

Retail Food Establishment Inspection Report

<input checked="" type="checkbox"/>	First aid kit
<input checked="" type="checkbox"/>	Allergy policy
<input checked="" type="checkbox"/>	Vomit clean up
<input checked="" type="checkbox"/>	Employee health

Date: 3/24/2025	Time in: 11:20	Time out: 12:10	License/Permit # need current/to post	Est. Type	Risk Category	Page 1 of 2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Purpose of Inspection: <input checked="" 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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Establishment Name: Kroger 574 Wine/Cheese			Contact/Owner Name:			* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Physical Address: 1950 N Goliad Rockwall, TX		Pest control : w/Kroger Grocery insp		Hood n/a	Grease trap : w/Kroger Grocery insp	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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Retail Food Establishment Inspection Report

Received by: (signature) <i>Lance Sayen</i>	Print: Lance Sayen	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Kroger 574 Wine/Cheese	Physical Address: 1950 N Goliad	City/State: Rockwall, TX	License/Permit # need current/to post	Page <u>2</u> of <u>2</u>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
cheese wall ambient	29				
olive end cap	31-37				
Back wall bulk cheese display	36				
left under counter cooler ambient	36				
cheese display	31-38				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
30	Need to post current permit/2024 posted at inspection
42	To clean under grates in cheese wall, some food debris
7	Found some moldy cheese (colby), removed. Dates were still current so uncertain why moldy.
	Hand sink 108F equipped
	3 comp sink 120F
18	Sani spray bottle over 400ppm quats. Diluted at inspection/to 300-400ppm/bottle was labeled as no rinse sani/cleaner. Shelbie to order more sani bottles and inform all where to refill sani
	Heat and seal covers replaced/good
	Under counter cooler on back wall, empty as not working
	Right side under counter cooler not working, used for dry storage
	Reminder to WRS cheese slicer at least every 4 hours
	Using Murray's guidelines for date marking and expiration and discard for hand wrapped cheeses
45	To clean floor, some debris and food debris
	Using gloves for all prep and RTE
	Dial thermo/reminder to calibrate often
	Cheese display in defrost, will come back to check before I leave, confirmed cold holding
	Wine Bar
	Using food contact sani wipes/quats 200ppm
42/45	Some minor cleaning cleaning of floors, top of wine cooler, shelves etc
	Not being used currently
	Plans for remodel for wine and cheese soon

Received by: (signature) <i>Lance Sayen</i>	Print: Lance Sayen	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Samples: Y N # collected

Form EH-06 (Revised 09-2015)