

\$50.00 reinspection fee
required after 1st Followup

Retail Food Establishment Inspection Report
Permit
City of Rockwall approved

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

Date: 01/31/25	Time in: 2:08	Time out: 2:50	License/Permit # Fs 7808	Food handlers Na	Food Managers Na	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input 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: CVS 7464	Contact/Owner Name: Cvs	* Number of Repeat Violations: _____	4/96/A
Physical Address: 1220 horixon road	Pest control : To provide	✓ Number of Violations COS: _____	

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	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		✓				✓					
	✓					✓					
			✓			Preventing Contamination by Hands					
			✓			✓					
			✓						✓		
	✓					Highly Susceptible Populations					
									✓		
	✓					Chemicals					
W	✓					✓					
Protection from Contamination						✓					
	✓					Water/ Plumbing					
	✓					✓					
						✓					
						✓					

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					
			✓			✓					
			✓				✓				
Safe Water, Recordkeeping and Food Package Labeling						2					
	✓					Permit Requirement, Prerequisite for Operation					
			✓			✓					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
			✓			✓					
Consumer Advisory						✓					
			✓			✓					

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					
	✓						✓				
	✓					Physical Facilities					
	✓					1					
			✓			✓					
			✓			✓					
Proper Use of Utensils						1					
	✓					✓					
	✓						✓				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Ethan Proulx	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: CVS south	Physical Address: Ridge road	City/State: Rockwall	License/Permit # Fs7808
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Bev cooler	37	Wall units		Water unit	38
		Left toRt		Gatorade unit	37
		Beer	44	Energy drink unit	39
		Beer	42		
		Ice reddy ice	HTT		
		Frozen food	07	Mini melts	-22
		Popcicle	-.6		
		Milk	36-38		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F
	Hot water 102°
	Restrooms equipped
	Baby formula dates look good
	Back doors look good
	Shelving appears to be 6 inches from floor in back room clean rack in back storage
42	Clean interiors of coolers on floor
42	Minor cleaning in milk cooler and dust fan guards/water unit too/gatorade unit /energy drink unit too
	Dates look good
29	Need secondary Thermo in milk cooler by the door
29	Need probe thermometer to check food temp if needed
	Watch carpet patches and replace is needed
	Watch for dented cans

Received by: <i>See above</i> <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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