

Additional followups
\$50.00 fee

Retail Food Establishment Inspection Report
City of Rockwall

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

Date: 09/18/2024	Time in: 1:40	Time out: 3:45	License/Permit # Fs 9055	Food handlers All	Food managers 9	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 <input type="checkbox"/> TOTAL/SCORE						
Establishment Name: Tom Thumb 2964 Deli			Contact/Owner Name: Tom Thumb		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____	
Physical Address: 3070 north Goliad			Pest control : See grocery		Hood 04/24	
			Grease trap/ waste oil See grocery		Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8/92/A						

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 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									
Compliance Status					Compliance Status				
OUT	IN	NO	NA	COS	OUT	IN	NO	NA	COS
Time and Temperature for Food Safety (F = degrees Fahrenheit)					Employee Health				
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
3				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
3				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>							
Approved Source					Highly Susceptible Populations				
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>								
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
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	<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	OUT	IN	NO	NA	COS
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	OUT	IN	NO	NA	COS
Prevention of Food Contamination					Food Identification				
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>								
	<input checked="" type="checkbox"/>				1				
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
Proper Use of Utensils					Physical Facilities				
	<input checked="" type="checkbox"/>				1				
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Mary Paulin	Print:	Title: Person In Charge/ Owner
Inspected by: <i>Kelly Kirkpatrick rs</i> <small>(signature)</small>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Tom Thumb 2964 deli	Physical Address: 3070 North goliad	City/State: Rockwall	License/Permit # Fs 9055	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Ready meals island		Hot wells		Wic	37
25/32/26/37/		Chicken	146-152	Pasta	37
Rotisserie	152-163	Corn /mashed	161170	Chicken cooked	37
Meatloaf	149	Fish	137	Wings	35
One chicken on bottom rt	112	Cooking temp chicken	180	Grab n go	
Surface of warmer	152	Wif 12		35-39 F 40/37	
Soup wall	Defrost	Deli wall unit		Word of cheese	
Pot salad unit	38/39	38-41/ribs	40'	38-40	

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW. ALL TEMPS TAKEN in F
3	Found one chicken in the rotisserie hot holding 112..made at 8:00 am to discard
W	Hot water at front hand sink not reaching 100 /actual 74 / BUTthebother 2 are 103-108 will use those until repaired
	Employee Posting at hand sinks
	Hot water at three comp 115
42/45	General detail, cleaning of shelving area behind protocol unit and under behind around equipment
W	To address frost around door in wif - work order already submitted
42/45	Too clean, shelving flooring and fan guards in walk-in
	Salad case temps ..
	Pot salad chicken salad chicken salad baked potatoes, egg salad, roast, beef, tamale
	Temps are 38-/49/3738/38/38/39
	Lunch meat case. ham Turkey 37/39
	Using new dating system for stickers i-six days printed out
45	Repair cracks in flooring near Wif
45	Holes in walls to fill , racks have been removed
	Sanitizer 400Ppm in sink and bottles within range per label
	Keep an eye on black shelving units on floor
W	Avoid overstocking units to impede air flow
W	Watch lunch meat wall unit/ temp internal temp of ribs 40'/ overnight temp
W	Unit was coming out of defrost at Inspection. Mary will watch the unit and checks ambient was 43 but product 40
W	Using bakery Thermo digital and getting a new laser and prob thermometer for deli on order
	Cleaning slicers every four hours at a minimum or between species and cheese
	Keep an eye on wrapping machine pad
02	Wall unit on rt is holding 47-51 food temp / will pull and discard those on rt upper 4 shelves / mary sent pics
	Checking dates daily when stocking
W	Test strips on site without date but many more in store in compliance 25
W	Watch shelving in wic ...begging to oxidize

Received by: See above <small>(signature)</small>	Print:	Title: Person In Charge/ Owner
Inspected by: <i>Kelly Kirkpatrick RS</i> <small>(signature)</small>	Print:	Samples: Y N # collected

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