## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

					1:30	Time out: <b>2:35</b>		S-93		3					Est. Type	Risk Category	Page 1 of	<u>2</u>
Pu	rpo	<b>se o</b> f	f Ins	spec	tion: 1-Routine	2-Follow U		Complain Owner Na		4-I	nve	stiga	tion		5-CO/Construction  * Number of Repeat Violation	6-Other	TOTAL/SC	ORE
					id #1982		Contact/C	Owner Na	ame:						✓ Number of Violations COS:		6/94/	/ <b>/</b>
		al A Rid			Rockwall, TX		est control : entokil/8-7			Hoo n/a	od		Gr LE	ease S/1	trap : Fol 120gal/7-21-2025 No	llow-up: Yes	0/94/	Α
	(	Com	plia	nce S	Status: Out = not in co	ompliance IN = in	compliance	NO	= not c	bserv			= no	ot ap	plicable COS = corrected on site	R = repeat viol	lation W-Wa	atch
Ma	rk tł	he ap	prop	riate	points in the OUT box for	r each numbered it	tem	Mark '✓							ive Action not to exceed 3 days	n X in appropriate	e box for R	
Cor	npli	iance N	Sta N	tus					R	_			Stat					R
U T	N	0	A	o s		<b>nperature for Fo</b> legrees Fahrenhei				U T	N	Ö	A	o s	Employe	ee Health		
	~				1. Proper cooling time	and temperature					7				12. Management, food employees knowledge, responsibilities, and r		employees;	
					2. Proper Cold Holding	z temperature(41°	°F/ 45°F)								13. Proper use of restriction and e	exclusion: No disc	charge from	_
	~				· · · · · · · · · · · · · · · · · · ·	,	,				~				eyes, nose, and mouth	,		
	~				3. Proper Hot Holding	temperature(135°	°F)				<u> </u>				Preventing Contan	mination by Han	ds	
		~			4. Proper cooking time	and temperature	)				~				14. Hands cleaned and properly v	washed/ Gloves us	sed properly	
					5. Proper reheating pro	cedure for hot ho	olding (165°l	F in 2							15. No bare hand contact with rea alternate method properly follower			
		•			,	alth Cantuals mass									alternate method property follower	eu (AllKOVED	1N)	
Ш	~				6. Time as a Public He	aith Control; proc	cedures & r	records							Highly Suscepti	-		
					AĮ	oproved Source					~				16. Pasteurized foods used; prohil Pasteurized eggs used when requi	ired	ered	
П	1				7. Food and ice obtained			od in							liquid pasteurized e	eggs only		
	~				good condition, safe, a destruction	nd unadulterated;	; parasite								Chen	nicals		
					8. Food Received at pr	oper temperature	)						T		17. Food additives; approved and	properly stored;	Washing Fruits	
	<b>'</b>				check at rece	eipt					~				& Vegetables			
					Protection	n from Contamii	ination				~				18. Toxic substances properly ide	entified, stored and	d used	
	~				9. Food Separated & preparation, storage, di			ood							Water/ P	Plumbing		
	~				10. Food contact surface Sanitized at <u>272</u>			d and			~			+	19. Water from approved source; backflow device	Plumbing installe	ed; proper	
	_				11. Proper disposition			d or			_			Ì	20. Approved Sewage/Wastewate disposal	er Disposal System	n, proper	
	_				reconditioned disc										T. C.			
					TO	· · · ·	. 4° T4	(2 D.:	.4.)			<b>D</b>		~				_
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## **Retail Food Establishment Inspection Report**

Received by: (signature) Mark Ottwell	Print: Mark Ottwell	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	nment Name: era Bread #1982	Physical A		City/State:	JI TV	License/Permit #	Page	<u>2</u> of <u>2</u>		
Pane	era Breau #1962	2804	Ridge Rd  TEMPERATURE OBSERVA	Rockwa	all, IX	FS-9383				
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion		Temp F		
front o	front display ambient		soup wells/onion sou	165	chickpeas			41		
WIC	WIC/cut tomatoes		broccoli soup	169				41		
	cut melon	38	chicken and wild rice sou	p 168	sandwi	ch cold top/tuna sa	alad	41/41		
	cheese	39	lunch cold top/han	n 38	ch	nicken/ham		41/41		
W	/IF ambient	-10	chopped pepper	s 39	,			28		
soup	re-thermalizer water	178	sliced cheese	42	<u> </u>			-11		
unde	r counter cooler/milk	41	salad cold top/boiled eg	g 41	2 0	door freeze	r	-3		
under	counter cooler/ liquid egg	41	cheese/chicken	41/40	under c	ounter cooler/milk/free	ezer	39/-3		
Itom			SERVATIONS AND CORRECT							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:									
	Soda/tea nozzles WRS daily									
	Creamer carafes with TPHC stickers/observed									
	Warewash hand sink 107F equipped									
	Dishwasher sanitizing at 100ppm chlorine									
	Sani wipes at 272-700ppm									
	Chlorine and Sink&Surface test strips on site/current									
	3 comp sink 140F									
47	Ice buildup around WIF door preventing door from opening smoothly									
	In the works to repair/leak in wall									
32	Small white cutting boards to be cleaned where badly scored, discolored									
	To go hand sink 120F equipped									
	Espresso milk frothers to be cleaned and sanitized at least every 4 hours									
39	To store milk frothers clean									
4.5	Air curtain working at drive thru									
45	To clean floors/some food debris, after lunch rush									
42	To clean inside toaster ovens									
	hand sink by swinging doors 112F equipped									
<i>1</i> =	Bakery hand sink 111F									
45	To clean floors in bakery area/store clean, food debris									
42	To clean prep surfaces throughout/some minor food debris									
40	Drink dispensers cleaned and sanitized every 2 days									
42	To clean under counter cabinets in front									
Received	d by:		Print:			Title: Person In Charge/	Owner			
(signature)			Mark C	ttwe		Manager				
Inspecte (signature)		tez. 1	RS Christy C	ortez.	RS					
	06 (Revised 09-2015)	0,,		,		Samples: Y N #	collecte	ed		