

Followup Fee of \$50.00 after First Followup

**Retail Food Establishment Inspection Report**

Followup RHILL 11/4/25 @ 11:45a

**City of Rockwall**

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

|                          |                         |                          |                                     |                  |                           |                           |
|--------------------------|-------------------------|--------------------------|-------------------------------------|------------------|---------------------------|---------------------------|
| Date:<br><b>10/20/25</b> | Time in:<br><b>1:40</b> | Time out:<br><b>2:35</b> | License/Permit #<br><b>FS2023-1</b> | CPFM<br><b>3</b> | Food handlers<br><b>8</b> | 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 | TOTAL/SCORE |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

|   |   |                                       |               |
|---|---|---------------------------------------|---------------|
| Establishment Name:<br><b>Pei Wei Asian Kitchen</b> | Contact/Owner Name:<br><b>Vandy Noeun</b> | Number of Repeat Violations: <b>3</b> | <b>4/96/A</b> |
| Number of Violations COS: _____                     |   |                                       |               |

|   |                                  |                       |   |   |
|---|----------------------------------|-----------------------|---|---|
| Physical Address:<br>2235 S Goliad Rockwall, Tx | Pest control :<br>Massey 10/1/25 | Hood<br>Miller 9/3/25 | Grease trap / waste oil<br>Southwaste 8/11/25 1500g | Follow-up: Yes <input checked="" type="checkbox"/><br>No <input 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  |                                     |                                     |                                     |     |   | Compliance Status  |                                     |    |                                     |     |   |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-----|---|--|-------------------------------------|----|-------------------------------------|-----|---|
| OUT  | IN                                  | NO                                  | NA                                  | COS | R | OUT  | IN                                  | NO | NA                                  | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit)  |                                     |                                     |                                     |     |   | <b>Employee Health</b>   |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 1. Proper cooling time and temperature<br><b>Trays in wic</b>  |                                     |                                     |                                     |     |   | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting                               |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    | <input checked="" type="checkbox"/> |     |   |
| 2. Proper Cold Holding temperature(41°F/ 45°F)<br><b>See</b>   |                                     |                                     |                                     |     |   | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth<br><b>Employee health form posted</b>         |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   | <b>Preventing Contamination by Hands</b>   |                                     |    |                                     |     |   |
| 3. Proper Hot Holding temperature(135°F)<br><b>See</b>   |                                     |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
|  |                                     | <input checked="" type="checkbox"/> |                                     |     |   | 14. Hands cleaned and properly washed/ Gloves used properly  |                                     |    |                                     |     |   |
| 4. Proper cooking time and temperature<br><b>See</b>   |                                     |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
|  |                                     |                                     | <input checked="" type="checkbox"/> |     |   | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N. )<br><b>Gloves</b> |                                     |    |                                     |     |   |
| 5. Proper reheating procedure for hot holding (165°F in 2 Hours)   |                                     |                                     |                                     |     |   | <b>Highly Susceptible Populations</b>  |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 6. Time as a Public Health Control; procedures & records   |                                     |                                     |                                     |     |   | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required<br><b>Liquid Eggs</b>               |                                     |    |                                     |     |   |
| <b>Approved Source</b>   |                                     |                                     |                                     |     |   | <b>Chemicals</b>   |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction<br><b>BEK, Brothers</b> |                                     |                                     |                                     |     |   | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables<br><b>Water</b>                                      |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 8. Food Received at proper temperature<br><b>Checking</b>  |                                     |                                     |                                     |     |   | 18. Toxic substances properly identified, stored and used<br><b>Stored low</b>   |                                     |    |                                     |     |   |
| <b>Protection from Contamination</b>   |                                     |                                     |                                     |     |   | <b>Water/ Plumbing</b>   |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting  |                                     |                                     |                                     |     |   | 19. Water from approved source; Plumbing installed; proper backflow device<br><b>City approved</b>                                 |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature  |                                     |                                     |                                     |     |   | 20. Approved Sewage/Wastewater Disposal System, proper disposal  |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |                                     |                                     |     |   |  |                                     |    |                                     |     |   |
| 11. Proper disposition of returned, previously served or reconditioned<br><b>Discard</b>   |                                     |                                     |                                     |     |   |  |                                     |    |                                     |     |   |

**Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days**

| Compliance Status   |                                     |    |    |     |   | Compliance Status   |                                     |    |    |     |   |
|---|-------------------------------------|----|----|-----|---|---|-------------------------------------|----|----|-----|---|
| OUT   | IN                                  | NO | NA | COS | R | OUT   | IN                                  | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>  |                                     |    |    |     |   | <b>Food Temperature Control/ Identification</b>   |                                     |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   |   | <input checked="" type="checkbox"/> |    |    |     |   |
| 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)<br><b>3</b>  |                                     |    |    |     |   | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature<br><b>See</b>  |                                     |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   |   | <input checked="" type="checkbox"/> |    |    |     |   |
| 22. Food Handler/ no unauthorized persons/ personnel<br><b>8</b>  |                                     |    |    |     |   | 28. Proper Date Marking and disposition<br><b>Good date labels</b>  |                                     |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>  |                                     |    |    |     |   | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips<br><b>Digital thermo, chlorine strips current</b>                  |                                     |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b>   |                                     |    |    |     |   |
| 23. Hot and Cold Water available; adequate pressure, safe<br><b>138, good pressure</b>  |                                     |    |    |     |   |   | <input checked="" type="checkbox"/> |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | 30. Food Establishment Permit/Inspection Current/ insp posted<br><b>Posted and current</b>  |                                     |    |    |     |   |
| 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled<br><b>Per order</b>   |                                     |    |    |     |   | <b>Utensils, Equipment, and Vending</b>   |                                     |    |    |     |   |
| <b>Conformance with Approved Procedures</b>   |                                     |    |    |     |   |   | <input checked="" type="checkbox"/> |    |    |     |   |
| 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions<br><b>Line check 2x daily recorded</b> |                                     |    |    |     |   | 31. Adequate handwashing facilities: Accessible and properly supplied, used<br><b>Equipped</b>  |                                     |    |    |     |   |
| <b>Consumer Advisory</b>  |                                     |    |    |     |   |   | <b>2</b>                            |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used<br><b>See Pending resurfacing</b> ★                        |                                     |    |    |     |   |
| 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label Ingredients upon request  |                                     |    |    |     |   |   | <b>2</b>                            |    |    |     |   |
|   |                                     |    |    |     |   | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided<br><b>Dishwasher not confirmed Confirmed</b> |                                     |    |    |     |   |

**Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First 100ppm**

| Compliance Status  |                                     |    |    |     |   | Compliance Status  |                                     |    |                                     |     |   |
|--|-------------------------------------|----|----|-----|---|--|-------------------------------------|----|-------------------------------------|-----|---|
| OUT  | IN                                  | NO | NA | COS | R | OUT  | IN                                  | NO | NA                                  | COS | R |
| <b>Prevention of Food Contamination</b>  |                                     |    |    |     |   | <b>Food Identification</b>   |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 34. No Evidence of Insect contamination, rodent/other animals  |                                     |    |    |     |   | 41. Original container labeling (Bulk Food)  |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | <b>Physical Facilities</b>   |                                     |    |                                     |     |   |
| 35. Personal Cleanliness/eating, drinking or tobacco use   |                                     |    |    |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | 42. Non-Food Contact surfaces clean  |                                     |    |                                     |     |   |
| 36. Wiping Cloths; properly used and stored<br><b>Stored in solution</b>                                   |                                     |    |    |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | 43. Adequate ventilation and lighting; designated areas used                                 |                                     |    |                                     |     |   |
| 37. Environmental contamination  |                                     |    |    |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | 44. Garbage and Refuse properly disposed; facilities maintained<br><b>Looks great</b>        |                                     |    |                                     |     |   |
| 38. Approved thawing method<br><b>Refrigerator</b>   |                                     |    |    |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| <b>Proper Use of Utensils</b>  |                                     |    |    |     |   | 45. Physical facilities installed, maintained, and clean                                     |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   |  | <input checked="" type="checkbox"/> |    |                                     |     |   |
| 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |                                     |    |    |     |   | 46. Toilet Facilities; properly constructed, supplied, and clean<br><b>Stocked and clean</b> |                                     |    |                                     |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   |  |                                     |    | <input checked="" type="checkbox"/> |     |   |
| 40. Single-service & single-use articles; properly stored and used   |                                     |    |    |     |   | 47. Other Violations<br><b>N/a</b>   |                                     |    |                                     |     |   |

