| | Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health | | | | | | | | | | | | | | | |
|--|---|---|-------|--------|---|--------------------------|---|---|-------------------------|----------|---|--|---|--|--|--|
| | Date: Time in: Time out: License/Peri 2/10/2025 12:34 1:45 need | | | | | | | re | Est. Type Risk Category | | | | | | | |
| Pı | Purpose of Inspection: 🖌 1-Routine 📃 2-Follow Up 📃 3-Complain | | | | | | | current/to post Image: Current/to post nt 4-Investigation 5-CO/Construction 6-Other 1 | | | | | E | | | |
| | Establishment Name: Contact/Owner N Kroger 575 Bakery | | | | | | | ✓ Number of Violations COS: | | | | | В | | | |
| Physical Address: Pest control : 2935 Ridge Rd Rockwall, TX see Grocery insp rep | | | | | | | Tolow-up. Test | | | | | | | | | |
| M | | | | | | O = no '✓' a c | | | | | | plicable $COS = corrected on site R = repeat violation W- Watch ox for IN, NO, NA, COS Mark an \times in appropriate box for R$ | ı | | | |
| Co | ompli | ance | e Sta | tus | Priority Items (3 Points) violation | s Requ | _ | | <i>nediat</i> nplian | | | ive Action not to exceed 3 days | | | | |
| O U T | I N N C N O A O S C Time and Temperature for Food Safety $(F = degrees Fahrenheit)$ | | | | | R | R O I N N C U N O A O Employee Health T N O S Employee Health | | | | | Employee Health | R | | | |
| | ~ | | | 5 | 1. Proper cooling time and temperature | | | | ~ | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | |
| | | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) | | _ | _ | | | | 13. Proper use of restriction and exclusion; No discharge from | | | | |
| | ~ | | | | 3. Proper Hot Holding temperature(135°F) | | | ' | | | | eyes, nose, and mouth | | | | |
| | | | ~ | | 4. Proper cooking time and temperature | | | | | | 1 | Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly | | | | |
| | | ~ | | | 5. Proper reheating procedure for hot holding (165°F in 2 | | _ | + | | | | 15. No bare hand contact with ready to eat foods or approved | | | | |
| | | Hours) | | | | | | | | | | alternate method properly followed (APPROVED Y_ N_) | | | | |
| | 6. Time as a Public Health Control; procedures & records | | | | | | | | | 1 | 1 | Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered | | | | |
| | | | | | Approved Source | | | 1 | ~ | | | Pasteurized eggs used when required | | | | |
| | ~ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | Chemicals | | | | |
| | ~ | | | | 8. Food Received at proper temperature | | ſ | 1 | ~ | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | |
| | | | | | Protection from Contamination | | _ | | ~ | | | 18. Toxic substances properly identified, stored and used | | | | |
| | ~ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | Water/ Plumbing | | | | |
| 3 | | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature | | | 1 | ~ | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | |
| | ~ | | | | 11. Proper disposition of returned, previously served or reconditioned | | 20. Approved Sewage/Wastewater Disp disposal | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | | |
| 0 | Priority Foundation Items (2 Poi | | | | | oints) | | | | | rective Action within 10 days | R | | | | |
| U T | N | 0 | A | 0 S | Demonstration of Knowledge/Personnel 21. Person in charge present, demonstration of knowledge, | | | U T | N O | A | O S | | | | | |
| | ~ | | | | and perform duties/ Certified Food Manager/ Posted 5 | | | | ~ | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | |
| | ~ | | | | 22. Food Handler/ no unauthorized persons/ personnel all | | | 1 | ~ | | | 28. Proper Date Marking and disposition | | | | |
| | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | 1 | ~ | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | |
| | ~ | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | | | | | |
| | ~ | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | , | | | | Permit Requirement, Prerequisite for Operation | | | | |
| | • | | | | | | | 2 | | | | Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted) | | | | |
| | | | | | destruction); Packaged Food labeled Conformance with Approved Procedures | | 2 | 2 | | | | 30. Food Establishment Permit (Current/insp report sign posted) Utensils, Equipment, and Vending | | | | |
| | ~ | | | | destruction); Packaged Food labeled | | 4 | | | | | 30. Food Establishment Permit (Current/insp report sign posted) | | | | |
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1st followup is free. Any additional followups will result in a \$50 fee.

Retail Food Establishment Inspection Report

| Received by: (signature) Lannie Kiser | Print: Lannie Kiser | Title: Person In Charge/ Owner Manager |
|---|---------------------------|---|
| Inspected by: (signature) Christy Cortez, RS | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

| | er 575 Bakery | Physical Address: 2935 Ridge Rd | | City/State: Rockwa | all, TX | License/Permit # Page 2 of 2 need current/to post Page 2 of 2 | | | | |
|--------------------------|---|------------------------------------|--|-----------------------|-----------|---|--------|--|--|--|
| Item/Loc | ation | Temp F | TEMPERATURE OBSERV | ATIONS Temp F | Item/Loca | tion | Temp F | | | |
| | | | | Temp F | Item/Loca | uon | Temp F | | | |
| | lisplay ambient | 30 | | | | | | | | |
| - | esecake rounder | 34 | | | | | | | | |
| froz | en cake wall | -20 | | | | | | | | |
| С | ake cooler | 38 | | | | | | | | |
| | WIF | -13 | | | | | | | | |
| | WIC | 23 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | OB | SERVATIONS AND CORRECT | TIVE ACTION | NS | | | | | |
| Item | AN INSPECTION OF YOUR ES | | ENT HAS BEEN MADE. YOUR ATTE | | | HE CONDITIONS OBSERVEI | O AND | | | |
| Number | NOTED BELOW: | | hande fan handelike faster he | | | | | | | |
| | | - | heets to handle into be | - | | | a al | | | |
| | | | ries labeled for individu | | | nts listed and date | ea | | | |
| | | | ut case and Einstein ba ers to handle donuts ir | - | | | | | | |
| | | | to be WRS daily or as | | • | | | | | |
| 32 | | | to store bolilo bags a | | not wic | ker as not cleanal | hle | | | |
| 02 | Hand sink 106F eq | | | na tongo, | | | 510 | | | |
| 45 | • | | /under equipment, sor | ne food d | lebris | | | | | |
| 42 | To clean hand sink | - | | | | | | | | |
| 42 | | | and buildup on carts | | | | | | | |
| 32 | | | o address/to be cleana | able | | | | | | |
| 42 | To clean inside coo | | | | | | | | | |
| 42 | To clean inside cup | cake to | oping cabinet, some fo | od debris | 5 | | | | | |
| 42 | To clean storage co | ontainer | s and prep tables, gre | ase and i | cing | | | | | |
| 45 | To repair walls by V | VIC, FR | P pulled away from wa | all | | | | | | |
| 45 | Buildup on floor in V | VIC/to c | lean | | | | | | | |
| | No raw eggs used f | | | | | | | | | |
| | | | /sign up, out of order | | | | | | | |
| | Warewash hand sink 120+F equipped | | | | | | | | | |
| 40/00 | 3 comp sink 128F | | | | | | | | | |
| 10/33 | 3 Sani sink setup less than 150ppm | | | | | | | | | |
| 10 | Sani dispenser not dispensing correctly/will need to repair and warewash in deli until repaired | | | | | | | | | |
| 10 | Sani spray bottle less than 150ppm quats Will need to refill bottle at deli until repaired | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Received (signature) | ^{by:} Lannie Kiser | | Lannie | Kise | r | Title: Person In Charge/ Ow Manager | ner | | | |
| Inspected (signature) | Chrísty Cor | tez, 1 | RS Christy C | cortez, | | • | lected | | | |
| Form EH-06 | 6 (Revised 09-2015) | Ŭ | | | | Samples: Y N # col | | | | |