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: 2/26/24		L	Time in: 8:00	Time out: 11:20		License/Po								CPFM 11	Food handlers 30	Page 1	of <u>2</u>		
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain					int	4-Investigation			tion		5-CO/Construction	6-Other	TOTAL/S	CORE					
Establishment Name: Contact/Owner Kroger SW 575-Meat&Seafood Kroger							Vame	:					Number of Repeat Violations: Number of Violations COS:		9/91	ı / A			
Physical Address: 2925 Ridge Rd Rockwall, Tx Pest control: Refer to grocery report											e trap :/ waste oil Follow-up: Yes ogrocery report		9/9	I/A					
Mai					Status: Out = not in co points in the OUT box for	ompliance IN = in or each numbered ite	complianc em	e No Mark '	$oldsymbol{\lambda} = n$							plicable COS = corrected or x for IN, NO, NA, COS M	n site R = repeat vio ark an X in appropriat	lation W=	Watch
Cor	nnli	ance	Stat	tus	Prio	rity Items (3	Points)	violations	Req	uire		<i>media</i> mplia				ve Action not to exceed 3 de			ı
O U	I N	N O	N A	C 0	Time and Ten	nperature for Fo	ood Safet	y	R		O U	I	N O	N A	C O	Emp	oloyee Health		R
Т		/		S	1. Proper cooling time a					ľ	Т	/			S	12. Management, food emple knowledge, responsibilities,		employees;	
		_			2. Proper Cold Holding	temperature(41°	F/ 45°F)					<u>, </u>				13. Proper use of restriction eyes, nose, and mouth	and exclusion; No disc	charge from	
		•		See 3. Proper Hot Holding temperature(135°F)			ŀ						•	ontamination by Han	de				
		<u>/</u>			4. Proper cooking time	and temperature				ŀ		<u> </u>				14. Hands cleaned and prope			
		\ \			5. Proper reheating prod Hours)	cedure for hot ho	lding (16	5°F in 2		-		<u>, </u>				15. No bare hand contact wit alternate method properly for)
	_				6. Time as a Public Hea	alth Control; proc	cedures &	k records		ł						Gloves	ceptible Populations		-/
ľ					An	proved Source				ŀ	T,	/				16. Pasteurized foods used; pasteurized eggs used when	prohibited food not off	ered	
	<u> </u>				7. Food and ice obtaine		source: F	Food in		ŀ						rasteurized eggs used when	required		
	/				good condition, safe, ar destruction Kroger			ood iii								(Chemicals		
	/				8. Food Received at pro Checking	oper temperature				Ī	(/				17. Food additives; approved & Vegetables Water	and properly stored;	Washing Fru	its
	L				Protection	from Contamir	nation				(/				18. Toxic substances properl	y identified, stored an	d used	
	/				9. Food Separated & pr preparation, storage, dis	splay, and tasting	g										er/ Plumbing		
3					10. Food contact surfac Sanitized at <u>200</u>			ned and			3					19. Water from approved sou backflow device P-trap leaking at	handsink		
	/		~		11. Proper disposition of reconditioned Disc	of returned, previo	ously ser	ved or				~				20. Approved Sewage/Waste disposal	ewater Disposal System	n, proper	
0	T	N	N	С	Pri			ms (2 Po) vio						rective Action within 10 day	ys		р
O U T	I N	N O	N A	C O S	Demonstration	ority Foundate of Knowledge/	tion Ite Personn	el	ints)) vio	o U T	I		N A	Corr C O S		ys are Control/ Identific	ation	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Josh Hayes	Print: Josh Hayes	Title: Person In Charge/ Owner
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: r SW575-Meat&Seafood	Physical A		ty/State: Rockwa l		1 of 2					
Talogo	1 OVVO70 Wicalaccalcoo	2300	TEMPERATURE OBSERVATI		11, 12 0000						
Item/Loc		Temp	Item/Location	Temp	Item/Location	Temp					
Seafo	od Freezers		Seafood fresh bunker	41	Chicken display						
	0,12,16,9,10		Fresh chicken bunker	34	Chicken	38					
	ood cooker wall		Sausage bunker	37	Filet	38					
	icken bunker	39	Beef/pork/chx cold wall		Tomahawk ribeye	36					
	Pork bunker	40	39,37,38,36,38		Andouille Sausage	39					
В	Beef bunker	41	Seafood Display		Smoked bacon	40					
Seaf	ood frozen bunker		Salmon	37	UP Seafood freezer	6					
	6,9,8,7		Shrimp	30	All htt						
Item	AN INCRECTION OF VOLID EC		SERVATIONS AND CORRECTIVE			ID					
Number	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 refer to gro										
	Hand sinks equipped of										
	•		38, using Quats sani 200ppm	i, strips	current						
32cos	, , , ,	nt pealin	g, time to replace								
40	WIC amb 38										
43	Light out in meat WIC	105									
	Meat hand sinks equip	•	using quat sani 200ppm, str	ips curre	ent						
19	Hand sink in cutting ro	·									
10	-		ceiling, burn ice W/R/S entir	e hoppe	er						
			4 hours, beginning and end								
	Waste is thrown bone	barrel ur	til picked up weekly and kep	t in cutti	ng room						
	Only cutting beef, all c	hicken a	nd pork are prapacks								
45	Grills need to be clear	ed on h	ac unit in meat cutting room	and wid	С						
45	Meat cutting room doo	r needs	detail cleaning into WIC								
32	Heat and seal cover is worn, has holes and torn, time to replace										
32	Heat and seal convey	er belt ha	as blood and needs to be cle	aned/re	placed						
Received	by:		Print:		Title: Person In Charge/ Owner						
(signature)	See abou	<u>'e</u>	See abo	ve	-						
Inspected (signature)		ST	Richard	Hill	Samples: Y N # collecte	ed					
Form EH-06	5 (Revised 09-2015)		• •								