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

Retail Food Establishment Inspection Report City of Rockwall

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

Date: Time in: Time out: License/P 12:31 Food							^{rmit #} 5131					Foo	od handler	Food managers Pp	Page 1 o	f_2_			
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla											_	5-CO/Construct		6-Other	TOTAL/SC	ORE		
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	1. Proper cooling time and temperature					П						12. Management, foo knowledge, responsib			al employees;				
								•				• •							
	2. Proper Cold Holding temperature(41°F/ 45°F)							/				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth							
	3. Proper Hot Holding temperature(135°F)							Ľ				Policy compan							
						Ш		I .				14. Hands cleaned a		ntamination by Ha					
	4. Proper cooking time and temperature							~											
		ı	/		Proper reheating proc Hours)	cedure for hot he	olding (16	S°F in 2					/		No bare hand con alternate method proj				
			/		6. Time as a Public Hea	alth Control; pro	cedures &	records	Н						***	11.6	(11 D 1 d		
Ш		V											<u> </u>		16. Pasteurized foods		eptible Population		
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	+				8. Food Received at pro			eu eic	Н		1		I		17. Food additives; a	pproved	and properly stored	d: Washing Fruits	
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					Protection	from Contami	ination				/				18. Toxic substances	properly	identified, stored	and used	
					9. Food Separated & propreparation, storage, dis			food	П							Wate	er/ Plumbing		
					10. Food contact surface	_	_								10. Water from an area		J	11.4	
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					11. Proper disposition o	of returned, prev	iously serv	ed or			/				Approved Sewag disposal	;e/Wastev	water Disposal Sys	tem, proper	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Hop Tieu	Print:	Title: Person In Charge/ Owner Store manager
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: reens south	Physical A Ridge		City/State: Rockwall	License/Permit # Food 5131	Page <u>2</u> of <u>2</u>						
			TEMPERATURE OB									
Item/Loca		Temp F	Item/Location	Temp F Item	<u>Location</u>	Temp 1						
Beverage coolers non Tcs		44/45										
	Wic											
To	s food area	37-41										
	Wif	-7										
		OB	SERVATIONS AND COI	RRECTIVE ACTIONS								
Item Number	AN INSPECTION OF YOUR ESTATEMENT OF YOUR ESTATEMENT.	STABLISHME	ENT HAS BEEN MADE. YOUR	R ATTENTION IS DIRECTED	TO THE CONDITIONS OBSER	RVED AND						
	Watch for dented cans	S										
	Baby formula - dates		/ recalled product w	as pulled prior place	d into quarantine							
	Rotation looks good o		•		·							
	Restrooms equipped	•										
	Watch for package int	egrity										
45 /42			etc in wic shelving									
45	Clean under shelving											
w	Keep an eye on wooden shelving and make sure it stays washable											
45	Flooring in wif lifting may have ice under panels as well											
	1.5 444.556 TOWN TIOTH PIPOS MIACTO TOZOTI OTI BAGO OT TOO AND OTI NOOT III WII											
	Will check with Vicky	for permit										
Received (signature)	See abov	/e	Print:		Title: Person In Charge	/ Owner						
Inspected (signature)	See abou	atríck	Print:		Samples: Y N							