	Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health																		
	Date: Time in: Time out: License/P															Risk Category			
2/24/2021 10:47 11:35 FS-8 Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla												<u>n</u>							
Es	Establishment Name: Contact/Owner I								9		11170	Jongo	41101	u	× Number of Rep ✓ Number of Vio	peat Viola	ations:	TOTAL/SCO	NL
Kroger #575 DAE & JI Corp Su Kim Physical Address: Pest control :								Но			G	reas	e trap :		Follow-up: Yes 🗸	5/95//	Ą		
Ridge Rd Rockwall, TX w/main insp Compliance Status: Out = not in compliance IN = in compliance							0	n/a w/main insp				/ma	in insp		No		1		
Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- 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 \$\$` in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days												ation W- Wat e box for R	ch						
Co	Compliance Status									Compliance Status							R		
O U T	I N	N O	N A	C O S	Time and Tem (F = de	perature for H egrees Fahrenho		ety	R	O U T			N A	C O S	Employee Health				
	~				s (F = degrees Fairement) 1. Proper cooling time and temperature						 12. Management, food employees and conditional e knowledge, responsibilities, and reporting 					employees;			
					2. Proper Cold Holding	temperature(41	°F/ 45°F	<i>(</i>)		13. Proper use of restriction and exclusion; No dischar						charge from			
	~					-					~				eyes, nose, and mouth				
			~		3. Proper Hot Holding to	emperature(135	5°F)			Preventing Contamination by Hands						ds			
	~				4. Proper cooking time a	·				14. Hands cleaned and properly washed/ Gloves used pu Gloves used 15. No bare hand contact with ready to eat foods or appr									
			~		5. Proper reheating proc Hours)	cedure for hot h	olding (1	.65°F in 2			~				T5. No bare hand con alternate method prop				
	~	_			6. Time as a Public Hea	llth Control; pro	ocedures	& records		Highly Susceptible Populations									
	-					10				16. Pasteurized foods used; prohibited food not offe							ered		
						proved Source	1	Fredin			~				Pasteurized eggs used when required NO EGGS				
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Rest Depot/Dr Fish						Chemicals											
	~				8. Food Received at pro	· ·	e				~				17. Food additives; a & Vegetables	pproved	and properly stored;	Washing Fruits	
	Check at receipt Protection from Contamination								~				18. Toxic substances	properly	v identified, stored an	d used			
-					9. Food Separated & pro	otected, preven	ted durin	g food											
	~				preparation, storage, dis		-								Water/ Plumbing 19. Water from approved source; Plumbing installed; proper				
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature 11. Proper disposition of returned, previously served or						~				 19. Water from approbackflow device 20. Approved Sewag 				
	~				reconditioned	i returned, prev	lously se				~				disposal	c/ waste	water Disposal System	n, proper	
0	Ι	N	N	C	Prio	ority Found	ation It	tems (2 Po	pints) v	violai 0		Req N	uire N	c Cor	rrective Action within	n 10 day	s		R
U T	N	0	A	o s	Demonstration of Knowledge/ Personnel				K	U T	Ν	0	A	o s	Food Ten	nperatu	re Control/ Identific	ation	K
	~				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 2						~				27. Proper cooling m Maintain Product Ter	mperatur	e	quate to	
	22. Food Handler/ no unauthorized persons/ personnel 1								~				28. Proper Date Marl	e					
	Safe Water, Recordkeeping and Food Package Labeling								~				29. Thermometers pr Thermal test strips dial	rovided, a	accurate, and calibrat	ed; Chemical/			
L	~							-				Permit Requ 30. Food Establishn		, Prerequisite for Op	-				
	~				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled ON INVOICE						~				12/31/2021	nent Per	mit (Current/inspire	port sign posted)	
	1				Conformance w						ı			·	Utens		ipment, and Vendin	0	
	~				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions records current					V					31. Adequate handwa supplied, used	-			
					Cons	sumer Advisor	У			2					32. Food and Non-fo designed, constructed			, properly	
	~				26. Posting of Consume foods (Disclosure/Remin on display case	inder/Buffet Pla					~				33. Warewashing Fac Service sink or curb o			used/	
					Core Items (1 Poin		Require	e Corrective		_					uys or Next Inspection	n , Whic	hever Comes First		
O U T	I N	N O	N A	C O S	Prevention of	of Food Conta	nination		R	O U T		N O	N A	C O S			Identification		R
	~				34. No Evidence of Inse animals						~				41.Original container	r labeling	g (Bulk Food)		
	~				35. Personal Cleanliness		-	acco use								•	cal Facilities		
	~				36. Wiping Cloths; prop		tored			1					42. Non-Food Contac				
	~				37. Environmental conta						~				43. Adequate ventilat				
	~				38. Approved thawing n	method					~				44. Garbage and Refe				
						er Use of Utens				1					45. Physical facilities		, ,		
39. Utensils, equipment, & linens; prop dried, & handled/ In use utensils; prop									~				46. Toilet Facilities;	properly	constructed, supplied	l, and clean			
1					40. Single-service & sin and used	ngle-use articles	; properl	y stored			~				47. Other Violations				
-										1	1	1		1	1				1

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: (signature) See below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: r #575 DAE & JI Corp	Physical A Ridge	Road	City/State: Rockwa	III, TX	License/Permit # FS-8038	<u>2</u> of <u>2</u>					
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA	TIONS Temp F	Item/Locat	tion		Temp F				
	mbient	35			Item Locut			Temp T				
	IF ambient	2										
	ushi display	35										
	counter cooler/crab	36										
	prep cooler/shrimp	36										
	tuna/crab	37/37										
		01701										
		OB	SERVATIONS AND CORRECT	IVE ACTION	JS							
Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND ber NOTED BELOW:											
W	Hand sink 100 F . Must have faucet in correct position to reach 100											
32	Galvanized shelving in WIC											
	All sushi labeled with ingredients listed/ dated											
	3 comp sink 110 F											
32			eplaced/ resurfaced									
42	Clean non contact food areas											
40	pH logs up to date											
40	Discard cardboard boxes after initial use Dr Fish supplier/parasite assurance on invoice											
	Sani sink setup to 2											
	Sani spray 200 ppn											
			ded at least every 4 ho	urs								
	Rice discarded every 4 hours											
45	Clean floors, under	equipm	ent/little bit of food det	oris								
Received	by:		Print:			Title: Person In Charge	/ Owner					
(signature)	Sa Kim		Su Kim			Owner						
Inspected (signature)	Chrísty Cori	TON, P	Print:		BC							
	(Powisod 09 2015)	<i>zz</i> , r			110	Samples: Y N	# collecte	ed				