

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

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: 04/14/2021	Time in: 9:20	Time out: 1:36	License/Permit # Food 5052	Est. Type Grocery	Risk Category Med	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: Wal-mart 259 bakery	Contact/Owner Name: Wal mart	* Number of Repeat Violations: _____	11/89/B
Physical Address: I-30	Pest control : See grocery	Grease trap : See grocery	

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"/>				3					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Highly Susceptible Populations					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Chemicals					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
						<input checked="" type="checkbox"/>					
3						Water/ Plumbing					
	<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
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"/>					<input checked="" type="checkbox"/>					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>					2				<input checked="" type="checkbox"/>	
Consumer Advisory						W					
	<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					
W						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Physical Facilities					
	<input checked="" type="checkbox"/>					1					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
Proper Use of Utensils						1					
1						W					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					

