## **Retail Food Establishment Inspection Report**

V	First aid kit
	Allergy policy
ママ	Vomit clean up
۳	Employee health

	ite: '3(	1/2	O2	24	Time in: 9:45	Time out: 11:03		ense/Peri			<u>e</u> n	t/t	o.	no	Est. Type Risk Category Page 1 of 2	2_
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint									Inve			<u> </u>	5-CO/Construction 6-Other TOTAL/SCO	RE		
Establishment Name: Contact/Owner Name: * Number of Repeat Violat										* Number of Repeat Violations:  Vumber of Violations COS:	^					
Physical Address: 469 E I-30 Rockwall, TX  Pest control: w/Grocery										Hoo n/a					se trap : Follow-up: Yes Pocery No	┪
Compliance Status: Out = not in compliance IN = in compliance  NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch  Mark the appropriate points in the OUT box for each numbered item  NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch  Mark '' a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R																
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																
O U	I N	N	N A	C O	Time and Tem	-	•		R	U N O A					Employee Health	R
Т	~			S	(F = degrees Fahrenheit)  1. Proper cooling time and temperature					T	_			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
					2. Proper Cold Holding temperature(41°F/45°F)										13. Proper use of restriction and exclusion; No discharge from	_
	~										~		eyes, nose, and mouth			
		~			<ul><li>3. Proper Hot Holding to</li><li>4. Proper cooking time a</li></ul>								Preventing Contamination by Hands  14. Hands cleaned and properly washed/ Gloves used properly			
		~			Proper cooking time a     Proper reheating proc			in 2			~	gloves used properly washed/ Gloves used properly  15. No bare hand contact with ready to eat foods or approved	-			
		~			Hours)	occure for not n	(Tob 1	2			~				alternate method properly followed (APPROVED Y N. )	
	~				6. Time as a Public Hea	lth Control; pro	ocedures & rec	cords							Highly Susceptible Populations	
					Арр	proved Source	<b>:</b>				~	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
					7. Food and ice obtained good condition, safe, and			in							no eggs	
	~				destruction Hissho	)	•								Chemicals	
	/				8. Food Received at pro		e				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Produce Maxx	
						from Contami	ination				~				18. Toxic substances properly identified, stored and used	
	~				9. Food Separated & propreparation, storage, dis			i							Water/ Plumbing	
	_				10. Food contact surface	es and Returnat	bles; Cleaned a	and							19. Water from approved source; Plumbing installed; proper	
	~				Sanitized at 200 p			or			~				20. Approved Sewage/Wastewater Disposal System, proper	_
	~				reconditioned	r returned, prev	viousiy serveu (	OI			~				disposal	
0	I	N	N	C	Pric	ority Founda	ation Items		nts) vi	iolat O	I	N	N	Cor	rrective Action within 10 days	R
U										U	N				E - 1 E C (1/11	1
T	N	O	A	o s	Demonstration 21 Person in charge pre					T		0	A	o s	1	K
	N /	O			21. Person in charge pre and perform duties/ Cer 1	esent, demonstr tified Food Ma	ration of knowl anager/ Posted	ledge,			·	0	A		27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	K
		o			21. Person in charge pre	esent, demonstr tified Food Ma	ration of knowl anager/ Posted	ledge,				0	A		27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature  28. Proper Date Marking and disposition	
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followups will result in a \$50 fee.	Retail Food Establishment Inspection Report
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Inspected by: Christy Cortez, RS

Form EH-06 (Revised 09-2015)

Received by:
(signature)

Melanie Gallegos

	ment Name: hi @ Sprouts Farmer's Market #166	Physical Addre		City/State: Rockwall, T	X	License/Permit # need current/to post	Page	<u>2</u> of <u>2</u>
	<u> </u>	100 L 1	TEMPERATURE OBSE		/\	·		
Item/Loc	ation	Temp F It	em/Location	Temp F Item/	Locati	on		Temp F
sushi	display ambient	32-34						
under co	unter cooler/ginger for reference	39						
sushi	cold top/crab salad	41						
	crab stick	41						
und	ler/spicy tuna	41						
W	IC ambient	27						
W	IF ambient	-13						
		OBSE	RVATIONS AND CORR	ECTIVE ACTIONS				
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHMENT	HAS BEEN MADE. YOUR A	TTENTION IS DIRECTED	ГО ТНІ	E CONDITIONS OBSERV	ED AN	ĺD
31	Warewash hand sir	nk at 100+	F/need soap and	paper towels/CC	S			
	3 comp sink 120F							
	Sani sink setup to 2	200ppm qu	ıats					
	Sani spray bottle at	200ppm	quats					
	Test strips and glov	es on site	used					
	pH meter and testir	ng solution	on site					
	Rice logs 3.9-4.1/n	eed to doo	ument today					
	Consumer advisory	posted or	n display and on p	ackaging				
	letter of parasite de	estruction	on file					
	Saran changed at l	east every	4 hours on sushi	rollers				
24	Astaxanthin listed of	on salmon	not on ingredient	list on packagin	g/ne	ed to add		
38/25	Need to follow man	ufacter's i	nstructions for tha	wing as instructe	ed o	n packaging for	fish	1
25	Discarded thawed t	una as ha	dn't followed guid	lines				
Received (signature)	•	S	Print: Melani	e Gallegos		Title: Person In Charge/ C	Owner	
Inspected (signature)	Melanie Gallego Thy:  Chvisty Cov	tez, RS	Christy	Cortez, RS	3	Samples: Y N # 6	collecte	ed

Title: Person In Charge/ Owner Manager
Business Email:

Print: Melanie Gallegos

Print: Christy Cortez, RS