

Followup fee of \$50.00 after initial Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

Date: 10/17/2022	Time in: 9:00	Time out: 2:30	License/Permit # Food 5062	Food handlers All	Food managers 3	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	TOTAL/SCORE
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Establishment Name: Walmart 259 bakery	Contact/Owner Name: Walmart	* Number of Repeat Violations: _____	7/93/A
Physical Address: 782 eco-30			

Pest control : See grocery	Hood To add	Grease trap : See grocery	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch
 Mark the appropriate points in the OUT box for each numbered item Mark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Preventing Contamination by Hands					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>				Highly Susceptible Populations					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Chemicals					
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Water/ Plumbing					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>				2					
	<input checked="" type="checkbox"/>					Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				2					
W						<input checked="" type="checkbox"/>					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
W						<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					Physical Facilities					
	<input checked="" type="checkbox"/>					1					
1						<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				1					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			

Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establishment Name: Walmart 259 bakery	Physical Address: I-30	City/State: Rockwall	License/Permit # 5062	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Cake case 1	Defrost				
Cheesecake case	37-40				
Frozen cake rif	-4.5				
Wic	37-38				
Wif	4-5 F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temps F
	Allergy notice on self service area and ingredients by request - to post ingredients page
	Tongs to be washed daily
	Boxed Chess pie indicates refrigerate after opening for additional 48 hrs of life
	Bakery manager has documentation regarding shelf stable for creme pies
W	Cake case in defrost will Followup
	Washable wicker is used for display
	Pastry case - prepacked now
	Hot water at 111
42/45	Minor cleaning under behind and around equipment
42/45	Minor cleaning of air vents where
	Watch placement of bug lights over label table
	Bread received frozen and baked off and packaged and labeled
42/45	General cleaning inside oven and up under hood and around and under shelving
	To set up sanitizer for prep areas - kquats product is used
	Hot water at hand sink 151 F
	Sink sanitizer 200 ppm - at 75 F as required to test
42	To clean around Dishmachine
W	Will Followup on Dishmachine
	Watch for stickers on plastic curtains into wic
45	To clean bakery crud from floor inside wic
45	Flooring cracked and chipped along wall in wic
37/45	Ice around Door into wic
42/45	Wif - minor cleaning
37	Watch condensation in wif around door and on ceiling (raindrop)
29	Need test strips for Dishmachine high temp
	Confirmed surface at 160 pan in Dishmachine

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

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