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
Allergy policy/training Vomit clean up Employee health
Employee health

Date:) 	Time in: Time out: License/P									Est. Type	Risk Category	Page 1 o	_{of} 2	
09/02/21 12:34 1:10 Food Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai						_	Inve	ction	otior	_	5-CO/Construction	LOW 6-Other	TOTAL/SC			
Est	ablis	shment	Nan	ne:	2-1 onow C	Contact/Owne			IIIVC	suga	11101		* Number of Repeat Vio ✓ Number of Violations	olations:	TOTAL/5C	OKE
-	<u> </u>	eens ıl Addr		ıtn	Pes	Walgreens st control :		Но	od		Gı	rease	e trap :	Follow-up: Yes	1/99	/A
Ridg	ge ro	ad			Ren ompliance IN = in o	ntokil quarterly		Na			Na			No Wif		
Mai		C omplia le approj		Status: Out = not in co e points in the OUT box for	each numbered it	em Mar	NO = not k $\sqrt{ in ap}$						plicable COS = corrected or NA, COS	n site $\mathbf{R} = \text{repeat vio}$ Iark an \mathbf{V} in appropris	olation W-W ate box for R	atch
Cor	nnlis	ance Sta	ifus	Prio	ority Items (3	Points) violatio	ns Requi	_					ve Action not to exceed 3 d	lays		
O U	Î	N N O A	C	Time and Ten	nperature for Fo		R	UNOAO				C O	Em		R	
Т							T				S	12. Management, food employees and conditional employee				
								knowledge, responsibilities, and reporting								
	2. Proper Cold Holding temperature(41°F/45°F) See						13. Proper use of restriction and exclusion; No eyes, nose, and mouth			and exclusion; No dis	scharge from					
		/		3. Proper Hot Holding	temperature(135°	PF)							Preventing Co	ontamination by Har	nds	
		/		4. Proper cooking time	and temperature			14. Hands cleaned and properly washed No hand food contact			erly washed/ Gloves u	used properly				
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)				15. No bare hand contact with ready to eat for alternate method properly followed (APPRO			th ready to eat foods of								
			,	6. Time as a Public Hea	alth Control: proc	cedures & records								·	·	
		•									1		Highly Sus	prohibited food not of		
					proved Source						'		Pasteurized eggs used when		Torou	
	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial										Chemicals					
	8. Food Received at proper temperature Check at arrival / log								/		17. Food additives; approved & Vegetables	d and properly stored;	Washing Fruits	s		
	Protection from Contamination						'				18. Toxic substances proper	ly identified, stored ar	nd used	+		
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					Water/ Plumbin			ter/ Plumbing							
	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature					/				19. Water from approved source; Plumbing installed; proper backflow device City approved			Т			
				11. Proper disposition or reconditioned	of returned, previ	ously served or			/				20. Approved Sewage/Wastedisposal	ewater Disposal Syste	em, proper	\top
		-		Pri	ority Founda	tion Items (2 I				_			rective Action within 10 da	ys		
O U	I N	N N O A	COS		ority Founda		Points) v	O U	I N	Req N O	uire N A	C 0		ys ure Control/ Identific	cation	R
O U T		N N O A	C O S		n of Knowledge/	Personnel tion of knowledge	R	0	I N	N	N	С		ure Control/ Identific		R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Matt Jones	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Walgreens 05827 south		Physical Ac	^{ddress:} idge road	City/State: Rockwall	License/Permit # Food 5131	Page <u>2</u> of <u>2</u>					
			TEMPERATURE OBSERV	VATIONS							
Item/Loca		Temp F	Item/Location	Temp F Item/I	Location	<u>Temp</u>					
Beverage coolers			Wic								
41/37			32/34/31/37								
WIF is down for											
	t at time of insp										
W	ill Followup										
	Empty										
Ma	ay send pics										
	HTT										
Item	AN INCRECTION OF VOLUE PO		SERVATIONS AND CORRECT AND COR		O THE CONDITIONS OBSES	WED AND					
Number	NOTED BELOW: all temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATT	ENTION IS DIRECTED I	O THE CONDITIONS OBSER	VED AND					
45	Watch carpet at front of	loor and I	keep clean / replace whe	ere needed							
	Dates on baby formula	appear t	o be in compliance for al	I containers that a	are not secure that w	ere checked					
	Reminder that all dates	s on baby	food and formula are t	o be checked							
	Watch for dented cans	3									
	Restrooms equipped h	not water	100 F / soap and towels	peovided							
	Keep an eye on new s		'	·							
			tion under foods in back	room							
45					minor						
	Minor cleaning under and around shelving and equipment various - very minor										
	Using alcohol product on all surfaces - nonfood contact										
Received (signature)	See abov	'e	Print:		Title: Person In Charge	/ Owner					