Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

Date: 8/15/25			Time in: Time out: 1:45			License/Permit # FS-9457							2 Fo	Page 1 of	_{f_} 2_			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Com					Complaint 4-Investigation				ation	<u>. </u>	5-CO/Construction	TOTAL/SC						
Establishment Name: Contact/Owner Great American Cookies Dao Nguyen												Number of Repeat Violations: Number of Violations COS:						
Physical Address: 2268 N Lakeview Blvd #112 Pest control: APT Pest Control mor						l:	hly		Hood Grease trap :/ waste oil Follow-up: Y			ow-up: Yes	<mark>∄</mark> 12/88/B					
	,	Com	plia	ice S	Status: Out = not in co	ompliance IN = in	n complianc	e NO	$\mathbf{o} = \mathbf{o}$	ot obse	rved	N.	1 = n	ot ap	plicable COS = corrected on site		lation W= Wa	atch
Ma	ırk tl	ae app	prop	riate	points in the OUT box for Prio										ive Action not to exceed 3 days	in appropriate	e box for R	
Co O U	Î	N O A O Time and Temperature for Food				Food Safet	y	R	(O I N U N O		N C A O		Employee Health				
T	14	N O A O S (F = degrees Fahrenheit) 1. Proper cooling time and temperature							r		Α.	s	Employee Health 12. Management, food employees and conditional employees;					
		'									/	,			knowledge, responsibilities, and rep			
3					2. Proper Cold Holding See	ş temperature(41	l°F/ 45°F)				/	,			13. Proper use of restriction and exceyes, nose, and mouth Employee health form pos	charge from		
		/			3. Proper Hot Holding	temperature(135	5°F)								Preventing Contamin		ds	
		~			4. Proper cooking time	and temperature	e				/				14. Hands cleaned and properly wa	ashed/ Gloves u	sed properly	
		~			5. Proper reheating pro- Hours)	cedure for hot he	olding (16	5°F in 2			/				15. No bare hand contact with ready alternate method properly followed Gloves & utensils	y to eat foods or (APPROVED	r approved YN_ \(\bullet \)	
	/				6. Time as a Public Hea	alth Control; pro	ocedures &	t records							Highly Susceptible	le Populations		
					Ap	oproved Source	ļ.				/	,			16. Pasteurized foods used; prohibit Pasteurized eggs used when require		ered	
					7. Food and ice obtaine			Food in			ľ				N/a			
	'				good condition, safe, and destruction GAC / N	MSC									Chemic			
	/				8. Food Received at pro Checking	oper temperature	е				/	,			17. Food additives; approved and pr & Vegetables N/a	roperly stored; '	Washing Fruits	
					Protection	n from Contami	ination				~	'			18. Toxic substances properly ident Stored low and separate	tified, stored and	d used	
	/				9. Food Separated & pr preparation, storage, di			food							Water/ Plu	umbing		
	~				10. Food contact surfact Sanitized at _100_	es and Returnab ppm/temperatur	oles ; Clear re	ned and			/	•			19. Water from approved source; Pl backflow device City approved	lumbing installe	ed; proper	
	/				11. Proper disposition of reconditioned Disc	_	iously serv	ved or			/	,		İ	20. Approved Sewage/Wastewater I disposal	Disposal System	n, proper	
							ation Ite	ms (2 Po	ints)	viola	tions	Reg	uire	Cor	rective Action within 10 days			
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge	e/ Personne	el	R	ī	Ο I J N	N O	N A	C O S	Food Temperature Con	ntrol/ Identifica	ation	R
	/				21. Person in charge pr and perform duties/ Cer 2						/	,			27. Proper cooling method used; E Maintain Product Temperature	Equipment Adec	quate to	
	/				22. Food Handler/ no u 8	nauthorized pers	sons/ perso	onnel		2	2				28. Proper Date Marking and dispos Need date labels	osition		
															29. Thermometers provided, accurate Thermal test strips			
					Safe Water, Reco	ordkeeping and Labeling	Food Pack	kage		2	-				thermo onsite, chlorine stri	,		s
	/				23. Hot and Cold Wate 125, good pres	Labeling er available; adeq SUICE	quate press	ure, safe		2					thermo onsite, chlorine stri	ips current/n	o quat strip	
	'				23. Hot and Cold Wate	Labeling er available; adec SUP vailable (shellsto	quate press	ure, safe		2		,			thermo onsite, chlorine stri	ips current/n	o quat strip	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Lily Tran	Print: Lily Tran	Title: Person In Charge/ Owner MOD
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: t American Cookies	Physical A		ity/State: Rockwal	ΙΤν	License/Permit # FS-9457	Page _	2 of 2	
Great	TAMERICAN COOKICS	2200	TEMPERATURE OBSERVATI		i, IA	100401			
Item/Loc	ation	Temp	Item/Location	Temp	Item/Loca	tion		Temp	
	cake freezer	14.1	Beverage cooler	N/a	Icecream Freezer				
-	eezer 1 HTT	21.3	UC refrigerator		Red velvet			6	
Fre	eezer 2 HTT	8.4	Whip	41	Cool Mint			6	
	WIC amb	38	Waffle cone mix	41	Cinnamon Vanilla		lla	9	
Ice	e cream mix	39	Shake mix	40	Peanut Butter		•	9	
Co	ookie dough	38	Icecream freezer	3./3.0					
Whip	oped icing tube	38	Cold stone	29.8					
			Melted chocolate						
		OF	SERVATIONS AND CORRECTIV		IS				
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temperature		NT HAS BEEN MADE. YOUR ATTENTI F	ON IS DIRE	CTED TO T	HE CONDITIONS OBSERV	/ED AN	ID .	
	Restrooms equipped t	emp grea	ater than 102						
	Hand sinks all equippe	ed temps	greater than 102 throughout	t kitchen					
	3comp sink set up,125	i, using c	hlorine sani 100ppm						
_	Great practice hanging	g mop he	ead to drip dry over mop sink	(
32	Observed rough cuttin	g boards	, code requires smooth, opti-	ons inclu	de resu	rface or replaceme	ent		
	Bug light operational d								
	Air curtain confirmed of								
45	General detail cleaning								
	Employee food stored								
	Using spray bottle up t		•						
29			ved in the reach in freezers	tetrine					
29	Dipper well confirmed		llorine strips current, no quat	suips					
		•	strategically placed to preve	nt cross	contami	nation on right side			
	Trash enclosure looks			111 01000	oomam	nation on right side			
	Current Health Permit								
28cos		•	ix in front UC refrigerator in ex	cess of 6	6 days at	fter prep date, disca	arded	onsite	
32/42	Torn bottom door gask	et on sei	vice UC refrigerator, to repla	ace to ma	ake clea	nable			
32/42	Torn oven door gasket	(top) to	replace to make cleanable						
2	UC refrigerator amb 47	/48, waffle	e mix 46, whip 47, shake base	47, disc	ard withi	n 4 hrs, service call	l refriç	gerator	
28	Date labels missing or	n open ch	eesecake base and icecrea	m mix 1/	2 gallon	(2 containers)			
Received (signature)		 /e	See abo)Ve		Title: Person In Charge/	Owner		
Inspected									
(sig M ature)	by:	<u>(</u>	S Richard	Hill		Samples: Y N #	collecte	d	