Followup Fee of Followup RHill 1/15/24 @ 12:55													
\$50.00 afterRetail Food Establishment Inspection ReportImage: First aid kitFirst FollowupAllergy policy													
1 113(1 0110)	Vup									Allergy			
City of Rockwall Vomit clean up Employee health													
	Time in:		License/Pern		ากก	∩ 1			СРFМ З	Food handlers	Page $\underline{1}$ of $\underline{2}$	2	
7/31/24 Purpose of Inst	2:45	لل وص و و و و و و و و و و و و و و و و و	DCO-(J I nvestig	atio	n	5-CO/Construction	AII 6-Other	TOTAL/SCOP		
Establishment N Primrose Nor	ame:	Contac	t/Owner Nai	me:		i veseig	,		Number of Repeat Violations C	ations:	101111,5001		
Physical Addres		Pest control			Hood	1	C	Greas	e trap :/ waste oil	Follow-up: Yes	2/98/ <i>F</i>	4	
3068 N Goliad St, Rockwall, TX 75087 Stealth Pest 7/20/24					V/a bserve	a N			a's Best 7/12/24 250g plicable COS = corrected on			.1	
	ate points in the OUT box for	r each numbered item	Mark '√'	a chec	ckmark	c in app	ropri	iate bo	ox for IN, NO, NA, COS Ma	site \mathbf{R} = repeat vic rk an \mathbf{X} in appropriat		n	
Compliance Statu	s	ority Items (3 Points)		Ĵ	Con	nplian	e Sta	atus	ive Action not to exceed 3 da	<i>ys</i>		R	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			y 1	R	O U T	I N N O	N A	C O S	Employee Health				
	1. Proper cooling time and temperature								12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	2. Proper Cold Holding	g temperature(41°F/45°F)					-	-	13. Proper use of restriction and exclusion; No discharge from				
		See			ŀ				eyes, nose, and mouth State hand sink form	-			
	3. Proper Hot Holding	3. Proper Hot Holding temperature(135°F)							Preventing Con	nds			
	4. Proper cooking time	and temperature			L				14. Hands cleaned and properly washed/ Gloves used properly				
	5. Proper reheating pro Hours)	5. Proper reheating procedure for hot holding (165°F in 2 Hours)							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N SIGNOVES				
	6. Time as a Public He	alth Control; procedures &	records						Highly Susceptible Populations				
	AI	oproved Source			•				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Shell eggs				
~	good condition, safe, a	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction US Foods							С				
~	8. Food Received at pr Checking	oper temperature			•				17. Food additives; approved & Vegetables Watwr	and properly stored;	Washing Fruits		
	Protection	n from Contamination			L	/			18. Toxic substances properly	identified, stored ar	nd used	1	
	9. Food Separated & p. preparation, storage, di	rotected, prevented during splay, and tasting	food						Wate	er/ Plumbing			
~	10. Food contact surface Sanitized at 200	ces and Returnables ; Clean ppm/temperature	ed and		ŀ				19. Water from approved sour backflow device City approved	ce; Plumbing install	ed; proper		
-	11. Proper disposition reconditioned No r	11. Proper disposition of returned, previously served or reconditioned No returns			•				20. Approved Sewage/Wastewater Disposal System, proper disposal				
	Pr								rrective Action within 10 days	5			
U N O A	C O Demonstration	n of Knowledge/ Personne		R		I N N O	N A		Food Temperatur	re Control/ Identific	cation	R	
		resent, demonstration of known rtified Food Manager (CFN			•				27. Proper cooling method us Maintain Product Temperatur	^e No leftovers	quate to		
	22. Food Handler/ no u All teachers	22. Food Handler/ no unauthorized persons/ personnel			2				28. Proper Date Marking and disposition Food dated more than 7 days				
	Safe Water, Recordkeeping and Food Package Labeling		kage						29. Thermometers provided, a Thermal test strips		ed; Chemical/		
	23. Hot and Cold Wate	r available; adequate press	ure, safe						Digit thermo, strips Permit Requirement		neration		
	122, good pres 24. Required records a	vailable (shellstock tags; pa	arasite				1		30. Food Establishment Per	-	-		
	destruction); Packaged				ŀ				Posted and curre				
	25. Compliance with V	with Approved Procedure Variance, Specialized Proces						-	31. Adequate handwashing fa	ipment, and Vendin cilities: Accessible a		-	
		e obtained for specialized anufacturer instructions							supplied, used Equipped				
	Con	sumer Advisory							32. Food and Non-food Conta designed, constructed, and use		e, properly		
		er Advisories; raw or under inder/Buffet Plate)/ Allerge en							33. Warewashing Facilities; in Service sink or curb cleaning Confirmed 160st		used/	1	
	Core Items (1 Poi		Corrective A						ys or Next Inspection, Which	hever Comes First			
U N O A	C O Prevention	of Food Contamination]	R		I N N O	N A		Food	Identification		R	
		ect contamination, rodent/o	other			/			41.Original container labeling	(Bulk Food)			
		ss/eating, drinking or tobac	co use						Physi	cal Facilities			
	36. Wiping Cloths; pro	perly used and stored			L	/			42. Non-Food Contact surface	es clean			
	37. Environmental con				L	/			43. Adequate ventilation and	lighting; designated	areas used		
	38. Approved thawing Refrigerator	method							44. Garbage and Refuse prope				
	Prop	er Use of Utensils							45. Physical facilities installed	· ·			
~	dried, & handled/ In u	t, & linens; properly used, se utensils; properly used							46. Toilet Facilities; properly Equipped and closed		d, and clean		
	40. Single-service & si and used	ngle-use articles; properly	stored]		~			47. Other Violations N/a				
						Ĩ			i wa				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Kali Hernandez	^{Print:} Kali Hernandez	Title: Person In Charge/ Owner Director
Inspected by: (signature) Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Primrose North			Physical Address: 3068 N Goliad St		ll, Tx	License/Permit # Page 2 of 2			
Item/Location		Тетр	TEMPERATURE OBSERV	ATIONS Temp	Item/Loca	tion	Тетр		
Freezer htt				Temp			Temp		
		14							
Refrigerator amb		38							
Milk		40							
Gra	aded cheese	41							
			SERVATIONS AND CORRECT	TIVE ACTION	NG				
Item		TABLISHME	ENT HAS BEEN MADE. YOUR ATTE			HE CONDITIONS OBSERVED A	ND		
Number	Number NOTED BELOW: all temperatures are taken in F								
	Restrooms equipped, temp greater than 106 in each room								
	Handsink equipped, temp greater than 103 3 comp not setup, 122, using quat sani 200ppm								
	Gloves for Rte foods and strips are current								
	Using yellow digital thermo								
	No can food, not using countertop can opener								
	Using ventless ovens, no need for good system								
	Ovens look great, very		side						
	Dishwasher confirmed 160st								
28	Observed graded mozzarella cheese dated 7/15, more than 7 days opened Corrected								
Doo-t-	hvi		Durint			Titlet Derrow In Ober 10			
Received (signature)	See abov	/e	See at	ove		Title: Person In Charge/ Owner			
Inspected (signature)	M J H J	ST.	^{Print:} Richar	d Hill		Samples: Y N # collect	ed		
Form EH-06	(Revised 09-2015)		1						