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

9/29/25		•	2:30 3:10		FA-000			828					4	5	Page 1 of	2_	
				tion: 1-Routine	2-Follow U				4-1	Inves	tiga	tion	1	5-CO/Construction	6-Other	TOTAL/SC	ORE
Establ Mod						Contact/Ow Javier Pue								Number of Repeat Viol. Number of Violations C	ations: COS:	2/00	/ A
Physical Address: 2901 Ridge Rd, Rockwall, Tx Pest control: Ecolab 9/4/25								e trap :/ waste oil /1/14 1800g	Follow-up: Yes No	2/98/A							
				Out = not in copoints in the OUT box for	ompliance IN = in	compliance	NO = 1							plicable COS = corrected on	site \mathbf{R} = repeat vio	olation W= Wa	atch
Mark t	не ар	ргор	Trate	•								_		ex for IN, NO, NA, COS Ma ive Action not to exceed 3 day		e box for K	
O I U N	iance N O	Stat N A	tus C O	Time and Ten	nperature for F	ood Safety	R		O U		N O	Stat N A	C O	E	lower Weelth		R
T	U	A	s	(F = d 1. Proper cooling time :	egrees Fahrenhe and temperature	it)			T	1	0	A	s	12. Management, food emplo	yees and conditional	employees;	
'				1 0						~				knowledge, responsibilities, a	•	1 3	
/				2. Proper Cold Holding See	temperature(41°	°F/ 45°F)				/				13. Proper use of restriction a eyes, nose, and mouth		charge from	
		•/		3. Proper Hot Holding	temperature(135	°F)								Employee Health form	n posted ntamination by Han	nde	
		<u> </u>		4. Proper cooking time	and temperature	;				<u> </u>				14. Hands cleaned and prope	<u> </u>		
				5. Proper reheating pro-	cedure for hot ho	olding (165°F in	2							15. No bare hand contact with			
		•		Hours)	11.0									alternate method properly foll Gloves & Utensils	lowed (APPROVED	Y. N.)	
'				6. Time as a Public Hea	alth Control; pro	cedures & reco	rds								eptible Populations	C 1	
				Ap	proved Source					~				16. Pasteurized foods used; preparteurized eggs used when re N/A		tered	
				7. Food and ice obtaine good condition, safe, at destruction Sysco			1								hemicals		
				8. Food Received at pro	oper temperature	;						1		17. Food additives; approved	and properly stored;	Washing Fruits	
'				Checking						/				& Vegetables Water only			
					n from Contami					/				18. Toxic substances properly Stored separately and		d used	
•				Food Separated & pr preparation, storage, di Food contact surface	splay, and tasting	g	1								er/ Plumbing	1	
~				Sanitized at 200						~				19. Water from approved sour backflow device City approved	rce, Flumbing instant	ed, proper	
./				11. Proper disposition of reconditioned Disc	of returned, previ					/			İ	20. Approved Sewage/Waster disposal	water Disposal System	m, proper	
					araca									r			
0 1	N	N	С			ntion Items (2		_	_		_			rective Action within 10 day.	S		D
O I U N T	N O	N A	C O S	Pri Demonstration	ority Founda	/ Personnel	R	_	olati O U T	I	_	n A	Cor C O S	rective Action within 10 day.	s re Control/ Identific	ation	R
O I U N T			О	Demonstration 21. Person in charge pr and perform duties/ Cer 7	ority Founda n of Knowledge/ esent, demonstra rtified Food Man	Personnel ation of knowled hager (CFM)	R	_	O U	I	N	N	C O	Food Temperatur 27. Proper cooling method us Maintain Product Temperatur	re Control/ Identific ed; Equipment Adec e		R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Javier Puente	Print: Javier Puente	Title: Person In Charge/ Owner GM
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

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Establishment Name: Mod Pizza South	Physical A		ty/State: Rockwal	l. Tx	License/Permit # Page FS-0001828	2 of 2						
		TEMPERATURE OBSERVATI		.,								
Item/Location	Temp	Item/Location	Temp	Item/Locat		Temp						
Beverage cooler non tcs	45	Spinach	39		Cut station							
WIF HTT	7.8	Service line		UC fridge amb		36						
WIC amb	35	Mozz/Sauce	37/38		Ranch	38						
Spicy Tomato sauce	38	Chix/Beef	37/37									
Shredded Cheddar/Mozz	38/38	Lettuce/Dice Tom	39/38									
Chicken/beef	37/38	Slice Tom/ Garlic	38/38									
POD 3		Ham	38									
Sauce / Mozz	38/38											
Item AN INSPECTION OF YOUR ESTABLE NUMBER NOTED BELOW: all temperatures	STABLISHME	SERVATIONS AND CORRECTIVE INT HAS BEEN MADE. YOUR ATTENTION F			IE CONDITIONS OBSERVED A	ND						
Restrooms equipped	temp grea	ater than 105 in each room										
Hand sinks equipped,	greater t	han 107 throughout kitchen										
3comp sink set up, 11	2, quat 20	00ppm / dishwasher confirme	ed 160sf									
Cleaning soda nozzle	s nightly											
Cathco tea and juice of	chillers ar	e cleaned 3x weekly										
Customer advisors loc	cated on o	display glass										
W Missing 1 date sticker	on shred	lded cheddar bag										
WIF looks good, no fre	WIF looks good, no frozen condensation											
CO2 cylinder secure of	during ins	pection										
Red sani buckets filled	d at 3 con	np sink										
Blue Digital thermo, s	trips are	current										
Gloves used to touch	Rte foods	3										
32 Red&Green cutting bo	Red&Green cutting boards rough, code requires smooth, options include resurfacing or replacement											
Received by: See abov	/e	See abo	ove		Title: Person In Charge/ Owner	•						
Inspected by: (signature)	2 (3	Richard										
5 5H 05 (Parity 100 2015)	.) (· J Horiard			Samples: Y N # collect	ted						