

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: 12/6/2025	Time in: 10:45	Time out: 11:07	License/Permit # no current permit/need 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: Rockwall Drug and General Store			Contact/Owner Name:				* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____		7/93/A																																																																																																																																																																																																																																																																																																																																								
Physical Address: 106 S Goliad Rockwall, TX			Pest control : w/store		Hood n/a	Grease trap : n/a		Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																									
Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN , NO , NA , COS Mark an X in appropriate box for R																																																																																																																																																																																																																																																																																																																																																	
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Received by: (signature) <i>Tammy Mancuso</i>	Print: Tammy Mancuso	Title: Person In Charge/ Owner Employee
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

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

Form EH-06 (Revised 09-2015)