

| Date:                                                                                                                                                                           |                                                                                                                      | S0.500000000000000000000000000000000000                                                                  | -1200-1200-1200-1200-1200-1200-1200-120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | License/Pe |                                                                        |                                                                                                            |                                                                    | 100                                                                                                                        |                                                                                                 | Type                                                                                                    | Risk Category                     | Page 1 of 4             |    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|----|--|
| 04/25/2024<br>Purpose of In                                                                                                                                                     | snec                                                                                                                 |                                                                                                          | 02:50 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11712_10   | 4-1                                                                    |                                                                                                            |                                                                    | FC                                                                                                                         | 30a 1                                                                                           | Establishment Type II with Grease Trap                                                                  | II II                             | TOTAL/SCOR              | F. |  |
| Establishment Name:  KED'S ARTISAN ICE CREAM & TREATS  Contact/Owner Na OLD TOWN CREAM                                                                                          |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            | Number of Repeat Violations: _0                                                                 |                                                                                                         | TOTALISCON                        | <u></u>                 |    |  |
| Physical Addr                                                                                                                                                                   |                                                                                                                      | 211                                                                                                      | City/County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y:         |                                                                        | Zip Coc                                                                                                    |                                                                    | Pho                                                                                                                        |                                                                                                 | 10:                                                                                                     | Follow-up: Yes<br>No (circle one) | 87                      |    |  |
| 6205 Coit Rd Ste 344  Compliance Status: Out = not in compliance IN = in compliance                                                                                             |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        | 75024-5<br>not observ                                                                                      | 1 50                                                               | 22.00                                                                                                                      |                                                                                                 | 073 0203                                                                                                | (A) 59/A) (10 (A) 50/A)           | tion                    |    |  |
| Mark an "X" in appropriate box for COS  Mark an 'X' for Repeat Column shown as R  Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| Compliance Sta                                                                                                                                                                  | tue                                                                                                                  | Priorit                                                                                                  | y Items (3 Points)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | violations | Requi                                                                  | Compl                                                                                                      |                                                                    |                                                                                                                            | _                                                                                               | ive Action not to exceed 3 day                                                                          | VS.                               | 1                       |    |  |
| O I N N<br>U N O A                                                                                                                                                              | C                                                                                                                    |                                                                                                          | erature for Food Safet<br>rees Fahrenheit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | у          | R                                                                      | O I<br>U N                                                                                                 | N<br>O                                                             | N                                                                                                                          | CO                                                                                              | Empl                                                                                                    | oyee Health                       |                         | R  |  |
| NO                                                                                                                                                                              | 3                                                                                                                    | 1. Proper cooling time and                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            | 5                                                                                               | 12. Management, food employees and conditional employees;<br>knowledge, responsibilities, and reporting |                                   |                         |    |  |
| OUT                                                                                                                                                                             | ×                                                                                                                    | 2. Proper Cold Holding ter                                                                               | mperature(41°F/ 45°F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            | 1                                                                                               | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth                    |                                   |                         |    |  |
| NO                                                                                                                                                                              |                                                                                                                      | 3. Proper Hot Holding tem                                                                                | perature(135°F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            |                                                                                                 | Preventing Contamination by Hands                                                                       |                                   |                         |    |  |
| NO                                                                                                                                                                              |                                                                                                                      | 4. Proper cooking time and                                                                               | d temperature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                        | IN                                                                                                         | used properly                                                      |                                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| NO                                                                                                                                                                              |                                                                                                                      | 5. Proper reheating proced                                                                               | lure for hot holding (16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5°F in 2   |                                                                        | 15. No bare hand contact with ready to eat foods or                                                        |                                                                    |                                                                                                                            |                                                                                                 |                                                                                                         |                                   | or approved             |    |  |
| NIA                                                                                                                                                                             | $\vdash$                                                                                                             | Hours) 6. Time as a Public Health                                                                        | Control: procedures &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | records    | Н                                                                      |                                                                                                            | alternate method properly followed  Highly Susceptible Populations |                                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| NA                                                                                                                                                                              | _                                                                                                                    |                                                                                                          | oved Source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e records  |                                                                        | 7.                                                                                                         | П                                                                  | т                                                                                                                          | -                                                                                               | 16. Pasteurized foods used; pr                                                                          |                                   |                         |    |  |
|                                                                                                                                                                                 |                                                                                                                      | pp.                                                                                                      | oven source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                        | NA                                                                                                         |                                                                    |                                                                                                                            |                                                                                                 | Pasteurized eggs used when re                                                                           |                                   | 10100                   |    |  |
| IN                                                                                                                                                                              | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            | CI                                                                                              |                                                                                                         |                                   |                         |    |  |
| IN                                                                                                                                                                              |                                                                                                                      | 8. Food Received at prope                                                                                | r temperature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | 12 55                                                                  | NA                                                                                                         |                                                                    |                                                                                                                            |                                                                                                 | 17. Food additives; approved a & Vegetables                                                             | Washing Fruits                    |                         |    |  |
|                                                                                                                                                                                 |                                                                                                                      | Protection fr                                                                                            | om Contamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            |                                                                                                 | 18. Toxic substances properly                                                                           | identified, stored ar             | nd used                 |    |  |
| IN                                                                                                                                                                              |                                                                                                                      | Food Separated & protected, prevented during food preparation, storage, display, and tasting             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    | Water/ Plumbing                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| IN                                                                                                                                                                              | 10. Food contact surfaces and Returnables; Cleaned and Sanitized at ppm/temperature                                  |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | IN                                                                     |                                                                                                            |                                                                    |                                                                                                                            | <ol> <li>Water from approved source; Plumbing installed; proper<br/>backflow device</li> </ol>  |                                                                                                         |                                   |                         |    |  |
|                                                                                                                                                                                 |                                                                                                                      | <ol> <li>Proper disposition of reconditioned</li> </ol>                                                  | eturned, previously serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ved or     |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            |                                                                                                 | <ol><li>Approved Sewage/Wastev<br/>disposal</li></ol>                                                   | vater Disposal Syste              | m, proper               |    |  |
| 2 2 2                                                                                                                                                                           |                                                                                                                      | Prior                                                                                                    | ity Foundation Ite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ms (2 Po   | ints) 1                                                                | violations                                                                                                 | Requ                                                               | uire (                                                                                                                     | Cor                                                                                             | rrective Action within 10 days                                                                          | ı                                 |                         |    |  |
| O I N N U N O A                                                                                                                                                                 |                                                                                                                      |                                                                                                          | f Knowledge/ Personn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | R                                                                      | O I<br>U N                                                                                                 |                                                                    | N<br>A                                                                                                                     |                                                                                                 |                                                                                                         | e Control/ Identific              |                         | R  |  |
| OUT                                                                                                                                                                             |                                                                                                                      | 21. Person in charge prese<br>and perform duties/ Certifi                                                | 50 TO STAND (1947 TO THE SEASON STANDS) (1947 TO THE SEASON STANDS (1947) IN THE SEAS |            |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            | 27. Proper cooling method used; Equipment Adequate to<br>Maintain Product Temperature           |                                                                                                         |                                   | quate to                |    |  |
| OUT                                                                                                                                                                             | and perform dance Certifical Food Manager (CF111)                                                                    |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | IN                                                                     |                                                                                                            |                                                                    |                                                                                                                            | 28. Proper Date Marking and                                                                     |                                                                                                         |                                   |                         |    |  |
| Safe Water, Recordkeeping and Food Package                                                                                                                                      |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OUT        |                                                                        |                                                                                                            |                                                                    | 29. Thermometers provided, a                                                                                               | ccurate, and calibra                                                                            | ted; Chemical/                                                                                          |                                   |                         |    |  |
| TNI                                                                                                                                                                             | IN Labeling  23. Hot and Cold Water available; adequate pressure, safe                                               |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            | Thermal test strips                                                                             | Proroguisite for C                                                                                      | noration                          |                         |    |  |
| IN                                                                                                                                                                              |                                                                                                                      | 24. Required records avail                                                                               | 16 17 14 14 14 15 15 16 16 17 18 17 17 17 17 17 17 17 17 17 17 17 17 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | $\vdash$                                                               | IN                                                                                                         |                                                                    | T                                                                                                                          | Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current & Valid) |                                                                                                         |                                   |                         |    |  |
| NA destruction); Packaged Food labeled                                                                                                                                          |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            | ALIE MENTAL SERVICE AND                                                                         | 3/50                                                                                                    |                                   |                         |    |  |
| 1 1                                                                                                                                                                             | _                                                                                                                    |                                                                                                          | h Approved Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                        |                                                                                                            |                                                                    |                                                                                                                            | _                                                                                               | Utensils, Equi                                                                                          | pment, and Vendir                 | ng                      |    |  |
| NA                                                                                                                                                                              | n——                                                                                                                  | <ol> <li>Compliance with Variance of<br/>HACCP plan; Variance of<br/>processing methods; manu</li> </ol> | otained for specialized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ss, and    | ,                                                                      | IN                                                                                                         |                                                                    |                                                                                                                            |                                                                                                 | <ol> <li>Adequate handwashing fac<br/>supplied, used</li> </ol>                                         | cilities: Accessible a            | and properly            |    |  |
|                                                                                                                                                                                 |                                                                                                                      | Consui                                                                                                   | ner Advisory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            |                                                                                                 | <ol> <li>Food and Non-food Conta<br/>designed, constructed, and use</li> </ol>                          | ed                                | U*(*°30*±000*)          |    |  |
| NA                                                                                                                                                                              |                                                                                                                      | 26. Posting of Consumer A<br>foods (Disclosure/Remind                                                    | 마일이 : [18] [18] [18] [18] [18] [18] [18] [18]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                        | IN 33. Warewashing Facilities; installed, maintained, used Service sink or curb cleaning facility provided |                                                                    |                                                                                                                            |                                                                                                 |                                                                                                         | used/                             |                         |    |  |
|                                                                                                                                                                                 |                                                                                                                      |                                                                                                          | DAME DAVIDLE DATE DATE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | San year   | Action                                                                 | n Not to E                                                                                                 | Excee                                                              | d 90                                                                                                                       | Da                                                                                              | ys or Next Inspection , Which                                                                           |                                   |                         |    |  |
| O I N N U N O A                                                                                                                                                                 | C<br>O<br>S                                                                                                          | Prevention of                                                                                            | Food Contamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | R                                                                      | O I<br>U N<br>T                                                                                            | N<br>O                                                             | 5-23.0                                                                                                                     | C<br>O<br>S                                                                                     | Food I                                                                                                  | dentification                     |                         | R  |  |
| OUT                                                                                                                                                                             |                                                                                                                      | 34. No Evidence of Insect animals                                                                        | contamination, rodent/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | other      |                                                                        | IN                                                                                                         |                                                                    |                                                                                                                            | 41.Original container labeling (Bulk Food)                                                      |                                                                                                         |                                   |                         |    |  |
| IN                                                                                                                                                                              |                                                                                                                      | 35. Personal Cleanliness/e                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | co use     |                                                                        |                                                                                                            | 20                                                                 |                                                                                                                            |                                                                                                 |                                                                                                         | cal Facilities                    |                         |    |  |
| IN                                                                                                                                                                              |                                                                                                                      | 36. Wiping Cloths; proper                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Ш                                                                      | OUT                                                                                                        |                                                                    |                                                                                                                            |                                                                                                 | 42. Non-Food Contact surfaces clean                                                                     |                                   | Stational State Control |    |  |
| IN 37. Environmental contamination                                                                                                                                              |                                                                                                                      | $\square$                                                                                                | IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                        | _                                                                                                          | 43. Adequate ventilation and lighting; designated areas used       |                                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| IN 38. Approved thawing method  Proper Use of Utensils                                                                                                                          |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            |                                                                    | 44. Garbage and Refuse properly disposed; facilities maintained 45. Physical facilities installed, maintained, and clean   |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| Proper Use of Utensils  39. Utensils, equipment, & linens; properly used, stored,                                                                                               |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4          |                                                                        |                                                                                                            |                                                                    | 45. Physical facilities installed, maintained, and clean  46. Toilet Facilities; properly constructed, supplied, and clean |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| IN                                                                                                                                                                              | dried, & handled/ In use utensils; properly used                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | ***************************************                                |                                                                                                            |                                                                    |                                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| IN                                                                                                                                                                              |                                                                                                                      | 40. Single-service & single and used                                                                     | e-use articles; properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | stored     |                                                                        | OUT                                                                                                        |                                                                    |                                                                                                                            |                                                                                                 | 47. Other Violations                                                                                    |                                   |                         |    |  |
| Received by:                                                                                                                                                                    |                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ]          | Print: manager  Title: Person In Charge/ Owner  Muhammad Tayyab Shahid |                                                                                                            |                                                                    |                                                                                                                            |                                                                                                 |                                                                                                         |                                   |                         |    |  |
| (signature)  Inspected by:                                                                                                                                                      | 6)                                                                                                                   |                                                                                                          | /^                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | 1                                                                      | Print: T                                                                                                   | D- '                                                               | J T T '                                                                                                                    | "1. ·                                                                                           | DELIC/DC                                                                                                | <u>i iviunammad 1</u>             | ayyan Snanid            |    |  |
| (signature)                                                                                                                                                                     | Ø                                                                                                                    | 02                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                        |                                                                                                            | Javio                                                              | 1 H18                                                                                                                      | gnte                                                                                            | tower, REHS/RS                                                                                          |                                   |                         |    |  |



| Establishment Name:                                                                 | 5.00                                              | Address:                            | City/State:        |            | License/Permit # | Page 2 of 4 |  |  |  |
|-------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------|--------------------|------------|------------------|-------------|--|--|--|
| KED'S ARTISAN ICE CREAM & TREATS                                                    | 6205 Coit                                         | Rd Ste 344 Plano                    |                    |            | 11712_104-1      |             |  |  |  |
| Last Grease Trap Service Date: 2/29/24 We Do                                        |                                                   |                                     |                    |            |                  |             |  |  |  |
|                                                                                     | R                                                 | EGISTERED FOOD SERVI                | CE MANAGE          |            |                  |             |  |  |  |
| Manager's Name                                                                      | Manager's Name Certificate Number Expiration Date |                                     |                    |            |                  |             |  |  |  |
| Hussain Kedwaii                                                                     |                                                   | PTX 188892                          |                    | April 6, 2 | 2027             |             |  |  |  |
|                                                                                     |                                                   |                                     |                    |            |                  |             |  |  |  |
|                                                                                     |                                                   |                                     |                    |            |                  |             |  |  |  |
| INSPECTOR'S COMMENTS                                                                |                                                   |                                     |                    |            |                  |             |  |  |  |
| Please send me pics of food handler certi                                           | ficates and                                       | sanitizer test kit to davidhi@plano | o.gov or 214-500-8 | 3885       |                  |             |  |  |  |
|                                                                                     |                                                   |                                     |                    |            |                  |             |  |  |  |
|                                                                                     |                                                   |                                     |                    |            |                  |             |  |  |  |
| INSPECTION RESULTS                                                                  |                                                   |                                     |                    |            |                  |             |  |  |  |
|                                                                                     |                                                   | INSI ECTION RES                     | ULIS               |            |                  |             |  |  |  |
| Follow-up Inspection Needed? YES If YES, Date of Follow-up Inspection: May 24, 2024 |                                                   |                                     |                    |            |                  |             |  |  |  |
|                                                                                     |                                                   |                                     |                    |            |                  |             |  |  |  |
| Closure Details: Not Applicable                                                     |                                                   |                                     |                    |            |                  |             |  |  |  |



| Establishment Name:                 | Physical     | Physical Address:    |                | City/State: |             | License/Permit # | Page   | 3 of 4 |
|-------------------------------------|--------------|----------------------|----------------|-------------|-------------|------------------|--------|--------|
| KED'S ARTISAN ICE CREAM & TREA      | rs   6205 Co | 6205 Coit Rd Ste 344 |                | Plano       |             | 11712_104-1      |        |        |
| TEMPERATURE OBSERVATIONS            |              |                      |                |             |             |                  |        |        |
| Item/Location                       | Temp         | Item/Location        |                | Temp        | Item/Locati | ion              |        | Temp   |
| walk in cool                        | er 34F       | milk                 | walk in cooler | 33F         |             | walk in fr       | reezer | -16F   |
| cut fruit cold draw                 | er 42F       | ice cream mix        | set out        | 55F         |             |                  |        | 27     |
|                                     |              |                      |                |             |             |                  |        |        |
|                                     |              |                      |                |             |             |                  |        |        |
|                                     |              |                      |                |             |             |                  |        |        |
|                                     |              | 15                   |                |             |             |                  |        |        |
|                                     |              |                      |                |             |             |                  |        |        |
|                                     |              |                      |                |             |             |                  |        |        |
| OBSERVATIONS AND CORRECTIVE ACTIONS |              |                      |                |             |             |                  |        |        |

AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED

AND NOTED BELOW WITH THE CORRESPONDING ITEM NUMBER:

2 - Proper Cold Holding temperature(41°F/45°F). This is a Priority Item

2.1 - 25 TAC §228.75(f)(1)(B) - Cold Hold (41°F/45°F or below)

Observation: Observed TCS food above 41°F. ICE CREAM MIX OBSERVED AT 55\*F SITTING OUT BY 3-COMP SINK

Corrective Action(s): Shall maintain TCS food at 41°F at all times except during preparation, cooking, or cooling or when time as public health control is being used. Food shall be rapidly chilled to 41°F < 4 hours and shall discard if >4 hours. WORKER HAS BEEN ASKED TO PLACE ICE CREAM MIX INTO COOLER UNTIL READY FOR PREPARATION

(Corrected on Site)

21 - Person in Charge Present, Demonstration of Knowledge, vomit/diarrheal clean up plan. This is a Priority Foundation Item

21.9 - 25 TAC §228.33(a) - One employee supervisory/responsibility shall be CFM

Observation: Failure to provide a supervisor or manager with authority over food operations that has received a certified food manager accreditation. NO ONE ON DUTY WITH A CFM CERTIFICATE

Corrective Action(s): Shall provide at least one employee with management responsibility who has received a certified food protection manager accreditation. AT LEAST ONE PERSON MUST HAVE A CFM CERTIFICATE AT ALL TIMES

Correct By: 05/24/2024

22 - Food Handler/No Unauthorized Persons/ Personnel. This is a Priority Foundation Item

22.1 - 25 TAC §228.33(d) - Food Handler Training criteria

Observation: Failure of food employees to complete an accredited food handler training course. NO PROOF OF FOOD HANLDER CERTIFICATES FOR WORKERS ON DUTY

Corrective Action(s): All food employees shall successfully complete an accredited food handler training course, within 30 days of employment. PLEAESE ENSURE THAT ALL FOOD WORKERS OBTAIN A VALID FOOD HANDLER CERTIFICATE WITHIN 30 DAYS IF FOOD MANAGER CERTIFIED

Correct By: 05/24/2024

29 - Thermometers Provided, Accurate, and Calibrated; Chemical/ Thermal Test Strips. This is a Priority Foundation Item

29.15 - 25 TAC §228.108(e) - Sanitizing solutions, testing devices

Observation: Failure to provide chemical sanitizer solution concentration testing device. NO CHLORINE TEST KIT AVAILABLE

Corrective Action(s): Shall provide a testing device for testing sanitizer solution concentration. NEED TO OBTAIN A CHLORINE SANITIZER TEST KIT

34 - No Evidence of Insect Contamination, Rodent/other Animals. This is a Core Item

34.10 - 25 TAC §228.186(k)(1)-(6) - Pest Control effective measures, observed/suspected pests

Observation: Observed the presence of insects, rodents, and/or other pests on premises. OBSERVED FLIES IN ESTABLISHMENT

Corrective Action(s): Shall provide effective pest control measures by: routinely inspecting premises and incoming shipments of food and supplies; trapping pests using approved methods; eliminating harborage conditions; using a certified pest control applicator; and other effective measures intended to prevent the presence of rodents, flies, cockroaches and other insects on the premises utilized as deemed necessary by the City of Plano Environmental Health Division. NEED TO ELIMINATE PRESENCE OF FLIES

42 - Non-Food Contact Surfaces Clean. This is a Core Item

42.2 - 25 TAC §228.113(3) - Nonfood-contact surfaces kept clean

| Received by: (signature)  | Print: manager                  | Title: Person In Charge/ Owner Muhammad Tavvab Shahid |
|---------------------------|---------------------------------|-------------------------------------------------------|
| Inspected by: (signature) | Print: David Hightower, REHS/RS |                                                       |



Establishment Name:

KED'S ARTISAN ICE CREAM & Plano

Physical Address:

City/State:

License/Permit #

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#### OBSERVATIONS AND CORRECTIVE ACTIONS

AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW WITH THE CORRESPONDING ITEM NUMBER:

Observation: Observed nonfood-contact surface of equipment has accumulated dust, dirt, food residue, and other debris. FILTERS AT FRONT VENT HOOD ARE DUSTY

Corrective Action(s): Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. NEED TO MAINTAIN CLEAN

45 - Physical Facilities Installed, Maintained, and Clean. This is a Core Item

45.13 - 25 TAC §228.186(a) - The physical facilities shall be maintained in good repair

Observation: Observed the physical facilities are not being maintained in good repair. PARTITION WALL IN BACK OF KITCHEN IS IN DISREPAIR. COVE BASE BY BACK HAND SINK IS IN DISREPAIR

Corrective Action(s): The physical facilities shall be maintained in good repair. Shall repair facilities. PLEASE REPAIR WALL WITHIN 30 DAYS Correct By: 05/24/2024

47 - Other Violations. This is a Core Item

47.3 - 25 TAC §228.33(b) - CFM Certificate posted in conspicuous

Observation: Observed facility has not posted the original food manager certificate in a place that is conspicuous to consumers. NO CFM CERTIFICATE POSTED IN PUBLIC VIEW

Corrective Action(s): The original food manager certificate shall be posted in a location in the food establishment that is conspicuous to consumers. Shall post the original food manager certificate in a location in the food establishment that is conspicuous to consumers. PLEASE POST CFM CERTIFICATE IN PUBLIC VIEW

Correct By: 05/24/2024

47 - Other Violations. This is a Core Item

47.1 - 25 TAC §228.248(a)(1) - Permit/license posted

Observation: Observed facility has not posted their City of Plano Food Establishment Permit on site in a location that is conspicuous to consumers. HEALTH PERMIT IS NOT POSTED IN PUBLIC VIEW

Corrective Action(s): Upon acceptance of the permit issued by the regulatory authority, the permit holder in order to retain the permit shall post the permit in a location in the food establishment that is conspicuous to consumers. Shall post permit in conspicuous location. PLEASE POST HEALTH PERMIT IN PUBLIC VIEW

Correct By: 04/26/2024

| Received by:<br>(signature) | Jany S  | Print:<br>manager        | <b>Title: Person In Charge/ Owner</b> Muhammad Tayyab Shahid |
|-----------------------------|---------|--------------------------|--------------------------------------------------------------|
| Inspected by:               | <u></u> | Print:                   |                                                              |
| (signature)                 | 02      | David Hightower, REHS/RS |                                                              |