

Retail Food Establishment Inspection Report

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

| | | | | | | |
|---|-------------------|--|-----------------------------------|-------------------------------|--|---|
| Date: 7/28/2025 | Time in: 10:20 | Time out: 10:50 | License/Permit # FS-0002238 | 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: Lone Star Donuts | | | Contact/Owner Name: Yuneun Kim | | * Number of Repeat Violations: ____ ✓ Number of Violations COS: ____ | |
| Physical Address: 3045 N Goliad Rockwall, TX | | | Pest control : Wise/6-30-2025 | Hood Vent Hood US/9-4-2024 | Grease trap : LES/3-14-2025/100gal | 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 | | | | |
| 3 | | | | ✓ | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | |
| | ✓ | | | | 8. Food Received at proper temperature | |
| | | 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>100</u> ppm/temperature | |
| | ✓ | | | | 11. Proper disposition of returned, previously served or reconditioned | |
| | | Employee Health | | | R | |
| OUT | IN | NO | NA | COS | | |
| | ✓ | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| | ✓ | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | |
| | | Preventing Contamination by Hands | | | | |
| | ✓ | | | | 14. Hands cleaned and properly washed/ Gloves used properly gloves used | |
| | ✓ | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | |
| | | Highly Susceptible Populations | | | | |
| | ✓ | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| | | Chemicals | | | | |
| | ✓ | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | ✓ | | | | 18. Toxic substances properly identified, stored and used | |
| | | Water/ Plumbing | | | | |
| | ✓ | | | | 19. Water from approved source; Plumbing installed; proper backflow device | |
| | ✓ | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |
| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | |
| OUT | | IN | NO | NA | COS | R |
| | ✓ | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 1 | |
| | ✓ | | | | 22. Food Handler/ no unauthorized persons/ personnel 1 | |
| | | 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 | R |
| 1 | | | | | 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 | | | | |
| 1 | | | | | 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 | 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

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

Form EH-06 (Revised 09-2015)

| Establishment Name: Lone Star Donuts | | Physical Address: 3045 N Goliad | | City/State: Rockwall, TX | | License/Permit # FS-0002238 | | Page 2 of 2 | |
|--|---|---|-------------------------------------|------------------------------------|--------|--|--|-------------|--|
| TEMPERATURE OBSERVATIONS | | | | | | | | | |
| Item/Location | | Temp F | Item/Location | | Temp F | Item/Location | | Temp F | |
| 2 door glass front cooler | | 35 | | | | | | | |
| glass front cooler | | 34 | | | | | | | |
| 2 door reach in cooler/sausage | | 42 | | | | | | | |
| reach in upright freezer | | 1 | | | | | | | |
| reach in upright freezer | | -3 | | | | | | | |
| white residential cooler/butter | | 42 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | | | | | |
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: | | | | | | | | |
| | Shelf stable individual creamers | | | | | | | | |
| | Front hand sink 100F equipped | | | | | | | | |
| 45 | To clean around, walls around front hand sink | | | | | | | | |
| | Back hand sink 108F equipped | | | | | | | | |
| | 3 comp sink 122F | | | | | | | | |
| | Sani bucket setup to 100ppm chlorine | | | | | | | | |
| | Test strips current 2/2027 | | | | | | | | |
| | Digital thermo | | | | | | | | |
| 39 | To clean dough mixer/store clean | | | | | | | | |
| 45 | To clean walls behind prep areas | | | | | | | | |
| 45/34 | To clean flour under dough table/to prevent pests | | | | | | | | |
| 7 | Removed 2 dented cans of jalepenos | | | | | | | | |
| 42 | To clean outside of bulk storage containers | | | | | | | | |
| | TPHC time stickers on TCS foods | | | | | | | | |
| | TX Bakery/Dawn | | | | | | | | |
| 34 | One fruit fly | | | | | | | | |
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| | | | | | | | | | |
| Received by: (signature) <i>Yuneun Kim</i> | | | Print: Yuneun Kim | | | Title: Person In Charge/ Owner Owner | | | |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | | | Print: Christy Cortez, RS | | | Samples: Y N # collected | | | |

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