

Additional followups
\$50.00 fee

Retail Food Establishment Inspection Report
Virtual insp
City of Rockwall

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

Date: 03/28/2024	Time in: 8:09	Time out: 3:52	License/Permit # Fs 9056	Food handlers 21	Food managers 11	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
Establishment Name: Tom Thumb grocery 2964			Contact/Owner Name: Tom Thumb		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____		4/96/A
Physical Address: 4070 N Goliaf		Pest control : Rentokil 03-6/2024	Hood 12/03/23	Grease trap/ waste oil 03/20/		Follow-up: Yes <input type="checkbox"/> 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 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	OUT	IN	NO	NA	COS
Time and Temperature for Food Safety (F = degrees Fahrenheit)					Employee Health				
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Proper cooling time and temperature Tracking					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
2. Proper Cold Holding temperature(41°F/ 45°F) Good					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Poster at all sinks				
			<input checked="" type="checkbox"/>		Preventing Contamination by Hands				
3. Proper Hot Holding temperature(135°F)					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
4. Proper cooking time and temperature					14. Hands cleaned and properly washed/ Gloves used properly				
			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
5. Proper reheating procedure for hot holding (165°F in 2 Hours)					15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)				
	<input checked="" type="checkbox"/>				Highly Susceptible Populations				
6. Time as a Public Health Control; procedures & records					<input checked="" type="checkbox"/>				
Approved Source					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
	<input checked="" type="checkbox"/>				Chemicals				
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Communal					<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>				17. Food additives; approved and properly stored; Washing Fruits & Vegetables To have veggie wash checked				
8. Food Received at proper temperature Checked at receiving					<input checked="" type="checkbox"/>				
Protection from Contamination					<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>				Water/ Plumbing				
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>				19. Water from approved source; Plumbing installed; proper backflow device City approved				
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature					<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>		20. Approved Sewage/Wastewater Disposal System, proper disposal				
11. Proper disposition of returned, previously served or reconditioned									

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days									
Compliance Status					Compliance Status				
OUT	IN	NO	NA	COS	OUT	IN	NO	NA	COS
Demonstration of Knowledge/ Personnel					Food Temperature Control/ Identification				
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 11					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
22. Food Handler/ no unauthorized persons/ personnel 21					28. Proper Date Marking and disposition If needed would ask				
Safe Water, Recordkeeping and Food Package Labeling					<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Using food safety station				
23. Hot and Cold Water available; adequate pressure, safe See attached					Permit Requirement, Prerequisite for Operation				
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled					30. Food Establishment Permit (Current/ insp sign posted) Posted in departments				
Conformance with Approved Procedures					Utensils, Equipment, and Vending				
			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions					31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped				
Consumer Advisory					2				
	<input checked="" type="checkbox"/>				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used See attached				
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label					<input checked="" type="checkbox"/>				
					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped				

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	OUT	IN	NO	NA	COS
Prevention of Food Contamination					Food Identification				
W						<input checked="" type="checkbox"/>			
34. No Evidence of Insect contamination, rodent/other animals Watch for doors					41. Original container labeling (Bulk Food)				
	<input checked="" type="checkbox"/>				Physical Facilities				
35. Personal Cleanliness/eating, drinking or tobacco use					1				
	<input checked="" type="checkbox"/>				42. Non-Food Contact surfaces clean				
36. Wiping Cloths; properly used and stored Using spray bottles					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>			43. Adequate ventilation and lighting; designated areas used				
37. Environmental contamination Watch					<input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>			44. Garbage and Refuse properly disposed; facilities maintained				
38. Approved thawing method Pull					1				
Proper Use of Utensils					45. Physical facilities installed, maintained, and clean				
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used					46. Toilet Facilities; properly constructed, supplied, and clean Equipped				
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
40. Single-service & single-use articles; properly stored and used					47. Other Violations				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Mary Paulin	Print:	Title: Person In Charge/ Owner
Inspected by: <i>Kelly Kirkpatrick RS</i> <small>(signature)</small>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Tom Thumb 2964 grocery	Physical Address: 3070 N Goliad	City/State: Rockwall	License/Permit # 9056	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Deli case 29 ambient	35/33	Salads	37	Pizza rolls	
Fruit mobile	40/39	Cut veggies	37	7/5/6/10	
Dairy wic	36	Cut fruit melons	36!	Cream /cheese area	38
Wif	1	Snack packs	37	Cheese more	36
Ambient temp of	60	Berry unit	38/35	Butter	38
Produce wic	37	Floor freezers		Pie crust	36
Juice wall	36.7	5/8/7/4/9/11/-9/4/6/8/		Pudding	
Cut lettuce	38	6/5/7/9/11/15/15/6/126/4/8/		BFG/ 3 sides all below	39/40 v41!

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW. ALL TEMPS TAKEN in F
W	Watch insulation on pipes in back mop area
42	Watch stickers on plastic in wic
45	Need to clean the floor in dairy wic
	RR equipped 101.5 / 123 hot water. Soap and. T out eels
W	Back doors - watch for gaps
	Compactor area looks good
W	To watch for condensation in wif / need to clean floor
	Prep room - ambient 60!f
	Three comp - wash compartment 116
	Employee health poster posted at all locations
	Hot water at 101'at hand sink
	Sanitizer in sink 200 ppm
32	Time to sand or replace. Cutting boards
	Veggie wash /!not working
45	Need tlc on floors in produce wic
W	Nozzles on wet wall to be cleaned per code which is weekly and logged
45	To clean produce wall where needed
	Dates look good on juice
	Cool labeling - stickers/ signs / bags
	Tea cooler -37-39
	Orange juice 39 f /yogurt 38/ eggs 39/38!
	Baby food that was checked was good /- baby formula checked dates good
	Dug -freezers -16/20/ - cooler 40/41
	Baby food lock up / 9/25:10/25/12/24/1/26:july 33/35 /March 3026
	Dates on formula look good
	Emailed Mary the new allergy poster

Received by: See above <small>(signature)</small>	Print:	Title: Person In Charge/ Owner
Inspected by: <i>Kelly Kirkpatrick RS</i> <small>(signature)</small>	Print:	Samples: Y N # collected

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