Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

| Date: 8/21/24 | | Ļ | Time in: 1:35 | ense/Permit # 6-8262 | | | | | | | 5 Food handlers Page 1 of | 2 | | | | | |
|---|--|--------|----------------------|-------------------------|--|--|---|---|--------------|--|--|-----------------|--|-------------------------------------|-------------|--|------|
| Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla | | | | | | | | 4-Investigation | | | | ion | | 5-CO/Construction 6-Other TOTAL/SCO | ORE | | |
| Establishment Name: Contact/Owner Narget Grocery Ruben Reyes Physical Address: Pest control: | | | | | | | | | | | Number of Repeat Violations: Number of Violations COS: 5/95/ | 5/95/A | | | | | |
| | | | | | d, Rockwall, Tx | Ter | minix 8/8/2 | 4 | | | Hood I/a | 1 | | | | e trap :/ waste oil | , , |
| Mar | | | | | points in the OUT box for | | tem | Mark ' | √ ' a | | kmarl | k in a | prop | priate | bo | opplicable COS = corrected on site R = repeat violation W = Wa ox for IN, NO, NA, COS Mark an in appropriate box for R | itch |
| Compliance Status | | | | | | | | Cor | nplia | nce S | e Status | | | | | | |
| O I N N O A O S Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | R | | | | | | o | Employee Health | R | | | | |
| | 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 eyes, nose, and mouth | |
| | | / | | | 3. Proper Hot Holding | temperature(135 | °F) | | | | | | | | | Preventing Contamination by Hands | |
| | • | / | | | 4. Proper cooking time and temperature | | | | | | • | / | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | (| / | | | 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.) | |
| | 6. Time as a Public Health Control; procedures & records | | | | | | | | | | | | | Highly Susceptible Populations | | | |
| | | | | | Ap | Approved Source | | | | | • | / | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| • | | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Target | | | | | | | | | | | Chemicals | |
| • | / | | | | 8. Food Received at proper temperature Checking | | | | | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | | | | | Protection from Contamination | | | | | | • | / | | | | Water 18. Toxic substances properly identified, stored and used | + |
| • | / | | | | 9. Food Separated & pr preparation, storage, di | splay, and tasting | g | | | | | | | | | Water/ Plumbing | |
| 3 | | | | / | 10. Food contact surfact Sanitized at _200_ | | | ed and | | | • | / | | | | 19. Water from approved source; Plumbing installed; proper backflow device City approved | |
| • | / | | | | 11. Proper disposition of reconditioned Disc | _ | iously serve | ed or | | | | / | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |
| | | | | | Pri | ority Founda | ation Iten | ns (2 Po | _ |) vio | | | _ | | _ | rrective Action within 10 days | |
| | I N | N O | N A | C O S | | of Knowledge/ | | | R | | | I N | | | C O S | Food Temperature Control/ Identification | R |
| • | / | | | | 21. Person in charge prand perform duties/ Ce5 | | | | | | • | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| • | / | | | | 22. Food Handler/ no u 6 | nauthorized pers | sons/ person | inel | | | • | / | | | | 28. Proper Date Marking and disposition Great dates 29. Thermometers provided, accurate, and calibrated; Chemical/ | |
| | | | | | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | | Thermal test strips | |
| • | | | | | Safe Water, Reco | | Food Pack | age | | | • | | | | | Digital Thermo, strips current | |
| • | | | | | 23. Hot and Cold Wate 110, good pres | Labeling r available; adeq SUP | luate pressu | re, safe | | | | | | | | Permit Requirement, Prerequisite for Operation | |
| | / | | | | 23. Hot and Cold Wate | Labeling r available; adeq SUP vailable (shellsto | luate pressu | re, safe | | | W | | | | | | |
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Retail Food Establishment Inspection Report

City of Rockwall

| Received by: (signature) Alicia Strahan | Print: Alicia Strahan | Title: Person In Charge/ Owner MOD |
|---|-----------------------|------------------------------------|
| Inspected by: Richard Hill (signature) | Print: Richard Hill | Business Email: |

Form EH-06 (Revised 09-2015)

| - | | | | | | | | | | | | |
|----------------------|--|------------|----------------------------------|--------------------|----------------------------------|--------------------------|-----------|----------------------|--|--|--|--|
| | ment Name: et Grocery | Physical A | ddress: teger Towne Rd | City/State: Rockwa | II. Tx | FS-8262 | Page | 1 of 2 | | | | |
| rargo | A Greecity | 1 000 0 | TEMPERATURE OBSERVA | | II, 1X | 1.0.0202 | | | | | | |
| Item/Loc | ation | Temp | Item/Location | Temp | Item/Loca | tion | | Temp | | | | |
| | age coolers | | Frozen bunker h | t | Icecream end cap | | | 7 | | | | |
| | ,41,40,40,41 | | 9-12 | | Self serve freezer htt | | | | | | | |
| | g food cooler | 39 | Yogurt end cap | | 9,10,10,9,8,9 | | | | | | | |
| Juice and cap | | 38 | Self serve Freezer h | tt | Alcohol coolers | | | 339-43 | | | | |
| | gurt Cold Wall | | 9,10,10,9,10 | | Icecream freezer | | | | | | | |
| | ,39,40,41,39 t/Draduas wall | | Self Serve Refrigerate | | 9,9,8,7,9 Milk/juice cooler | | | | | | | |
| | Meat/Produce wall 38,38,39,37,37 | | 38,39,39,38,39 End cap freeze | | Milk/juice cooler 39,38,39,38,37 | | | | | | | |
| 30 | ,30,39,37,37 | OI | • | | | ,30,39,30,3 | | | | | | |
| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F | | | | | | | | | | | |
| | Restrooms equipped to | emp grea | ater than 102 | | | | | | | | | |
| | Hand sinks cooler roor | | | | | | | | | | | |
| | Health Permit for grocery expired 12/31/23 | | | | | | | | | | | |
| | New shelves have been ordered for milk coolers, previous shipment sent wrong size shelves | | | | | | | | | | | |
| | Dairy WIC amb 36,38,38 | | | | | | | | | | | |
| | Address frozen conde | nsation c | Iroplets in WIF | | | | | | | | | |
| 45 | WIF amb 11, general of | detail cle | aning under shelves | | | | | | | | | |
| | Meat WIC amb 36 / Produce WIC amb 35 | | | | | | | | | | | |
| 45 | Meat and Produce WIC general detail cleaning under shelves | | | | | | | | | | | |
| | Produce /vegetable stickers confirmed country of origin | | | | | | | | | | | |
| 40 | Confirmed all baby formula and food dates are all current | | | | | | | | | | | |
| 10cos | Observed 3 dented soup cans on shelves Observed 6 cans of formula that had dents, pulled during inspection | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Received (signature) | See abov | <u>΄</u> | See ab | | | Title: Person In Charge/ | Owner | | | | | |
| Inspected | | | Print: | | | | | | | | | |
| (signature) | 6 (Revised 09-2015) | SŢ | Richard | | | Samples: Y N # | t collect | ed | | | | |