Followup Fee of \$50.00 after First Followup

Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

City of Rockwall

Date: 5/24/24 Purpose of Inspec			Time in: 11:10			FOOD5 3-Complaint						—r	CPFM 10	Food handlers 24	Page <u>1</u> of <u>2</u> TOTAL/SCORE			
Establishment Name: Contact/Owner N						wner N	ame:	4-	·inve	suga	шоп	<u> </u>	XNumber of Repeat Violat	6-Other tions:	TOTAL/S	COKE		
			Ma ddre		et #3530 Grocery	Pes	Kimberly	Wilso	on	Но	od		Gı	rease	Number of Violations CO	Follow-up: Yes	10/9	0/A
850 [°]					ckwall, TX 75087	Eco ompliance IN = in o	lab 4/11/25	NO			els 4/		٠		17/25 1500g	No 🗸		
Mar					points in the OUT box for	r each numbered its	em	Mark '✓		eckm	ark in	appr	opria	te bo		k an 💢 in appropriat	e box for R	Watch
	nplia	ance	Sta	tus	Prio	ority Items (3	Points) viol	lations I	Requ		nmed ompl				ive Action not to exceed 3 day.	S		
	I N	N O	N A	C O S		nperature for Follegrees Fahrenhei			R	U T	N	N O	N A	C O S	Emplo	oyee Health		R
				5	1. Proper cooling time	and temperature					/			Б	12. Management, food employe knowledge, responsibilities, an		employees;	
	_				2. Proper Cold Holding	temperature(41°	F/ 45°F)								13. Proper use of restriction and		charge from	
•					See	, temperature (+1	1, 10 1)				/				eyes, nose, and mouth Employee health form		emage nom	
	(/			3. Proper Hot Holding	temperature(135°	°F)									tamination by Han	nds	
	(/			4. Proper cooking time	and temperature					/				14. Hands cleaned and properl	ly washed/ Gloves u	ised properly	
		/			5. Proper reheating pro Hours)	cedure for hot ho	lding (165°F	in 2			/				15. No bare hand contact with alternate method properly follo)
	_				6. Time as a Public He	alth Control; proc	cedures & rec	cords							alternate method properly follo Gloves & utensils			
						71									16. Pasteurized foods used; pro	ptible Populations ohibited food not off		
					Ар	proved Source					/				Pasteurized eggs used when red			
2					7. Food and ice obtaine good condition, safe, a	nd unadulterated;		in							CI			
3					destruction Dented	cans	•								Cn	iemicals		
					8. Food Received at pro						/				17. Food additives; approved a & Vegetables	and properly stored;	Washing Frui	its
					-	n from Contamir	4:				1				18. Toxic substances properly	identified, stored an	ıd used	
<u> </u>					9. Food Separated & pr			i			•				Stored separately and I	low		
•					preparation, storage, di											/ Plumbing		
					10. Food contact surfact Sanitized at <u>200</u>	ces and Returnabl ppm/temperature	es ; Cleaned a	and			/				19. Water from approved source backflow device	ce; Plumbing installe	ed; proper	
					11. Proper disposition			or						ı	City approved 20. Approved Sewage/Wastew	rater Disposal System	m, proper	_
					reconditioned Disc	ard					/				disposal			
0	I	N	N	С				(2 Poi	nts) 1	О	I	N	uire N	Cor	rective Action within 10 days			R
	I N	N O	N A	C O S	Pri	ority Founda n of Knowledge/	tion Items Personnel		_		I N				rective Action within 10 days Food Temperature	e Control/ Identific	cation	R
O U T		N O		О	Demonstration 21. Person in charge prand perform duties/ Ce	n of Knowledge/	rion Items Personnel tion of knowle		_	O U	I N	N	N	C O		d; Equipment Adea		R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Kimberly Wilson	Print: Kimberly Wilson	Title: Person In Charge/ Owner Store Director
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

E-4-bil-b	word Name	Dissoit and A	dans.	7:4/64-4		L:/D:4-#	D 0 -f 0				
	ment Name: art Mrkt #3530 Grocery	Physical A / 850 W		City/State: Rockwal	l, Tx	FOOD5180	Page <u>2</u> of <u>2</u>				
			TEMPERATURE OBSERVAT								
Item/Loc		Temp	Item/Location	Temp	Item/Loca	tion	Temp				
	WIC amb	36	Lunch meat cold wal								
	cery WIC amb		Cheese/yogurt wal								
_	cery WIF HTT		Dairy WIC	36/37							
	d wall produce		Beer cooler	38-41							
Pi	zza Freezer	1/0.3									
Fro	zen Veggies	3/5									
Iced	cream freezer	-1/0									
S	ingle meals	3/2									
Item	AN INCRECTION OF VOLUE TO		SERVATIONS AND CORRECTIV			HE CONDITIONS OPERS	/ED AND				
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F										
			an 105 throughout the kitch	ien							
	3 comp sink not set up	· · · · · ·	• • • • • • • • • • • • • • • • • • • •								
29cos			t strips / provided new box of	of strips							
45	Stickers on dairy wic, to remove to make flags cleanable										
42	General detail cleaning of milk shelves, on a rotating schedule										
W			wear & tear, paint is peeling		ers						
32/45											
45	Frozen condensation droplets on Ceiling, around fan boxes and on floor directly under fan boxes										
45	Stickers on floor of grocery WIF, to scape to make cleanable All perimeter doors looked good no gaps around doors										
	Bug lights operational throughout the back stock room and receiving dock										
7cos	 										
	Good date labels and	rotation f	or all infant foods								
W	Water fountain arch le	ss than 1	/2inch, need to be serviced	I to meet	a 2/3in a	arch					
	Stickers of origin on al	II fruits an	d veggies								
W	Wet produce wall in pr	oduce lo	oks good. No slime or mold	some mi	nor clea	ning					
	Restrooms equipped, temps greater than 103 in both gender restrooms										
Received (signature)		/e	See abo	ove		Title: Person In Charge/	Owner				
Inspected (signature)	d by:				RS						
Form EH 06	6 (Revised 09-2015)	1 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1111	1 10	Samples: Y N #	collected				