

# City of Coppell Retail Food Establishment Inspection Report

|   |   |                                |          |                      |  |                |
|---|---|--------------------------------|----------|----------------------|--|----------------|
| LR  | 1-21-15   |                                |          | FE-02-0143           | 3  |                |
| San Code  | Date  | Time In                        | Time Out | Establishment Number | Previous Score   | Risk Category  |
| Purpose of Inspection: 1-Follow-Up <u>2-Routine</u> 3-Field Investigation 4-Pre-Opening 5-Other |   |                                |          |                      |  |                |
| Establishment: Tom Thumb Retail Store   |   |                                |          | Owner:               |  |                |
| Physical Address: 106 N Denton Tap  |   |                                |          | Zip: 75019           | Phone: ( )   |                |
| 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<br>- 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/Buffer Plate)                                     |                |
|   | ✓   |                                |          |                      | 27. Food Establishment Permit  |                |
| Subtotal  | Other Violations - Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First |                                |          |                      |  |                |
| 5pt -   | * Repair walk-in door metal cover.<br>+ clean mold build-up around the cooler door.                               |                                |          |                      |  |                |
| 4pt -   |   |                                |          |                      |  |                |
| 3pt -   |   |                                |          |                      |  |                |
| Total 3   | Inspected by: Wany Pahil, RS  | Print: Wany Pahil 972-462-5164 |          |                      |  |                |
| F/U Yes/No  | Received by: [Signature]  | Print:                         |          |                      |  | Title: manager |