

\$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: <b>09/12/2023</b>	Time in: <b>12:30</b>	Time out: <b>4:21</b>	License/Permit # <b>FS 9056</b>	Food handlers <b>AllDept</b>	Food Managers <b>9</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	TOTAL/SCORE
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Establishment Name: <b>Tom Thumb 2964 grocery</b>	Contact/Owner Name: <b>Tom Thumb</b>	* Number of Repeat Violations: _____	<b>8/92/A</b>
		✓ Number of Violations COS: _____	

Physical Address: <b>3070 N Goliad</b>	Pest control : <b>Rentokil 09/07/2023</b>	Hood <b>Na</b>	Grease trap: waste oil : <b>Les 08/27/23 1500 gals</b>	Follow-up: Yes <input checked="" type="checkbox"/> No <input 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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
		✓				✓					
	✓					✓					
		✓				<b>Preventing Contamination by Hands</b>					
		✓				✓					
		✓				✓					
	✓					<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>								✓			
3				✓		<b>Chemicals</b>					
	✓					✓					
<b>Protection from Contamination</b>						✓					
	✓					<b>Water/ Plumbing</b>					
	✓					✓					
		✓				✓					

**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>					
	✓					✓					
	✓						✓				
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						✓					
	✓					<b>Permit Requirement, Prerequisite for Operation</b>					
	✓					✓					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
	✓					✓					
<b>Consumer Advisory</b>						2					
	✓					✓					

**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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
W							✓				
	✓					<b>Physical Facilities</b>					
	✓					1					
1						✓					
		✓				✓					
<b>Proper Use of Utensils</b>						1					
	✓					✓					
	✓						✓				

# Retail Food Establishment Inspection Report

City of Rockwall

Received by: <b>Mary Paulin</b>	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: <b>Tom Thumb 2964 grocery</b>	Physical Address: <b>3070N Goliad</b>	City/State: <b>Rockwall</b>	License/Permit # <b>Fs 9056</b>	Page 2 of 2
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### TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Front door produce unit	37/40	Produce wic	33-37	Freezer section customer	
Mobile 1	Defrost	Wif	8.9	-3/-6/-8/-9 see below	
Bev wall	30's	Dairy wic	36-38.8	End cap freezer for pizza defrost	32/33
Ready meals unit area	33/38	Egg wall	30's	Frozen dinner section in defrost	23
Berry unit produce	34/39	Yogurt wall	30's	End cap FF defrost	24
Fresh cut wall / salads / juice	30's	Cheese / biscuits/ juice wall	30's	Beer coolers	
Organic island	38-41	BSG			
Wet wall	36-40	AllSides	30's		

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation/Action
	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F
	Baby formula dates look good
	Restroom equipped hot water 100 min
	Watch peeling paint where needed on black metal shelving
07	Pulled many bottles of naked juice and other "keep refrigerated " juices and protein juice various sizes filled cart
07	One naked juice missing label
32	To address peeling paint and rusty parts to organize island unit
	Provided cleaning info for nozzles on wet wall
42	Clean produce wet wall where needed - shelving etc
	Country of origin- sticker / package or sign
	Produce cutting room 50
	Hot water at hand sink 108/ at three comp 122
	Veggie wash tested within range
45	Fill small holes in walls in produce prep area
	Sanitizer in sink 200 ppm
	Keep an eye on cutting boards
45	To clean floor in wic for produce / also wipe down plastic fan guards / to clean aluminum shelving
W	Watch use of non nsf approved containers for storage
45	To clean under shelving and pallets etc in back hallway also around outside of wics and wif
37/45	Freezer -Wif - ice around door and on floor and on pipe on left condenser
W	Keep an eye on backDoors and gaps - (roll doors)
	Watch compactor and area all round
	Watch stickers on plastic curtains - in dairy cooler - to remove
45	Minor cleaning in mop area
	Dates for dairy checked daily / yogurt and milk

Received by: <b>See above</b> <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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