| Retail Food Establishment Inspection Report          Image: Constraint of the stable |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 |                                                |          |                                                                                                         |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------|-----------|------------|---------------------------|-----------------|------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|
| Date:Time in:Time out:License/Permit4/17/20241:503:45need c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           | current/to post |                                                |          |                                                                                                         |                                                                                                             | pq                                                                                                                          | $\begin{array}{c c} \text{Est. Type} & \text{Risk Category} \\ \text{Page } \underline{1} & \text{of} \\ \end{array}$                | 2   |  |  |  |
| Purpose of Inspection: 🗸 1-Routine 🚺 2-Follow Up 🛄 3-Compla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           | int        | nt 4-Investigation        |                 |                                                |          |                                                                                                         | <u> </u>                                                                                                    | 5-CO/Construction 6-Other TOTAL/SCO                                                                                         | ORE                                                                                                                                  |     |  |  |  |
| Establishment Name: Contact/Owner Name: WalMart 259 Meat & Seafood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           | ie:             |                                                |          |                                                                                                         |                                                                                                             | * Number of Repeat Violations:<br>Vumber of Violations COS:<br>Sea trap : Follow.up: Vec[1] 6/94/                           | Λ                                                                                                                                    |     |  |  |  |
| Physical Address: Pest control :<br>781 E I-30 Rockwall, TX refer to grocery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 | Hoc<br>n/a                                     |          |                                                                                                         |                                                                                                             |                                                                                                                             | se trap : Follow-up: Yes V<br>to grocery No                                                                                          | A   |  |  |  |
| <b>Compliance Status:</b> Out = not in compliance IN = in compliance NO = not of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 |                                                |          |                                                                                                         |                                                                                                             |                                                                                                                             | applicable $COS = corrected on site R = repeat violation W- Wat box for IN, NO, NA, COS Mark an \checkmark in appropriate box for R$ | tch |  |  |  |
| Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 |                                                |          |                                                                                                         |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
| Compliance Status         Time and Temperature for Food Safety           0         I         N         N         C           U         N         O         A         O           (E = dograss Februabait)         (E = dograss Februabait)         (E = dograss Februabait)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           | R          | U N O A O Employee Health |                 |                                                |          |                                                                                                         |                                                                                                             | Employee Health                                                                                                             | R                                                                                                                                    |     |  |  |  |
| Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                                                                                          |                                        |                                                                                               | s     (F = degrees Fahrenheit)       1. Proper cooling time and temperature                                                |                                                                                                                      |                   |           |            |                           |                 | T                                              | ~        | 12. Management, food employees and conditional employees;<br>knowledge, responsibilities, and reporting |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                          |                                        |                                                                                               | 2. Proper Cold Holding temperature(41°F/ 45°F)                                                                             |                                                                                                                      |                   |           |            |                           |                 |                                                | •        |                                                                                                         |                                                                                                             |                                                                                                                             | 13. Proper use of restriction and exclusion; No discharge from                                                                       |     |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | eyes, nose, and mouth                                                                                                                |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            | ~                                      |                                                                                               |                                                                                                                            | 3. Proper Hot Holding temperature(135°F)                                                                             |                   |           |            |                           |                 |                                                | T        |                                                                                                         |                                                                                                             |                                                                                                                             | Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly                                        |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            | 4. Proper cooking time and temperature |                                                                                               |                                                                                                                            |                                                                                                                      |                   | 65°F in 2 |            |                           |                 | ~                                              |          |                                                                                                         | -                                                                                                           | 14. Hands cleaned and property washed. Gloves used property<br>15. No bare hand contact with ready to eat foods or approved |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            | ~                                      |                                                                                               |                                                                                                                            | 5. Proper reheating procedure for hot holding (165°F in 2<br>Hours)                                                  |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | alternate method properly followed (APPROVED Y. N. )                                                                                 |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 6. Time as a Public Hea                                                                                              | llth Control; pro | cedures   | & records  |                           |                 |                                                |          |                                                                                                         |                                                                                                             |                                                                                                                             | Highly Susceptible Populations                                                                                                       |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            |                                        |                                                                                               |                                                                                                                            | Арј                                                                                                                  | proved Source     |           |            |                           |                 |                                                | ~        |                                                                                                         | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required              |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               | 7. Food and ice obtained from approved source; Food in<br>good condition, safe, and unadulterated; parasite<br>destruction |                                                                                                                      |                   |           |            |                           |                 | Chemicals                                      |          |                                                                                                         |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 8. Food Received at proper temperature                                                                               |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables                                                        |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                          |                                        |                                                                                               |                                                                                                                            | Protection from Contamination                                                                                        |                   |           |            |                           |                 |                                                | ·<br>·   |                                                                                                         | 18. Toxic substances properly identified, stored and used                                                   | _                                                                                                                           |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            |                                        |                                                                                               |                                                                                                                            | 9. Food Separated & protected, prevented during food                                                                 |                   |           |            |                           | Water/ Plumbing |                                                |          |                                                                                                         |                                                                                                             |                                                                                                                             | Water/ Plumbing                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                          |                                        |                                                                                               |                                                                                                                            | preparation, storage, display, and tasting<br>10. Food contact surfaces and Returnables ; Cleaned and                |                   |           |            |                           |                 | 19. Water from approved source; Plumbing insta |          |                                                                                                         |                                                                                                             |                                                                                                                             | 19. Water from approved source; Plumbing installed; proper                                                                           |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | Sanitized at <u>200</u> ppm/temperature                                                                              |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | 20. Approved Sewage/Wastewater Disposal System, proper                                                                               |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 11. Proper disposition of returned, previously served or reconditioned                                               |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | 20. Approved Sewage/wastewater Disposal System, proper<br>disposal                                                                   |     |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Priority Foundation Items (2 Po                                                                                            |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           | ints<br>R  | ) via                     | olati<br>0      | ons<br>I                                       | Req<br>N | uire<br>N                                                                                               | Cor<br>C                                                                                                    |                                                                                                                             | R                                                                                                                                    |     |  |  |  |
| U<br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                                                                                                                          | 0                                      | Α                                                                                             | O<br>S                                                                                                                     | Demonstration                                                                                                        | 0                 |           |            |                           |                 | U<br>T                                         | N        | 0                                                                                                       | A                                                                                                           | O<br>S                                                                                                                      |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 21. Person in charge present, demonstration of knowledge,<br>and perform duties/ Certified Food Manager/ Posted<br>7 |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature                                                   |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        | 22. Food Handler/ no unauthorized persons/ personnel                                          |                                                                                                                            |                                                                                                                      |                   |           |            |                           | W               |                                                |          |                                                                                                         |                                                                                                             | 28. Proper Date Marking and disposition                                                                                     |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Safe Water, Recordkeeping and Food Package<br>Labeling                                                                     |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           | ~               |                                                |          |                                                                                                         | 29. Thermometers provided, accurate, and calibrated; Chemical/<br>Thermal test strips                       |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 |                                                |          | Permit Requirement, Prerequisite for Operation                                                          |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled |                                                                                                                            |                                                                                                                      |                   |           |            | W                         |                 |                                                |          | 30. Food Establishment Permit (Current/insp report sign posted)                                         |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            | Conformance with Approved Procedures   |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           |                 |                                                |          |                                                                                                         | Need current/to post           Utensils, Equipment, and Vending                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 25. Compliance with Va<br>HACCP plan; Variance<br>processing methods; ma                                             | obtained for sp   | ecialized |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | 31. Adequate handwashing facilities: Accessible and properly supplied, used                                                          |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Consumer Advisory                                                                                                          |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            | ~                         |                 |                                                |          | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used              |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ✔         26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            |                           | ~               |                                                |          |                                                                                                         | 33. Warewashing Facilities; installed, maintained, used/<br>Service sink or curb cleaning facility provided |                                                                                                                             |                                                                                                                                      |     |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | J                                                                                                                          | N                                      | N                                                                                             | C                                                                                                                          | Core Items (1 Poin                                                                                                   | t) Violations     | Require   | Corrective | Acti                      | ion 1           | Not o                                          | to E.    | xcee<br>N                                                                                               | <i>d 90</i><br>N                                                                                            | ) Da<br>C                                                                                                                   | ays or Next Inspection , Whichever Comes First                                                                                       | R   |  |  |  |
| Ŭ<br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                                                                                                                          | 0                                      | A                                                                                             | 0<br>S                                                                                                                     | Prevention of 34. No Evidence of Inse                                                                                | of Food Contar    |           |            |                           |                 | Ŭ<br>T                                         | N        | 0                                                                                                       | A                                                                                                           | 0<br>S                                                                                                                      |                                                                                                                                      |     |  |  |  |
| ┡                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                          |                                        |                                                                                               |                                                                                                                            | <ul><li>34. No Evidence of Inse<br/>animals</li><li>35. Personal Cleanliness</li></ul>                               |                   | ·         |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
| ┡                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ע<br>ע                                                                                                                     |                                        |                                                                                               |                                                                                                                            | 36. Wiping Cloths; prop                                                                                              | -                 | -         |            | <u> </u>                  |                 | 1                                              | [        |                                                                                                         |                                                                                                             |                                                                                                                             | Physical Facilities           42. Non-Food Contact surfaces clean                                                                    |     |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 37. Environmental conta                                                                                              |                   |           |            |                           |                 | I                                              | ~        |                                                                                                         |                                                                                                             |                                                                                                                             | 43. Adequate ventilation and lighting; designated areas used                                                                         | +   |  |  |  |
| ╞                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | 38. Approved thawing method                                                                                          |                   |           |            | $\left  - \right $        |                 |                                                | ~        |                                                                                                         |                                                                                                             | ┢┼┤                                                                                                                         | 44. Garbage and Refuse properly disposed; facilities maintained                                                                      |     |  |  |  |
| ╞                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                          | Proper Use of Utensils                 |                                                                                               |                                                                                                                            |                                                                                                                      |                   | _  -      | 1          |                           |                 |                                                |          | 45. Physical facilities installed, maintained, and clean                                                |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ✓         39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used       |                                        |                                                                                               |                                                                                                                            |                                                                                                                      |                   |           |            | ~                         |                 |                                                |          | 46. Toilet Facilities; properly constructed, supplied, and clean                                        | +                                                                                                           |                                                                                                                             |                                                                                                                                      |     |  |  |  |
| ╞                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            |                                        |                                                                                               |                                                                                                                            | 40. Single-service & sin                                                                                             | ngle-use articles | ; properl | y stored   |                           |                 |                                                |          |                                                                                                         |                                                                                                             |                                                                                                                             | 47. Other Violations                                                                                                                 |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                                                                                                                          |                                        |                                                                                               |                                                                                                                            | and used                                                                                                             |                   |           |            |                           |                 |                                                | ~        |                                                                                                         |                                                                                                             |                                                                                                                             |                                                                                                                                      |     |  |  |  |

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| Received by:<br>(signature) Jaime Carrasco      | Print: Jaime Carrasco     | Title: Person In Charge/ Owner<br>Manager |
|-------------------------------------------------|---------------------------|-------------------------------------------|
| Inspected by:<br>(signature) Christy Cortez, RS | Print: Christy Cortez, RS | Business Email:                           |

Form EH-06 (Revised 09-2015)

| Establishme<br>WalMart                                                                                                                                                  | ent Name:<br>t 259 Meat & Seafood                                                                                                                                            | Physical A<br>781 E |                                  | City/State:<br>Rockwa | all, TX    | License/Permit #<br>need current/to pos | Page <u>2</u> of |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|-----------------------|------------|-----------------------------------------|------------------|--|--|--|--|
| Itom/Legat                                                                                                                                                              | ion                                                                                                                                                                          | Town F              | TEMPERATURE OBSERVA              |                       | Itom/Looot | ion                                     | Town F           |  |  |  |  |
| Item/Locat                                                                                                                                                              | seafood wall                                                                                                                                                                 | Temp F              | Item/Location<br>Meat WIC ambien | Temp F<br>t 19        | Item/Locat | 10N                                     | Temp F           |  |  |  |  |
| sea                                                                                                                                                                     | food cooler                                                                                                                                                                  | 26                  | Meat staging room/ambier         | nt 42                 |            |                                         |                  |  |  |  |  |
| sal                                                                                                                                                                     | mon cooler                                                                                                                                                                   | 25                  | pork chops                       | 46                    |            |                                         |                  |  |  |  |  |
| beef                                                                                                                                                                    | wall ambient                                                                                                                                                                 | 22                  | shared WIF ambien                | t -11                 |            |                                         |                  |  |  |  |  |
| chicke                                                                                                                                                                  | en wall ambient                                                                                                                                                              | 20                  |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | various meat bunker                                                                                                                                                          | -3                  |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              | 28-33               |                                  |                       |            |                                         |                  |  |  |  |  |
| Brat                                                                                                                                                                    | s near dairy                                                                                                                                                                 | 38                  |                                  |                       |            |                                         |                  |  |  |  |  |
| OBSERVATIONS AND CORRECTIVE ACTIONS           Item         AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
| Number                                                                                                                                                                  | mber NOTED BELOW:                                                                                                                                                            |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | Shucked oysters packed in water/no shell, with pack date, name, sell by date, consumer advisory                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | Prestige Oysters commercially packed and sealed<br>Some cleaning needed under grates in frozen bunker                                                                        |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     | expired brats removed            |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | Hand sink 120+F e                                                                                                                                                            |                     |                                  | <u> </u>              |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | B comp sink 138 F                                                                                                                                                            | 4                   |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | •                                                                                                                                                                            | aging roo           | m for about 45 minutes for       | mark dow              | /n/moved   | immediately to V                        | VIC              |  |  |  |  |
| [                                                                                                                                                                       | Pork chops in meat staging room for about 45 minutes for mark down/moved immediately to WIC<br>Do not leave meat in meat staging room as is not cold holding at 41F or below |                     |                                  |                       |            |                                         |                  |  |  |  |  |
| 9                                                                                                                                                                       | Sanitizer dispenser                                                                                                                                                          | at 3 cor            | mp sink at 2000pm qua            | ats                   |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | Test strips available                                                                                                                                                        |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         | Clean under shelves in seafood WIF/debris                                                                                                                                    |                     |                                  |                       |            |                                         |                  |  |  |  |  |
| 37 (                                                                                                                                                                    | Condensation in WIF/protect foods under                                                                                                                                      |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
|                                                                                                                                                                         |                                                                                                                                                                              |                     |                                  |                       |            |                                         |                  |  |  |  |  |
| Received by                                                                                                                                                             | v:                                                                                                                                                                           |                     | Print:                           |                       | [          | Title: Person In Charge                 | / Owner          |  |  |  |  |
| (signature)                                                                                                                                                             |                                                                                                                                                                              |                     | · · · · · ·                      | Carras                | SCO        | Managei                                 |                  |  |  |  |  |
| Inspected b<br>(signature)                                                                                                                                              | <u>Jaime Carrasco</u><br><sup>»:</sup> Chrísty Cov                                                                                                                           | tez, 1              | RS Christy C                     | ortez,                | RS         | Samples: Y N                            | # collected      |  |  |  |  |
| Form EH-06 (                                                                                                                                                            | Revised 09-2015)                                                                                                                                                             | -                   |                                  |                       |            | Sampios i IV                            | concetted        |  |  |  |  |