Followup cost $50.00 after First Followup

# Retail Food Establishment Inspection Report

## City of Rockwall

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

| Date: | Time in: | Time out: | License/Permit # | CPFM | Food handlers | Page 1 of 2 |
|---|---|---|---|---|---|---|
| 3/23/26 | 11:00 | 1:30 | FS-8797 | 5 | 24 | |

**Purpose of Inspection:** ☑ 1-Routine ☐ 2-Follow Up ☐ 3-Complaint ☐ 4-Investigation ☐ 5-CO/Construction ☐ 6-Other ☐ **TOTAL/SCORE**

| Establishment Name: | Contact/Owner Name: | | | | |
|---|---|---|---|---|---|
| Hilton Grab&Go,Outside Bar | Driftwood | ✗ Number of Repeat Violations: ___ ✓ Number of Violations COS: ___ | | | 2/98/A |
| **Physical Address:** | **Pest control :** | **Hood** | **Grease trap :/ waste oil** | **Follow-up: Yes ☐ No ☑** | |
| 2055 Summer Lee Dr Rockwall, T | Regions bi-weekly | N/a | Southwaste 2/23/26 2000g | | |

**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 ✗ 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 | Time and Temperature for Food Safety (F = degrees Fahrenheit) | R | OUT | IN | NO | NA | COS | Employee Health | R |
| | | ✔ | | | 1. Proper cooling time and temperature | | | ✔ | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| | ✔ | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) See | | | ✔ | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | |
| | ✔ | | | | 3. Proper Hot Holding temperature(135°F) See | | | | | | | **Preventing Contamination by Hands** | |
| | | ✔ | | | 4. Proper cooking time and temperature | | | ✔ | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | | ✔ | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | ✔ | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y_ N_) Gloves & utensils | |
| | ✔ | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | **Highly Susceptible Populations** | |
| | | | | | **Approved Source** | | | ✔ | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| | ✔ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco | | | | | | | **Chemicals** | |
| | ✔ | | | | 8. Food Received at proper temperature Checking | | | ✔ | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water | |
| | | | | | **Protection from Contamination** | | | ✔ | | | | 18. Toxic substances properly identified, stored and used | |
| | ✔ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | **Water/ Plumbing** | |
| | ✔ | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature | | | ✔ | | | | 19. Water from approved source; Plumbing installed; proper backflow device City approved | |
| | ✔ | | | | 11. Proper disposition of returned, previously served or reconditioned Discard | | | ✔ | | | | 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 | Demonstration of Knowledge/ Personnel | R | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ✔ | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 5 | | | ✔ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| | ✔ | | | | 22. Food Handler/ no unauthorized persons/ personnel 30 within 30 days | | | ✔ | | | | 28. Proper Date Marking and disposition Great date marking | |
| | | | | | **Safe Water, Recordkeeping and Food Package Labeling** | | | ✔ | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Need thermo, strips current | |
| | ✔ | | | | 23. Hot and Cold Water available; adequate pressure, safe 126, good pressure | | | | | | | **Permit Requirement, Prerequisite for Operation** | |
| | ✔ | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commerical | | W | | | | | 30. **Food Establishment Permit/Inspection** Current/ insp posted Current not posted | |
| | | | | | **Conformance with Approved Procedures** | | | | | | | **Utensils, Equipment, and Vending** | |
| | ✔ | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | ✔ | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped | |
| | | | | | **Consumer Advisory** | | | ✔ | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | ✔ | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label Ingredients available request | | | ✔ | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Confirmed 160 st | |

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

| OUT | IN | NO | NA | COS | Prevention of Food Contamination | R | OUT | IN | NO | NA | COS | Food Identification | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ✔ | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | ✔ | | | | 41.Original container labeling (Bulk Food) | |
| | ✔ | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | **Physical Facilities** | |
| | ✔ | | | | 36. Wiping Cloths; properly used and stored Stored in solution | | 1 | | | | | 42. Non-Food Contact surfaces clean | |
| | ✔ | | | | 37. Environmental contamination | | | ✔ | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | | ✔ | | | 38. Approved thawing method | | | ✔ | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| | | | | | **Proper Use of Utensils** | | 1 | | | | | 45. Physical facilities installed, maintained, and clean | |
| | ✔ | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | ✔ | | | | 46. Toilet Facilities; properly constructed, supplied, and clean Equipped | |
| | ✔ | | | | 40. Single-service & single-use articles; properly stored and used | | | | ✔ | | | 47. Other Violations N/a | |

**Retail Food Establishment Inspection Report**

# City of Rockwall

| | | |
|---|---|---|
| **Received by:** (signature) Peter Andino | **Print:** Peter Andino | **Title: Person In Charge/ Owner** Chef |
| **Inspected by:** (signature) Richard Hill | **Print:** Richard Hill | **Business Email:** |

Form EH-06 (Revised 09-2015)

| Establishment Name: | Physical Address: | City/State: | License/Permit # | Page 2 of 2 |
|---|---|---|---|---|
| Hilton Grab&Go, Outside Ba | 2055 Summer Lee Dr | Rockwall, Tx | FS-8797 | |

**TEMPERATURE OBSERVATIONS**

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---|---|---|---|---|---|
| Glass merchandiser non tcs | 44 | Icecream freezer HTT | 11.2 | | |
| Fridge under espresso | 39 | | | | |
| Half & Half | 38 | | | | |
| Upright Fridge | | | | | |
| Oat milk | 39 | | | | |
| Outdoor Bar | | | | | |
| Bottle beer cooler | OFF | | | | |
| Keg cooler | 33 | | | | |

**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: all temperatures are taken in F |
|---|---|
| | Restrooms equipped temps greater than 101 in each restroom |
| | Fruit cups no longer offered as a self serve item, prepared as ordered |
| | Snacks are all prepackaged by manufacture with nutritional labels on back |
| | No longer using tphc for half&half, now stored in refrigerator |
| | Handsink equipped 108, sani bucket filled at 3 comp kitchen |
| | Using sani towel to clean steam wand on espresso machine after every use |
| | Breakfast burritos prepared at 6am, hot hold and discard at 9am if not already sold |
| 42 | Exposed wood in cabinets, paint or replace cabinets code requires surfaces to be durable and cleanable |
| | Display case only, no refrigeration, fruits and danish |
| | Employee serves danish and croissant to guest, no self serve |
| | Using gloves, stem thermo available |
| 45 | To adjust ceiling tiles to prevent no avenues for pest activity |
| | Outside Bar |
| | Hand sink equipped 108, 3 comp confirmed 114 |
| | Using draft plugs when not open, Andrew / BEK cleaning lines bi-weekly |
| | All Food contact surfaces cleaned every 4 hours or as needed |
| W | Health permit must be posted in public view to post |
| | Ice machine looks great, air gap confirmed |
| | Outdoor bar now closed for season, keg cooler 38, bottle cooler 37 |
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|---|---|---|
| **Received by:** (signature) See Above | **Print:** See Above | **Title: Person In Charge/ Owner** |
| **Inspected by:** (signature) RS | **Print:** Richard Hill RS | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)