

\$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: 03/02/2021	Time in: 8:18	Time out: 12:45	License/Permit # FS 9059 NEED 2021	Est. Type Sushi	Risk Category	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	TOTAL/SCORE
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Establishment Name: Tom Thumb 2964 AFC sushi	Contact/Owner Name: AFC/ TT	* Number of Repeat Violations: _____	4/96/A
		✓ Number of Violations COS: _____	

Physical Address: N Goliad	Pest control : See grocery	Hood Ma	Grease trap : See grocery	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 ✓ 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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Preventing Contamination by Hands					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Highly Susceptible Populations					
								<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>					Chemicals					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Water/ Plumbing					
	<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
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					2					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
Consumer Advisory						Food Identification					
	<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
Prevention of Food Contamination						Food Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Physical Facilities					
	<input checked="" type="checkbox"/>					W					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Proper Use of Utensils						Physical Facilities					
	<input checked="" type="checkbox"/>					W					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
								<input checked="" type="checkbox"/>			

