

Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report  
Virtual inspection  
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 #: Fs9053 Food handlers: 21 Food managers: 11 Page 1 of 2

Purpose of Inspection:  1-Routine  2-Follow Up  3-Complaint  4-Investigation  5-CO/Construction  6-Other  TOTAL/SCORE

Establishment Name: Tom Thumb 2964 Fuel station Contact/Owner Name: Tt \* Number of Repeat Violations: \_\_\_  
✓ Number of Violations COS: \_\_\_

Physical Address: 3070 N Goliad Pest control: Rentokil Hood: See store Grease trap/ waste oil: See story Follow-up: Yes  No  Pics  4/96/A

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation  
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>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>			★						
<b>Approved Source</b>						<b>Highly Susceptible Populations</b>					
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			★
		<input checked="" type="checkbox"/>				<b>Chemicals</b>					
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
<b>Protection from Contamination</b>						<b>Water/ Plumbing</b>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
<b>Consumer Advisory</b>						<b>Utensils, Equipment, and Vending</b>					
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
W						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<b>Physical Facilities</b>					
		<input checked="" type="checkbox"/>				1					
1						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
<b>Proper Use of Utensils</b>						1			<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				1					

# Retail Food Establishment Inspection Report

## City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establishment Name: <b>Tom thumb 2964 fuel</b>	Physical Address: <b>3070 N Goliad</b>	City/State: <b>Rockwall</b>	License/Permit # <b>Fs 9053</b>	Page 2 of 3
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Wall unit coolers					
<b>39/40/39/</b>					
<b>Freezer section</b>	18-244				

OBSERVATIONS AND CORRECTIVE ACTIONS	
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Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: All temps F
	Using reddy ice
	Washable wicker for fruit on counter
	Soda unit not working sign posted- ted not working
	Slushy machine is cleaned every 30 days
	Soda nozzles look good
	Bathroom -working and equipped with soap and towels
	Hot water in rr 119
	Hand sink in back - 126
	Three compSink / 131
47	Mop sink is cluttered with applicator units - difficulty issues getting to and from work to
W	Watch floor storage through tv
	Confirmed air gap at three comp sink
	Area under counters looks good
	Sanitizer at three comp sink...200 pp
37/	To address floor storage in back room etc
42	Clean in coolers where necessary

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

Form EH-06 (Revised 09-2015)