

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: <b>3/14/24</b>	Time in: <b>7:40</b>	Time out: <b>1:15</b>	License/Permit # <b>FS-9360</b>	CPFM <b>8</b>	Food handlers <b>All</b>	Page <u>1</u> of <u>2</u>
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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>
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Establishment Name: <b>Kroger 574 Starbucks</b>	Contact/Owner Name: <b>Mark Jordan</b>	Number of Repeat Violations: <b>1</b>	<b>1/99/A</b>
		Number of Violations COS: <b>0</b>	

Physical Address: 1950 N Goliad Rockwall, Tx	Pest control : See grocery insp	Hood N/a	Grease trap / waste oil See grocery insp	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**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> (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"/>					
	<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>Utensils, Equipment, and Vending</b>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
<b>Conformance with Approved Procedures</b>						<b>Consumer Advisory</b>					
	<input checked="" type="checkbox"/>					<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
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<b>Physical Facilities</b>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<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"/>					

