

Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: 9/22/24	Time in: 10:00	Time out: 2:15	License/Permit # FS-9360	CPFM 4	Food handlers All	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	TOTAL/SCORE
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Establishment Name: Kroger 574 Starbucks	Contact/Owner Name: Lance Sayen	Number of Repeat Violations: 1	3/97/A
		Number of Violations COS: 0	

Physical Address: 1950 N Goliad Rockwall, Tx	Pest control : See grocery insp	Hood N/a	Grease trap / waste oil See grocery insp	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W= Watch
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					3					
Approved Source						Preventing Contamination by Hands					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Protection from Contamination						Highly Susceptible Populations					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Safe Water, Recordkeeping and Food Package Labeling						Chemicals					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Conformance with Approved Procedures						Water/ Plumbing					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Consumer Advisory						Food Identification					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

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

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					Physical Facilities					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
Proper Use of Utensils							<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

