

Retail Food Establishment Inspection Report

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

Date: 6/3/2026	Time in: 12:20	Time out: 1:15	License/Permit # FOOD5018	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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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: Braum's #175			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		10/90/A
Physical Address: 1820 S Goliad Rockwall, TX			Pest control : Ecolab/5-26-2026	Hood <small>Hydro-Wash/3-2026</small>	Grease trap : Southwaste/4-24-2026/1000 gal	Follow-up: Yes <input checked="" type="checkbox"/> 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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
	✓						✓				
	✓						✓				
	✓					Preventing Contamination by Hands					
	✓						✓				
				✓			✓				
	✓					Highly Susceptible Populations					
Approved Source							✓				
	✓					Chemicals					
	✓						✓				
Protection from Contamination						3				✓	
	✓					Water/ Plumbing					
3							✓				
	✓						✓				

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
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	✓						✓				
	✓						✓				
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
	✓						✓				
	✓					Utensils, Equipment, and Vending					
Conformance with Approved Procedures							✓				
	✓						✓				
Consumer Advisory							✓				
	✓						✓				

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First											
Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
1							✓				
	✓					Physical Facilities					
	✓					1					
1							✓				
	✓						✓				
Proper Use of Utensils						1					
	✓						✓				
	✓						✓				

1st followup is free. Any additional followups will result in a \$75 fee.

Retail Food Establishment Inspection Report

Received by: (signature) <i>Grace Brown</i>	Print: Grace Brown	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Braum's #175	Physical Address: 1820 S Goliad	City/State: Rockwall, TX	License/Permit # FOOD5018	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
ice bath/sliced cheese	41/41	gravy in pot	180	WIC/sliced cheese/onions	40/35
hamburger freezer	-2	back ice cream freezer ambient	6	back ice cream freezer inside WIC	-15
chicken freezer	6	creamer dispenser	37	dairy/egg wall	37/38
slider hot holding/chicken breast	168	back under counter cooler	38	Pizza wall freezer	-5
hamburger	173	soft serve mix	40	ice cream freezers	1/-15
fry freezer	1	front ice cream display	8/3	ice cream freezers	-4/-5
sandwich under counter cooler/ambient	33	ice cream freezer	7	ice cream freezers	9/12
chile in pot	156	front counter under counter cooler	37	produce wall	34

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:
	Prep/warewash hand sink 102F equipped
	3 comp sink 114F
	Sani sink setup to 100ppm chlorine
	Digital thermos used
	Using TPHC times documented for TCS sandwich toppings/marker board on side of fryer
34	Some fruit flies near Chile pots
10	Detailed cleaning needed on shake mixers
18	To store chemical spray bottles low and separate/ not near ice cream cones/COS
45	To address maintenance/ broken tiles/to seal gaos
45	To replace moldy caulking behind 3 comp sink
42	Some minor cleaning in/around/on equipment
	Running dipper wells used for ice cream scoops
37	Back ice cream freezer inside WIC/lots of condensation/ must protect food under/COS
	Front hand sink 104F equipped
42	To clean gaskets in various coolers throughout/ food debris
34	Need electronic air curtains to be on and functional at drive thru windows/COS
45	To clean floors and under equipment/ some food debris and grease
	Running dipper wells used for ice cream scoops
	Sani buckets setup to 100ppm chlorine
	Test strips current exp 11/2027
	Pie freezer -11F, ice cream sandwich freezer -4F, meat wall cooler 27-30 F, frozen meals freezer 1F

Received by: (signature) <i>Grace Brown</i>	Print: Grace Brown	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Samples: Y N # collected

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