

City of Coppell

Retail Food Establishment Inspection Report

LR	5-13-15			FE-09-0028	3	Medium
San Code	Date	Time In	Time Out	Establishment Number	Previous Score	Risk Category
Purpose of Inspection: 1-Follow-Up <input checked="" type="checkbox"/> 2-Routine <input checked="" type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Pre-Opening <input type="checkbox"/> 5-Other <input type="checkbox"/>						
Establishment: <u>Sprouts Meat/Seafood</u>				Owner: <u>Sprouts</u>		
Physical Address: <u>110 W Sandy Lake Rd</u>				Zip: <u>75019</u>	Phone: ()	
OUT 5 Pts	IN	NA	NO	COS	Food Temperature/Time Requirements Violations Require Immediate Corrective Action	
			<input checked="" type="checkbox"/>		1. Proper Cooling for Cooked/Prepared Food	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit)	
			<input checked="" type="checkbox"/>		3. Hot Hold (135 degrees Fahrenheit)	
			<input checked="" type="checkbox"/>		4. Proper Cooking Temperatures	
			<input checked="" type="checkbox"/>		5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)	
Item/Location/Temperature <u>* Cooker 34°F - 40°F</u>						
OUT 4 Pts	IN	NA	NO	COS	Personnel/Handling/Source Requirements Violations Require Immediate Corrective Action	
	<input checked="" type="checkbox"/>				6. Personnel with Infections Restricted/Excluded	
	<input checked="" type="checkbox"/>				7. Proper/Adequate Handwashing	
	<input checked="" type="checkbox"/>				8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)	
	<input checked="" type="checkbox"/>				9. Approved Source/Labeling	
	<input checked="" type="checkbox"/>				10. Sound Condition	
	<input checked="" type="checkbox"/>				11. Proper Handling of Ready-To-Eat Foods	
	<input checked="" type="checkbox"/>				12. Cross-contamination of Raw/Cooked Foods/Other	
	<input checked="" type="checkbox"/>				13. Approved Systems (HACCP Plans/Time as Public Health Control)	
	<input checked="" type="checkbox"/>				14. Water Supply - Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure	
OUT 3 Pts	IN	NA	NO	COS	Facility and Equipment Requirements Violations Require Immediate Correction, Not To Exceed 10 Days	
	<input checked="" type="checkbox"/>				15. Equipment Adequate to Maintain Product Temperature	
	<input checked="" type="checkbox"/>				16. Handwash Facilities Adequate and Accessible	
	<input checked="" type="checkbox"/>				17. Handwash Facilities with Soap and Towels	
	<input checked="" type="checkbox"/>				18. No Evidence of Insect Contamination	
	<input checked="" type="checkbox"/>				19. No Evidence of Rodents/Other Animals	
	<input checked="" type="checkbox"/>				20. Toxic Items Properly Labeled/Stored/Used	
	<input checked="" type="checkbox"/>				21. Manual/Mechanical Warewashing and Sanitizing at () ppm/temperature	
<u>3 Y</u>	<input checked="" type="checkbox"/>				22. Manager Demonstration of Knowledge/Certified Food Manager	
	<input checked="" type="checkbox"/>				23. Approved Sewage/Wastewater Disposal System, Proper Disposal	
	<input checked="" type="checkbox"/>				24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit)	
	<input checked="" type="checkbox"/>				25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair	
	<input checked="" type="checkbox"/>				26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/Buffer Plate)	
	<input checked="" type="checkbox"/>				27. Food Establishment Permit	
Subtotal	Other Violations - Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First					
5pt	* provide food manager certificate.					
4pt						
3pt						
<u>3</u>						
Total	Inspected by: <u>Way Pahil, RS</u>	Print: <u>Way Pahil 972-462-5164</u>				
F/U Yes No	Received by: <u>[Signature]</u>	Print: <u>Greg W. Hien</u>			Title: <u>manager</u>	