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/ | | 1/2 | 24 | ļ | | 2:40 | FS- | | | | | | | | 5 | 6 | Page <u>1</u> of <u>2</u> | <u>2</u> | |
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| | | | | | | ✓ 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6- Contact/Owner Name: Xnumber of Repeat Violations: | | 6-Other | TOTAL/SCOR | RE | | | | | | | | | |
| | | | | Nan ery | | | Alicia Strat | | e: | | | | | | ✓ Number of Repeat Viola ✓ Number of Violations C | OS: | 0/00// | \ | |
| | | | ddre Tow | | ld, Rockwall, Tx | Tern | st control : ninix 1/30/25 | | | Hood N/a | | | | | ase trap:/waste oil Follow-up: Yes 2/27/25 50g No | | 0/92/F | 3/92/A | |
| Mo | | | | | Status: Out = not in comp points in the OUT box for ea | pliance IN = in c | compliance | | not observed $NA = not$ applicable $COS = corrected$ on site $R = repeat$ of a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropri | | | | | | | site R = repeat vio | plation W= Watch | h | |
| IVIa | IK U | е ар | ргор | TTAIC | | | | | | | | | _ | | ive Action not to exceed 3 day | | e box for K | | |
| O U | mpli I N | ance N O | Stat N A | C O | Time and Tempe | erature for Fo | od Safety | R | | O U | ompli I N | ance N O | N | C O | Emul | anaa Haaléh | | R | |
| T | 1 | U | A | S | (F = degrate of the first of th | rees Fahrenheit d temperature | t) | | | T_ | 14 | | | s | 12. Management, food employ | oyee Health yees and conditional | employees; | | |
| | | / | | | 1 2 | | | | | | ~ | | | | knowledge, responsibilities, ar | • | 1 3 | | |
| | / | | | | 2. Proper Cold Holding te | emperature(41°) | F/ 45°F) | | | | / | | | | 13. Proper use of restriction are eyes, nose, and mouth | nd exclusion; No dis- | charge from | | |
| | | | | | 3. Proper Hot Holding ten | mperature(135° | F) | | | | Ľ | | | | Preventing Con | ntamination by Han | nde | | |
| | | · | | | 4. Proper cooking time an | nd temperature | | | | | / | | | | 14. Hands cleaned and proper | | | | |
| | | | | | 5. Proper reheating proceed | dure for hot hol | lding (165°F in 2 | ! | = | | | | | | 15. No bare hand contact with | ready to eat foods o | r approved | | |
| | | | | | Hours) | | 1 0 | | = | | • | | | | alternate method properly follo | owed (APPROVED | YN. • .) | | |
| | ✓ | | | | 6. Time as a Public Health | n Control; proc | edures & record | S | | | | | | | | eptible Populations | | | |
| | | | | | Appr | roved Source | | | | | ~ | | | | 16. Pasteurized foods used; pr Pasteurized eggs used when re | | fered | | |
| | | | | | 7. Food and ice obtained f | from approved | source; Food in | 1. | | | | | | | | | | | |
| 3 | | | | | destruction Target | unadurieraice, | parasite | * | | | | | | | Cl | hemicals | | | |
| | | | | | 8. Food Received at prope Checking | er temperature | | | | | / | | | | 17. Food additives; approved a & Vegetables | and properly stored; | Washing Fruits | | |
| | | | | | | rom Contamin | nation | | | | · | | | | Water 18. Toxic substances properly | identified, stored an | nd used | | |
| | | | | | 9. Food Separated & prote | ected, prevente | d during food | | | | | | | | | | | | |
| | _ | | | | preparation, storage, displ 10. Food contact surfaces | | | | | | | | | | | r/ Plumbing | | | |
| | ~ | | | | Sanitized at 200 pp | | | | | | ~ | | | | 19. Water from approved sour backflow device City approved | ce; Plumbing install | ea; proper | | |
| | _ | | | | 11. Proper disposition of reconditioned | returned, previo | ously served or | | | | •/ | | | | 20. Approved Sewage/Wastew disposal | vater Disposal System | m, proper | | |
| | | | | | reconditioned Disca | ra | | | | | | | | | | | | | |
| | | | | | Prior | rity Foundat | tion Items (2 | Points | 2) vie | olati | ions | Rear | uire l | Cor | rective Action within 10 days | , | | | |
| O U | I N | N O | N A | COS | Prior Demonstration of | | | Points | _ | O U | ions . I N | Requ N O | N A | C O | rective Action within 10 days | e Control/ Identific | eation | R | |
| O U T | | | | | Demonstration of 21. Person in charge prese and perform duties/ Certif | of Knowledge/ | Personnel ion of knowledge | R | _ | 0 | I | N | N A | C | • | e Control/ Identific | | R | |
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Retail Food Establishment Inspection Report

City of Rockwall

| Received by: Vega Lawrence | Print: Ravyn Highsmith | Title: Person In Charge/ Owner MOD |
|----------------------------------------|------------------------|------------------------------------|
| Inspected by: Richard Hill (signature) | Print: Richard Hill | Business Email: |

Form EH-06 (Revised 09-2015)

| F | | | | | | | | _ | | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|--------------------|------------------------|--------------------------|----------|--------|--|--|--|
| | ment Name: et Grocery | Physical A | teger Towne Rd | City/State: Rockwa | II. Tx | License/Permit # FS-8262 | Page | 1 of 2 | | | |
| 14.90 | 3. 3. 3. 3. 3. 3. | 1 000 0 | TEMPERATURE OBSERVA | | , 170 | . 0 0202 | | | | | |
| Item/Loc | cation | Temp | Item/Location | Temp | Item/Loca | ntion | | Temp | | | |
| | age coolers | | Frozen bunker h | tt | Pizza end cap | | | 2.1 | | | |
| | ,41,40,40,41 | | 6-9.1 | | Self serve freezer htt | | | | | | |
| | g food cooler | 38 | Yogurt lunch meat | | | | | | | | |
| | ce and cheese | 38 | Self serve Freezer h | tt | Alcohol coolers | | | 38-42 | | | |
| _ | gurt Cold Wall | | 0,1,1,0,2 | | Icecream freezer | | | | | | |
| | ,38,40,40,40 | | Self Serve Refrigerate | or | + | 0,0,1,-1,-1 | | | | | |
| Mea | at/Produce wall | | 37,38,38,38,40 | | Mill | k/juice coole | er | | | | |
| 3 | 38,38,37,38 | | End cap freeze | r 3.5 | 3 | 9,39,38,39 | | | | | |
| Item | AM DIGDEOTION OF YOUR TO | | SERVATIONS AND CORRECT | | | HE COMPLETIONS SECTION | TED :- | ID | | | |
| Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F | | | | | | | | | | |
| | Restrooms equipped temp greater than 102 | | | | | | | | | | |
| | Hand sinks cooler roor | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | Health Permit for grocery expired 12/31/23 | | | | | | | | | | |
| 4- | New shelves have been ordered for milk coolers, previous shipment sent wrong size shelves | | | | | | | | | | |
| 45 | Dairy WIC amb 37, observe stickers on door flaps and floor to make surfaces cleanable | | | | | | | | | | |
| 37 | | | droplets on ceiling in WIF | | | | | | | | |
| 45 | WIF amb 11, general detail cleaning under shelves | | | | | | | | | | |
| | To remove stickers from door flaps and floor to make surface cleanable Most WIC amb 37, produce wie amb 38 | | | | | | | | | | |
| 24 | Meat WIC amb 37, produce wic amb 38 Produce stickers confirmed country of origin except cantaloupe | | | | | | | | | | |
| W | To post updated health | permit | in view of consumers | • | | | | | | | |
| 7cos | Observed 3 dented soup cans on shelves | | | | | | | | | | |
| 7cos | · | | | | | | | | | | |
| | Observed all emergency exits doors with no gaps around doors | | | | | | | | | | |
| 46 | Family restroom equipment, observed temp 62, code requires minimum of 100 | | | | | | | | | | |
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| Dog-! | Lhve | | Duint. | | | Title: Douge- I- Cl | Ow | | | | |
| Received (signature) | | 'e | See ab | ove | | Title: Person In Charge/ | owner | | | | |
| Inspecte (signature) | | $\subset \tau$ | Print: Richard | 4 Hill | | | | | | | |
| Form EU 0 | 6 (Revised 09-2015) | <u> </u> | <u> </u> | <i>A</i> 1 1111 | | Samples: Y N # | collecte | ed | | | |