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

Date: 1/30/25			Time in: 8:25	Time out: 9:15		DCO-00							CPFM 3	Food handlers	Page 1	of 2		
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla						_	nt 4-Investigation				1 [5-CO/Construction 6-Other		TOTAL/SO	CORE			
Establishment Name: Contact/Owner Primrose North Kali Hernand														Number of Repeat Viola Number of Violations C	4/00	. / A		
Physical Address: 3068 N Goliad St, Rockwall, TX 75087 Pest control: Stealth Pest 7/20/24														Follow-up: Yes No	4/96/ <i>P</i>			
										not observed NA = not applicable COS = corrected on site R = repeat violatio a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box						plation W= W te box for R	Vatch	
Cor	Priority Items (3 Points) violations Compliance Status								s Require Immedia									
O U	I N	N O	N A	C 0						1	0 I		N N A	C O	Employee Health			R
Т		~		S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature No leftovers						-	,		S	12. Management, food employ knowledge, responsibilities, a		employees;	
	/				2. Proper Cold Holding temperature(41°F/ 45°F) See					~	,			13. Proper use of restriction as eyes, nose, and mouth Employee health form		charge from		
		/			3. Proper Hot Holding temperature(135°F)										ntamination by Han	nds		
		/			4. Proper cooking time and temperature					~	'			14. Hands cleaned and proper	rly washed/ Gloves u	ised properly		
		~			5. Proper reheating procedure for hot holding (165°F in 2 Hours)					~	,			15. No bare hand contact with alternate method properly foll Gloves & Utensils				
	/				6. Time as a Public Health Control; procedures & records										eptible Populations			
					Ap	proved Source					•	,		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Shell eggs				
	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction US Foods, Sam's/Walmart								Chemicals									
		8. Food Received at proper temperature Checking							•	,			17. Food additives; approved & Vegetables Water	and properly stored;	Washing Fruit	ts		
		Protection from Contamination							/	,			18. Toxic substances properly	identified, stored an	id used			
	/				Food Separated & protected, prevented during food preparation, storage, display, and tasting											r/ Plumbing		
(10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature						•	,			19. Water from approved sour backflow device City approved			
	11. Proper disposition of returned, previously served or reconditioned No returns						~	,			20. Approved Sewage/Wastev disposal	d Sewage/Wastewater Disposal System, proper						
				Priority Foundation Items (2 Po														
	_			σ.	Pri	ority Founda	tion Ite	ms (2 Po							rective Action within 10 days	S		
O U T	I N	N O	N A	C O S	Demonstration	n of Knowledge/	Personne	el	ints) R	1	tion:	Reg N O	nuire N A	C C O S	•	re Control/ Identific	cation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Kali Hernandez	Print: Kali Hernandez	Title: Person In Charge/ Owner Director
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Primrose North		Physical A	ddress: N Goliad St		City/State: Rockwall, Tx		License/Permit # Page 2 of 2				
	000 1101111	0000		TURE OBSERVAT		, 17	200 000001				
Item/Loc	ation	Temp	Item/Location	CKE OBSERVIT	Temp	Item/Loc	ation	Temp			
Freeze	er htt	11.3									
110020	J. 1100	11.3									
Ref	rigerator amb	34									
		26									
	Milk	36									
Turk	ey lunch meat	38									
Cheddar slice cheese											
Criec	iuai siice crieese	30									
		OH	SERVATIONS A	ND CORRECTI	VE ACTIO	NS					
Item Number	AN INSPECTION OF YOUR ES			DE. YOUR ATTENT	TION IS DIRI	ECTED TO	THE CONDITIONS OBSER	VED AND			
Number	NOTED BELOW: all temperatures are taken in F										
	Restrooms equipped, temp greater than 106 in each room										
	Handsink equipped, temp greater than 105										
	3 comp not setup, 118	, using q	uat sani 200p	pm							
	Gloves used to touch	Rte food	s								
	Using yellow digital the	ermo, str	ps current								
W	Countertop can opene	r showin	g signs of wea	ar on blade, to	replace	soon					
					•						
	Using ventless ovens, no need for hood system Ovens look great, very clean inside										
33	Dishwasher not confirmed - may continue to use but will need to sanitize pans & utensils by sani spray bottle, allow to dry										
32	Observed rough cutting boards, code requires smooth, options include resurfacing or replacement										
- 52	Observed rough cutting boards, code requires smooth, options include resurtacing or replacement										
-											
			1				_				
Received (signature)			Print:		01/0		Title: Person In Charge/	Owner			
	See abov	' E	5	See ab	ove						
Inspected	. 7 –		Print:	\'							
(signature)		ST.	7 H	Richard	ı Hıll		Samples: Y N #	collected			
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