Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 3/24/2025		25	12:15	Time out: 1:00	FS-			4203				Est. Type Risk Category Page 1	of <u>2</u>				
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint Establishment Name: Contact/Owner Name										4-Investigation 5-CO/Construction 6-Other * Number of Repeat Violations:				5-CO/Construction 6-Other TOTAL/St * Number of Repeat Violations:	CORE		
Kroger 574 Snowfruit													✓ Number of Violations COS:	/A			
Physical Address: 1950 N Goliad Rockwall, TX Pest control: W/Kroger insp Hood n/a Grease trap: W/Kroger insp									gger insp								
M	Compliance Status: Out = not in compliance IN = in compliance Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark ' a checkmark 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																
	mpli I	iance N	Stat N			` `	,	R Requ	_ (Compliance Status					R		
O U T	N		A	C O S	(F = de)	perature for Foegrees Fahrenheit		K	O I N N C U N O A O Employee Health						K		
	~				1. Proper cooling time and temperature					,				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting			
W					2. Proper Cold Holding temperature(41°F/ 45°F)					\ <u>\</u>	,			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
			3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands					Preventing Contamination by Hands			
			~		4. Proper cooking time a	and temperature				14. Hands cleane				14. Hands cleaned and properly washed/ Gloves used properly Qloves used			
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)							v	•			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N.).					
	6. Time as a Public Health Control; procedures & records						Highly Susceptible Populations										
	<u> </u>				Apr	Approved Source			ı	Τ,	<u>, </u>			16. Pasteurized foods used; prohibited food not offered			
	1 1						source: Food in			ľ				Pasteurized eggs used when required			
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction					Chemicals							
	~				8. Food Received at proj	per temperature			Ī	-	,			17. Food additives; approved and properly stored; Washing Frui & Vegetables	ts		
		Protection from Contamination					3	3				18. Toxic substances properly identified, stored and used					
	~				9. Food Separated & protected, prevented during food					Water/ Plumbing							
3					10. Food contact surface Sanitized at					-	,		-	19. Water from approved source; Plumbing installed; proper backflow device			
	./				11. Proper disposition of		ously served or				,			20. Approved Sewage/Wastewater Disposal System, proper disposal			
L					reconditioned disca		tion Itoms (2 I	Points)	wie L	ation	a Day		Com	·			
O U	I N	N O A O Demonstration of Knowledge/ Personnel			R	1	O I U N	I N N C N O A O Food Temperature Com		C O	Food Temperature Control/ Identification	R					
Т	~			S	21. Person in charge pre and perform duties/ Cert	esent, demonstrat tified Food Mana	tion of knowledge	e,		T	,		S	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature			
L	1									•							
W					22. Food Handler/ no un	nauthorized perso				~	1			28. Proper Date Marking and disposition			
VV					22. Food Handler/ no un Safe Water, Recor	_	ons/ personnel			,	_			29. Thermometers provided, accurate, and calibrated; Chemical/Thermal test strips			
W	V					rdkeeping and F Labeling	ons/ personnel Cood Package			Ť	_			29. Thermometers provided, accurate, and calibrated; Chemical/	+		
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Received by: (signature) Cang Uk	Print: Cung Uk	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name:	Physical A		City/State:		License/Permit #	Page <u>2</u> of <u>2</u>	
Krog	er 574 Snowfruit	1950 N Goliad Rockwa						
Item/Loc	ation	Temp F	TEMPERATURE OF Item/Location	SERVATIONS Temp F	Item/Loca	tion	Temp F	
	g room ambient	46-49						
pr	oduce WIC	34						
fruit b	oowl wall/cut melon	39						
vegg	gie wall ambient	31-35						
promo	bunkers/cut melon	40						
cut cu	cumber for reference	40						
large	bunker/cut melon	42/ 43						
					NG.			
Item	AN INSPECTION OF YOUR ES		SERVATIONS AND CO NT HAS BEEN MADE. YOUI			HE CONDITIONS OBSER	VED AND	
Number	NOTED BELOW:							
	Hand sink 118+F e	quipped						
	3 comp sink 125 F							
	Using Produce Max							
32	Need to replace he	at and s	eal cover/frayed					
	Digital thermo							
10	Need sani spray bo		-					
18	To ensure spray bottles a	re properly	labeled and stored low/	separate if chemication	al. Need to	o label spray bottle a	s water	
W	Large bunker direct		<u> </u>	•	monito	<u> </u>		
W	Need food handlers	s for emp	oloyees within 30	days of hire				
32	Knives stored clean b	out on a k	nife magnet covere	d in saran/beca	iuse tryin	g to protect from	rust	
32	Will need to replace							
	Dates current on pa			S				
45	To clean floors and	sinks in	cutting room					
	-		Ι					
Received (signature)	•		Print: Cun	g Uk		Title: Person In Charge/Manager		
Inspected (signature)	Cung Uk Iby: Chvisty Cov	tez, 1	Print: Christ	ty Cortez,				
	J. 1. 2029 201	0, 1		-,···,		Samples: Y N #	t collected	