Follow-up fee of \$50.00 is required after 1st FollowupRetail Food Establishment Inspection ReportImage: First aid kit Image: Allergy policy/train Image: City of RockwallCity of RockwallImage: City of RockwallImage: City of Rockwall										olicy/train In up	ing			
Date: 03/19/2025	Time in: <b>11:23</b>	Time out: <b>12:10</b>		se/Permit 9053							Food handlers	Food managers	Page <u>1</u> of	f_2_
Purpose of Inspec	tion: 🖌 1-Routine	2-Follow U		plaint	_	-Inve	estig	atio	n	5-CO/Constr	uction	6-Other	TOTAL/SCO	ORE
Establishment Name: Contact/Owner N Tom Thumb 2964 fuel center Ty Physical Address: Pest control : 307 n Goliad, Store			ner Name		★ Number of Repeat Violations:         ✓ Number of Violations COS:         Hood       Grease trap/ waste oil:         Follow-up:					OS: Foll <u>ow</u> -up: Yes 🗌	□ 3/97/A			
Compliance S Mark the appropriate	Status: Out = not in con points in the OUT box for e	$\begin{array}{l} \text{npliance}  \mathbf{IN} = \text{in c} \\ \text{each numbered ite} \end{array}$	compliance em M	NO = nc lark $$ in						$\begin{array}{l} \text{oplicable} & \text{COS} = 0\\ \text{O, NA, COS} \end{array}$	corrected on s Marl			watch
Compliance Status	Prior	ity Items (3 ]	Points) violat	ions Requ		<i>mme</i> Comp				ive Action not to e	xceed 3 day	8		
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $			R			N O	N         N         C           O         A         O           Employee Health         S						R	
	1. Proper cooling time and temperature 2. Proper Cold Holding temperature(41°F/ 45°F) See attached					~	•		12. Management, food employees and conditional employ knowledge, responsibilities, and reporting Has Tom thumb policy.above employee hand sink         13. Proper use of restriction and exclusion; No discharge eyes, nose, and mouth					
	3. Proper Hot Holding temperature(135°F)									Preventing Contamination by Hands				
~	4. Proper cooking time a	· ·		_		/	'			14. Hands cleane				
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)					~	,			15. No bare hand alternate method p				
	6. Time as a Public Health Control; procedures & records					<u> </u>		<u> </u>	Highly Susceptible Populations					
	Approved Source							~		16. Pasteurized fo Pasteurized eggs u	fered			
	<ul> <li>7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial grocery</li> <li>8. Food Received at proper temperature</li> </ul>			1					Chemicals 17. Food additives; approved and properly stored; Was				Weshing Emits	
	Taking temp							~		& Vegetables			-	
	Protection 1 9. Food Separated & pro	from Contamin			_	~	7			Watch storag		identified, stored an	d used	_
~	preparation, storage, disp Pp	play, and tasting	C			_						/ Plumbing		
	10. Food contact surface Sanitized at <u>150</u> p 11. Proper disposition of	ppm/temperature	ously served or			~				backflow device City appro	ved	ce; Plumbing install		
	reconditioned Disca	ard in tra	sh			/				disposal	-			
0 I N N C U N O A O	Prio Demonstration	- C	<b>`</b>	Points)	viola C	) I	Req N O	n N A	Cor C C	rrective Action wit		e Control/ Identific	ation	R
	21. Person in charge pres	sent, demonstrat	ion of knowled	ge,	1			А	s		-			
	21. Forson in daily present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)       27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature         22. Food Handler/ no unauthorized persons/ personnel       28. Proper Date Marking and disposition													
	3 Safe Water, Recordkeeping and Food Package Labeling					~				Thermal test strip		ccurate, and calibrat	ed; Chemical/	
	23. Hot and Cold Water 112	available; adequ	ate pressure, sa	ıfe		1	<u> </u>			Digital Permit Re	equirement,	Prerequisite for O	peration	
~	24. Required records ava destruction); Packaged F Pre packageo	ailable (shellstoc Food labeled	k tags; parasite			~				30. Food Establis Posted	shment Pern	nit (Current/ insp s	ign posted )	
	Conformance w 25. Compliance with Va HACCP plan; Variance of processing methods; mai In compliance	riance, Specializ obtained for specialized	ed Process, and cialized	1		~	•			31. Adequate hand supplied, used	dwashing fac	pment, and Vendin ilities: Accessible a	nd properly	
	Const	umer Advisory				~	,			32. Food and Non designed, construct		ct surfaces cleanable d	e, properly	
~	26. Posting of Consumer foods (Disclosure/Remir Food is received con	nder/Buffet Plate	e)/ Allergen Lab aged	bel		~	,			Service sink or cu Set up / m	rb cleaning f	<u>ms in mop s</u>		
0 I N N C U N O A O	Core Items (1 Point	t) <i>Violations K</i> f Food Contam		ctive Actio	on No	) I	Excee N O	ed 90 N A	0 Da C 0	ys or Next Inspect		<i>ever Comes First</i> dentification	_	R
	34. No Evidence of Inser animals General clear	ct contamination	n, rodent/other		1		·	A	s	41.Original contai				
W	35. Personal Cleanliness									10	<u> </u>	al Facilities		
W	36. Wiping Cloths; prop Discussed washing cl 37. Environmental conta Watch	erly used and sto loths more often mination	ored en with mana	ger.	1	. /				42. Non-Food Con See 43. Adequate vent		s clean	areas used	
	38. Approved thawing m			-+	╞	•	-			44. Garbage and F	Refuse proper	rly disposed; faciliti	es maintained	_
	Proper	r Use of Utensil	s		1		~		-		ties installed	, maintained, and cl	ean	<b>-</b>
	39. Utensils, equipment, dried, & handled/ In use	& linens; prope	rly used, stored	,	1	_	<u> </u>		_	<u>See</u> 46. Toilet Facilitie General c		constructed, supplied Of floor	l, and clean	
	40. Single-service & sing and used	gle-use articles;	properly stored				<b>~</b>			47. Other Violatio	•			

## **Retail Food Establishment Inspection Report**

## City of Rockwall

(Printed) Pat oney	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick R	Print:	Business Email:

Form EH-06 (Revised 09-2015)

•

-

Establishment Name: TomThumb 2694'			Physical Address: N Goliad		I	License/Permit # Page 2		of <u>2</u>	
			TEMPERATURE OBSERVA	Rockwal					
Item/Location		<u>Temp F</u>	Item/Location	<u>Temp F</u>	Item/Locat	ion	T	emp F	
Beverage cooler		37/38							
Freezer HTT		10							
		OB	SERVATIONS AND CORRECT	IVE ACTION	1S				
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: All temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	IE CONDITIONS OBSERV	ED AND		
	Using prepackaged readdy ice. Minor accumulation of ice in merchandiser.								
	Beverage station out of order								
	Restroom hot water at 121								
	Storing dirty towels underneath sink. Towels are regularly washed.								
	Back room sink 112								
	Back room employee	sink 117							
	Watch chemical storage	-							
42/45			om under behind and aro	und also ir	n rest				
	Sani chemicals at 150								
	•	-	ufacturers recommendation	ns					
	Has digital pro thermometer for food temperature.								
Received	by:		Print:			Title: Person In Charge/	Owner		
(signature)	See abov	'e							
Inspected	See abov <sup>by:</sup> Kelly Kírkpa		Print:						
(signature)	Kelly Kírkpa	ıtríck	$\mathcal{RS}$			Samples: Y N #	collected		
Form EH 06	(Revised 09-2015)						concettu		