

\$50.00 reinspection fee  
required after 1st Followup

### Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy/training
- Vomit clean up
- Employee health

Date: <b>03/04/2021</b>	Time in: <b>10:04</b>	Time out: <b>10:54</b>	License/Permit # <b>FS 8288 need 2021</b>	Est. Type <b>Cold</b>	Risk Category <b>Low</b>	Page <u>1</u> of <u>2</u>
----------------------------	--------------------------	---------------------------	--	--------------------------	-----------------------------	---------------------------

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	<b>TOTAL/SCORE</b>
--	--------------------------------------	--------------------------------------	--	--	----------------------------------	--------------------

Establishment Name: <b>Edible Arrangements</b>	Contact/Owner Name: <b>Cullins</b>	* Number of Repeat Violations: _____	<b>9/91/A</b>
Physical Address: <b>I-30</b>	Pest control : Need info	Grease trap : Need info	

**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  in appropriate box for IN, NO, NA, COS Mark an  in appropriate box for R

**Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days**

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
			<input checked="" type="checkbox"/>			<b>Preventing Contamination by Hands</b>					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
W		<input checked="" type="checkbox"/>				<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>								<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					<b>Chemicals</b>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
<b>Protection from Contamination</b>						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<b>Water/ Plumbing</b>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					

**Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days**

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
2								<input checked="" type="checkbox"/>			
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<b>Permit Requirement, Prerequisite for Operation</b>					
	<input checked="" type="checkbox"/>					W	<input checked="" type="checkbox"/>				
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
<b>Consumer Advisory</b>						2				<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					

**Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First**

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
1						<input checked="" type="checkbox"/>					
1						<b>Physical Facilities</b>					
1						1					
		<input checked="" type="checkbox"/>				W	<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>				W					
<b>Proper Use of Utensils</b>						1					
	<input checked="" type="checkbox"/>					W					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			

