## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:   Time in:   Time out:   License/Permit #   Est. Type   Risk Category   Page 1   O										<u>1</u> of <u>2</u>					
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain										n		AL/SCORE		
Establishment Name: Contact/Owner N Sprouts Farmer's Market- Produce												* Number of Repeat Violations: ✓ Number of Violations COS:	0014		
Pl	ıvsic	al A	ddre	ess:	Pest control:			ood				c trap.	96/A		
469 E I-30 Rockwall, TX refer to grocery  Compliance Status: Out = not in compliance IN = in compliance NO												<u> </u>	W- Watch		
Mark the appropriate points in the OUT box for each numbered item  Mark *\sigma^2 a checkmark in appropriate box for IN, NO, NA, COS  Mark an *\bigcity in appropriate box for R												r R			
C	ompl	iance	Sta	tus	Priority Items (3 Points) violations	S Requ		<i>mmed</i> Compl				live Action not to exceed 3 days			
O U	O I N N C Time and Temperature for Food Safety					R	τ		N O	O A O		Employee Health			
Т				S	1. Proper cooling time and temperature		1	Γ			S	12. Management, food employees and conditional employee	ees;		
	~										knowledge, responsibilities, and reporting				
	~				2. Proper Cold Holding temperature(41°F/45°F)			7				<ol> <li>Proper use of restriction and exclusion; No discharge figures, nose, and mouth</li> </ol>	rom		
	ļ	2 Proper Let Holding temporature (125°F)						ľ							
		3. Proper Hot Holding temperature(153 F)      4. Proper cooking time and temperature						Preventing Contamination by Ha  14. Hands cleaned and properly washed/ Gloves					nerly.		
			~					~				* * * * * * * * * * * * * * * * * * * *			
			~		5. Proper reheating procedure for hot holding ( $165^{\circ}F$ in 2 Hours)			~				15. No bare hand contact with ready to eat foods or approval alternate method properly followed (APPROVED Y!			
		•/			6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations			
		•						Τ				16. Pasteurized foods used; prohibited food not offered			
					Approved Source			~				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 proper temperature			Ι.				17. Food additives; approved and properly stored; Washing	g Fruits		
	~							~				& Vegetables			
					<b>Protection from Contamination</b>							18. Toxic substances properly identified, stored and used			
	~	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					Water/ Plu					Water/ Plumbing	Plumbing		
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature			~				19. Water from approved source; Plumbing installed; prop backflow device	er		
	~				11. Proper disposition of returned, previously served or reconditioned	T		~				20. Approved Sewage/Wastewater Disposal System, propedisposal	er		
					Priority Foundation Items (2 Po	oints)	viola	itions	Req	uire	Cor	rrective Action within 10 days			
O U	I N	N O	N A	CO	Priority Foundation Items (2 Po	oints)	Ū	O I U N	Req N O		C		R		
O U T		N O					(	O I U N	N	N	C	Food Temperature Control/ Identification			
		N O		О	Demonstration of Knowledge/ Personnel		Ū	O I U N	N	N	C				
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## **Retail Food Establishment Inspection Report**

Received by: (signature) Melanie Gallegos	Print: Melanie Gallegos	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Sprouts Farmer's Market- Produce		Physical Ac 469 E		City/State: Rockwa	all TX	License/Permit # FS2024-9	Page <u>2</u> of <u>2</u>					
		100 L	TEMPERATURE OBSERV		an, 170	1 0202 1 0						
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
bagge	ed salad wall	28										
pr	oduce wall	27-28										
pr	oduce WIC	34										
		OR	SERVATIONS AND CORRECT	TIVE ACTIO	NS							
Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS  AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	COOL labeling curr	ent										
	Safe Mist is used for	or mister	s over produce walls									
	They come out qua	rterly to	clean and provide ma	intenance	Э							
	Produce Maxx is us	sed in m	isters and to pre clear	n before p	olacing i	n produce wet r	ack					
	No cutting of fruit of	or vegeta	bles just cleaning, trir	nming to	be place	ed in coolers						
	Produce hand sink	108F										
	Produce 3 comp sin											
	Sani dispenser at 200ppm quats											
	Quats test strips cu											
31	Need paper towels			16.								
45			debris under onions/sl	· ·								
	. ,		its, vegetables) is ser	ved in cov	verea ai	sposable ramek	kins					
34	Produce Maxx test	•	allable as well									
34	One fruit fly in prep	100111										
Dog	by		Duint.			Title: Dawser I Cl /	Owner					
Received (signature)		હ	Melanie	Galle	gos	Title: Person In Charge/ Manager	OWHEF					
Inspected (signature)		tez, F	Christy C	Cortez,	RS	Samples: Y N #	collected					