Followup Fee of \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

## City of Rockwall

| 8/28/24  |  | ļ            | 8:30 1:00 |        | FS-8   |  |  |   |  |   |                 | 10                | 50 handlers          | Page <u>1</u> of <u>2</u>   |  |   |
|--|--|--------------|-----------|--------|--|--|--|---|--|---|-----------------|-------------------|----------------------|---|--|---|
| Purpose of Inspec  |  |              |           |        | tion: 1-Routine 2-Follo  |  | 3-Complai  |   | 4-   |   |                 | 5-CO/Construction | 6-Other              | TOTAL/SCORE   |  |   |
| Kroger SW 575-Bakery Kroger  |  |              |           |        |  |  |  | vaine.  | Number of Violations COS:  |   |                 |                   | COS:                 | 8/92/A  |  |   |
| Physical Address: 2935 Ridge Rd Rockwall, Tx Pest control: Refer to grocery report |  |              |           |        |  |  |  | Hood Grease trap :/ wa<br>Triple B 6/2024 Refer to grocery in |  |   |                 |                   | Follow-up: Yes No    | 0/32//  |  |   |
| М  |  |              |           |        | Status: Out = not in compliance IN points in the OUT box for each number   | = in compliancered item  | ce NO  | $\mathbf{O} = \text{not}$                                     |  |   |                 |                   |                      | plicable COS = corrected on<br>ox for IN, NO, NA, COS Ma  | site $\mathbf{R}$ = repeat vio   | lation W= Watch   |
|  |  |              |           |        |  |  |  |   | re In  | nmed  | iate            | Corr              | recti                | ive Action not to exceed 3 da   |  |   |
| O<br>U<br>T  | I<br>N   | Marce Status |           |        | R  | O<br>U<br>T  | N  | N<br>O  | N  | C   | Employee Health |                   |                      |   |  |   |
|  | ~  |              |           |        | 1. Proper cooling time and tempera   | ature  |  |   |  | ~   |                 |                   | S                    | 12. Management, food emplo<br>knowledge, responsibilities, a  |  | employees;  |
|  | ~  |              |           |        | 2. Proper Cold Holding temperatur <b>See</b>   |  |  |   | W  |   |                 |                   |                      | 13. Proper use of restriction a eyes, nose, and mouth Need state hand sink  |  |   |
|  |  | /            |           |        | 3. Proper Hot Holding temperature  | e(135°F)   |  |   |  |   |                 |                   |                      | Preventing Co   | ntamination by Han   | ds  |
|  |  | /            |           |        | 4. Proper cooking time and temper  | ature  |  |   |  | /   |                 |                   |                      | 14. Hands cleaned and prope   | erly washed/ Gloves u  | sed properly  |
|  |  | /            |           |        | 5. Proper reheating procedure for h<br>Hours)  | not holding (16.   | 5°F in 2   |   |  | ~   |                 |                   |                      | 15. No bare hand contact with alternate method properly fol Gloves  |  |   |
|  | 6. Time as a Public Health Control; procedures & records |              |           |        |  |  |  |   |  |   |                 | Highly Suso       | ceptible Populations |   |  |   |
|  |  |              |           |        | Approved Source  |  |  |   |  | 16. Pasteurized foods used; prohibited food not offer Pasteurized eggs used when required |                 |                   | fered                |   |  |   |
|  | /  |              |           |        | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Kroger  |  |  |   |  | Chemicals   |                 |                   |                      |   |  |   |
|  | /  |              |           |        | 8. Food Received at proper temperature Checking  |  |  |   |  | •   |                 |                   |                      | 17. Food additives; approved & Vegetables Water   |  |   |
|  |  |              |           |        | Protection from Con  | tamination   |  |   |  | <b>'</b>  |                 |                   |                      | 18. Toxic substances properly Stored low  | y identified, stored an  | d used  |
|  | ~  |              |           |        | 9. Food Separated & protected, pre-<br>preparation, storage, display, and to   | asting   |  |   |  |   |                 |                   |                      |   | er/ Plumbing   |   |
| 3  |  |              |           |        | 10. Food contact surfaces and Retu Sanitized at ppm/tempe  | erature  |  |   |  | /   |                 |                   |                      | 19. Water from approved sou backflow device City approved   | _  | •   |
|  | •  |              |           |        | 11. Proper disposition of returned, reconditioned Discard  | previously serv  | ved or   |   | 20. Approved Sewage/Wastewater Disposal System disposal  |   |                 |                   | m, proper            |   |  |   |
| 0  | I  | N            | N         | С      | Priority Fou   | ındation Ite   | ms (2 Po   | ints) v   | iolat<br>O   |   |                 | uire<br>N         | Cor                  | rective Action within 10 day  | 'S   | R   |
| U<br>T   | N  | О            | A         | o<br>s | Demonstration of Knowle  |  |  |   | U<br>T   |   | N<br>O          | A                 | o<br>s               | Food Temperatu  | re Control/ Identific  | ation   |
|  | /  |              |           |        | 21. Person in charge present, demo<br>and perform duties/ Certified Food<br>10   |  |  |   |  | •   |                 |                   |                      | 27. Proper cooling method us<br>Maintain Product Temperatur   |  | quate to  |
|  |  |              |           |        |  |  |  | -   | -  |   |                 |                   |                      | <ol><li>Proper Date Marking and</li></ol>   |  |   |
| L  | ~  |              |           |        | 22. Food Handler/ no unauthorized 50   | l persons/ perso   | onnel  |   |  | <b>'</b>  |                 |                   |                      | Great date markings   | •  |   |
|  | •  |              |           |        | Safe Water, Recordkeeping<br>Labeling  | and Food Pac   | kage   |   |  | <b>'</b>  |                 |                   |                      |   | accurate, and calibrat   | ed; Chemical/   |
|  | ✓<br>✓   |              |           |        | Safe Water, Recordkeeping Labeling  23. Hot and Cold Water available; 134, good pressure   | and Food Pac   | kage<br>sure, safe   |   |  | <b>'</b>  |                 |                   |                      | Great date markings 29. Thermometers provided, Thermal test strips Digital thermo, stri  Permit Requirement   | accurate, and calibrat  ps current  t, Prerequisite for O  | peration  |
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## Retail Food Establishment Inspection Report

## City of Rockwall

| Received by: Colin Burgiel             | Print: Colin Burgiel | Title: Person In Charge/ Owner MOD |
|--|----------------------|------------------------------------|
| Inspected by: Richard Hill (signature) | Print: Richard Hill  | Business Email:                    |

Form EH-06 (Revised 09-2015)

| Establish                                | ment Nama  | Physical A    | ddraes                      | City/State: |           | License/Permit #       | Page <u>1</u> of <u>2</u> |  |  |  |  |  |
|--|--|---------------|-----------------------------|-------------|-----------|------------------------|---------------------------|--|--|--|--|--|
| Establishment Name: Kroger SW 575-Bakery |  |               | Ridge Rd                    | Rockwal     | I, Tx     | FS-8031                | rage 01 _2                |  |  |  |  |  |
|  |  |               | TEMPERATURE OBSERVA         |             | T         |                        |                           |  |  |  |  |  |
| Item/Loc                                 |  | Temp          | Item/Location               | Temp        | Item/Loca | tion                   | Temp                      |  |  |  |  |  |
| WIC amb                                  |  | 37            | Dessert Island              | 39-40       |           |                        |                           |  |  |  |  |  |
| Fruit filling                            |  | 38            | Self serve cake cool        | er 39-41    |           |                        |                           |  |  |  |  |  |
| Whi                                      | ocream frosting  | 38            |                             |             |           |                        |                           |  |  |  |  |  |
|  | WIF htt  | 14            |                             |             |           |                        |                           |  |  |  |  |  |
| C  | Cake cooler  | 36            |                             |             |           |                        |                           |  |  |  |  |  |
| Self                                     | Serve Freezers   |               |                             |             |           |                        |                           |  |  |  |  |  |
|  | 11,10,13,9   |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  | OH            | SERVATIONS AND CORRECT      | TIVE ACTION | NS        |                        |                           |  |  |  |  |  |
| Item<br>Number                           | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND |               |                             |             |           |                        |                           |  |  |  |  |  |
|  | Restrooms - refer to g   | rocery re     | port                        |             |           |                        |                           |  |  |  |  |  |
|  | Hand sinks equipped t  | emp gre       | ater than 108               |             |           |                        |                           |  |  |  |  |  |
|  | Dishwasher is currentl   | y non op      | erational, need out of orde | er sign     |           |                        |                           |  |  |  |  |  |
| 10                                       | 3comp sink setup, 134  | l, using o    | quat sani 0ppm, strips curi | ent         |           |                        |                           |  |  |  |  |  |
|  | Will use deli 3 comp to  | fill spray    | bottles, 200ppm, may sp     | ray utensil | s and eq  | uipment and let        | air dry                   |  |  |  |  |  |
|  | A repair ticket submitte   | ed for Ec     | olab to fix sanitizer       | -           |           | -                      |                           |  |  |  |  |  |
|  | Self serve pastry using paper sheets to pickup and place in bags   |               |                             |             |           |                        |                           |  |  |  |  |  |
|  | Self serve bagel station with sani sheets to pickup and place product in bag                                 |               |                             |             |           |                        |                           |  |  |  |  |  |
|  | Self serve has allergen notice on glass doors  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  | Digital thermo onsite, gloves available to touch rte foods, using hair restraints                            |               |                             |             |           |                        |                           |  |  |  |  |  |
| 45                                       | General detail cleaning under equipment  |               |                             |             |           |                        |                           |  |  |  |  |  |
| 37                                       | Frozen condensation  | on wall &     | floor in WIF, food protecte | ed          |           |                        |                           |  |  |  |  |  |
| 45                                       | General detail cleaning  | g undern      | eath shelves in WIF         |             |           |                        |                           |  |  |  |  |  |
| 42                                       | Fan guards need to be  | e cleane      | d in WIC                    |             |           |                        |                           |  |  |  |  |  |
| 42                                       | Cabinet to detail gene   | ral clean     | ng in bakery area           |             |           |                        |                           |  |  |  |  |  |
|  | New Bakery, WIF replacement soon, foods will be stored in a refrigerated trailer onsite                      |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
|  |  |               |                             |             |           |                        |                           |  |  |  |  |  |
| Received<br>(signature)                  | See abov   | e             | See ab                      | ove         |           | Title: Person In Charg | ge/ Owner                 |  |  |  |  |  |
| Inspected<br>(signature)                 | _  | $\overline{}$ | Print:                      |             |           |                        |                           |  |  |  |  |  |
| , , , <b>y</b>                           | K D WU   | ST            | Richard                     | a HIII      |           | Samples: Y N           | # collected               |  |  |  |  |  |