECTI	VE ACTION	NS		
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTENT	TON IS DIRE	CTED TO TI	HE CONDITIONS OBSER	VED AND
	Front hand sink 108	3F equip	ped				
10	Need to clean knife						
W	To clean toaster ov						
4.0	· · · · · · · · · · · · · · · · · · ·		cooked/heated in micro				
10			o change every 2 hours or as	often as	necessar	y to keep at require	ed ppm
20	Quat test strips curi			olo boom	d au in 0		
39	Back prep hand sin		on trash cans/store on dr	ain boar	a or in 3	comp sink inste	<u> </u>
2	WIC MUST cold ho						
	Gloves used for pre		or bolowito ropali				
	Slicer clean/stored	•	inspection				
	3 comp sink 114F		·				
	Sani dispenser at 3	comp s	ink dispensing at 200pp	m quats	3		
21	Need certified food	manage	er on duty during prep/s	ervice			
Received	by:		Print:			Title: Person In Charge	/ Owner
(signature)	Juan Leija		Juan Le	eija		Manager	
Inspected (signature)		ton. 1	Christy Co	ortoz			
Form FIL 06	6 (Revised 09-2015)	vez, r	Company Co	וו נטב,	110	Samples: Y N	# collected