

Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

|                         |                         |                          |                                    |                  |                             |                           |
|-------------------------|-------------------------|--------------------------|------------------------------------|------------------|-----------------------------|---------------------------|
| Date:<br><b>3/14/24</b> | Time in:<br><b>7:40</b> | Time out:<br><b>1:15</b> | License/Permit #<br><b>FS-9358</b> | CPFM<br><b>8</b> | Food handlers<br><b>All</b> | Page <u>1</u> of <u>2</u> |
|-------------------------|-------------------------|--------------------------|------------------------------------|------------------|-----------------------------|---------------------------|

Purpose of Inspection:  1-Routine  2-Follow Up  3-Complaint  4-Investigation  5-CO/Construction  6-Other  TOTAL/SCORE

|   |   |   |               |
|---|---|---|---------------|
| Establishment Name:<br><b>Kroger 574 Deli</b> | Contact/Owner Name:<br><b>Mark Jordan</b> | <input checked="" type="checkbox"/> Number of Repeat Violations: _____<br><input checked="" type="checkbox"/> Number of Violations COS: _____ | <b>6/94/A</b> |
|---|---|---|---------------|

|   |                                    |                         |   |   |
|---|------------------------------------|-------------------------|---|---|
| Physical Address:<br>1959 N Goliad Rockwall, Tx | Pest control :<br>See grocery insp | Hood<br>Triple B 2/5/24 | Grease trap / waste oil<br>See grocery insp | Follow-up: Yes <input type="checkbox"/><br>No <input checked="" 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

**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><br>(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"/>      |    |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |                                     |                                     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   |                                     |    |                                     |                                     |   | <input checked="" type="checkbox"/>      |    |    |    |     |   |
| <b>3</b>  |                                     |    |                                     | <input checked="" type="checkbox"/> |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | <input checked="" type="checkbox"/> |    |                                     |                                     |   | <input checked="" type="checkbox"/>      |    |    |    |     |   |
|   |                                     |    |                                     |                                     |   | <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"/>                   |    |    |    |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | <input checked="" type="checkbox"/>                   |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |                                     |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | <input checked="" type="checkbox"/>                   |    |    |    |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | <b>W</b>  |    |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |                                     |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  | <input checked="" type="checkbox"/> |    |    |     |   | <input checked="" type="checkbox"/>                   |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |                                     |    |    |     |   | <b>Food Identification</b>                            |    |    |    |     |   |
|  | <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>          |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <input checked="" type="checkbox"/> |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <b>Physical Facilities</b>          |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <b>1</b>                            |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <b>1</b>                            |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <input checked="" type="checkbox"/> |    |                                     |    |     |   |
| <b>Proper Use of Utensils</b>           |                                     |    |    |     |   | <b>1</b>                            |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   | <input checked="" type="checkbox"/> |    |                                     |    |     |   |
|   | <input checked="" type="checkbox"/> |    |    |     |   |                                     |    | <input checked="" type="checkbox"/> |    |     |   |

