# City of Coppell
# Retail Food Establishment Inspection Report

| San Code | Date | Time In | Time Out | Establishment Number | Previous Score | Risk Category |
|---|---|---|---|---|---|---|
| LR | 1-20-15 | | | FE-09-0006 | | |

Purpose of Inspection: 1-Follow-Up 2-Routine 3-Field Investigation 4-Pre-Opening 5-Other

Establishment: Market Street ~~Retio~~ Retail Owner: United Supermarket.

Physical Address: 700 N Denton Tap Rd Zip: 75019 Phone: (469) 322-6803

| OUT 5 Pts | IN | NA | NO | COS | Food Temperature/Time Requirements<br>Violations Require Immediate Corrective Action | Remarks |
|---|---|---|---|---|---|---|
| | | | ✓ | | 1. Proper Cooling for Cooked/Prepared Food | |
| | ✓ | | | | 2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit) | |
| | | | ✓ | | 3. Hot Hold (135 degrees Fahrenheit) | |
| | | | ✓ | | 4. Proper Cooking Temperatures | |
| | | | ✓ | | 5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs) | |

Item/Location/Temperature

Cooler 34°F - 38°F

| OUT 4 Pts | IN | NA | NO | COS | Personnel/Handling/Source Requirements<br>Violations Require Immediate Corrective Action | Remarks |
|---|---|---|---|---|---|---|
| | ✓ | | | | 6. Personnel with Infections Restricted/Excluded | |
| | ✓ | | | | 7. Proper/Adequate Handwashing | |
| | ✓ | | | | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other) | |
| | ✓ | | | | 9. Approved Source/Labeling | |
| | ✓ | | | | 10. Sound Condition | |
| | ✓ | | | | 11. Proper Handling of Ready-To-Eat Foods | |
| | ✓ | | | | 12. Cross-contamination of Raw/Cooked Foods/Other | |
| | ✓ | | | | 13. Approved Systems (HACCP Plans/Time as Public Health Control) | |
| | ✓ | | | | 14. Water Supply – Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure | |

| OUT 3 Pts | IN | NA | NO | COS | Facility and Equipment Requirements<br>Violations Require Immediate Correction, Not To Exceed 10 Days | Remarks |
|---|---|---|---|---|---|---|
| | ✓ | | | | 15. Equipment Adequate to Maintain Product Temperature | |
| | ✓ | | | | 16. Handwash Facilities Adequate and Accessible | |
| | ✓ | | | | 17. Handwash Facilities with Soap and Towels | |
| | ✓ | | | | 18. No Evidence of Insect Contamination | |
| | ✓ | | | | 19. No Evidence of Rodents/Other Animals | |
| | ✓ | | | | 20. Toxic Items Properly Labeled/Stored/Used | |
| | ✓ | | | | 21. Manual/Mechanical Warewashing and Sanitizing at ( )ppm/temperature | |
| | ✓ | | | | 22. Manager Demonstration of Knowledge/Certified Food Manager | |
| | ✓ | | | | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal | |
| | ✓ | | | | 24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit) | |
| 3X | ✓ | | | | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair | |
| | ✓ | | | | 26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/Buffet Plate) | |
| | ✓ | | | | 27. Food Establishment Permit | |

Subtotal

**Other Violations** – Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First

5pt —
4pt —
3pt 3

→ replace liner under the milk & cheese containers

(permit issued)

3 Total

Inspected by: Way Rahil RS Print: Way Rahil 972-462-5164

F/U Yes/No: No

Received by: Print: Gary Stuckey Title: Manager