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: 10/17/24		4	Time in: 1:20	Time out: <b>2:10</b>		FS2023-6						6 CPFM	Food handlers	Page 1	of 2			
	rpose of Inspection: 1-Routine 2-Follow Up 3-Comp		3-Complai	laint 4-Investigation				ation	1	5-CO/Construction	6-Other	TOTAL/SO	CORE					
Establishment Name: Contact/Owner Name Starbucks Amanda Brar											Number of Repeat Violations: Number of Violations COS:							
Physical Address: 2235 S Goliad Rockwall, Tx Pest control: Ecolab 10/8/24							Но	Hood Grease			e trap :/ waste oil raste 8/13/24 5000g	Follow-up: Yes	1/99/					
	(	Com	pliar	ice S	tatus: Out = not in co	mpliance IN = in	compliance	ce NO		ot obse			$\mathbf{A} = \mathbf{n}$	ot ap	-	i site $\mathbf{R} = \text{repeat vio}$ ark an $\mathbf{X}$ in appropriat	plation W= V	Vatch
Ma	rk th	e ap	prop	riate	points in the OUT box for <b>Prio</b>										ox for IN, NO, NA, COS Maive Action not to exceed 3 do		te box for R	
O U	mplia I	N O	Stat N A	tus C O	Time and Ten	perature for Fo	ood Safet	ty	R	(	Comp O I J N	N	e Stat N A	tus C O	F	.l IIl4b		R
T	N	U	A	s	(F = do	egrees Fahrenhei and temperature				Ţ		U	A	s	12. Management, food emplo	ovees and conditional	employees:	
			<b>'</b>			•					/				knowledge, responsibilities,	and reporting		
	/				2. Proper Cold Holding <b>See</b>	temperature(41°	°F/ 45°F)				/	,			13. Proper use of restriction a eyes, nose, and mouth Employee health form		charge from	
			~		3. Proper Hot Holding t	temperature(135°	°F)					<u> </u>				ontamination by Har	nds	
			~		4. Proper cooking time	and temperature	;				/				14. Hands cleaned and prope	erly washed/ Gloves u	used properly	
			~		5. Proper reheating prod Hours)	cedure for hot ho	olding (16	55°F in 2			/	,			15. No bare hand contact wit alternate method properly fol			
	~				6. Time as a Public Hea	alth Control; proc	cedures &	& records							Gloves Highly Suse	ceptible Populations		
					Ap	proved Source							/		16. Pasteurized foods used; p		fered	
					7. Food and ice obtaine good condition, safe, ar			Food in							N/a			
(					destruction Penske	contract	; parasite								C	Chemicals		
	~				8. Food Received at pro Checking	oper temperature	;						/		17. Food additives; approved & Vegetables N/a	and properly stored;	Washing Fruit	s
					Protection	from Contamii	nation				/	)			18. Toxic substances properly Stored low and separa		nd used	
	~				9. Food Separated & pr preparation, storage, dis			food							Wat	er/ Plumbing		
	~				10. Food contact surfac Sanitized at <u>200</u>			ned and			/			1	19. Water from approved sou backflow device City approved	rce; Plumbing install	ed; proper	
	/				11. Proper disposition of reconditioned Disc	of returned, previ	iously ser	ved or			/	,			20. Approved Sewage/Waste disposal	water Disposal Syste	m, proper	
					Pri			ems (2 Po				_			rective Action within 10 day	vs		
O U T	I N	N O	N A	C O S			tion Ite		ints)	viola	I J N	_	nuire N A	Cor C O S	·	re Control/ Identific	eation	R
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Amanda Brannen	Print: Amanda Brannen	Title: Person In Charge/ Owner MOD
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishm Starb	ment Name:	Physical A		City/State: Rockwal	II Ty	License/Permit # Page FS2023-6	e <u>2</u> of <u>2</u>				
Starb	ducks	2233	TEMPERATURE OBSERVAT		II, IA	1 02020-0					
Item/Loca	ation	Temp	Item/Location	Temp	Item/Loca	ntion	Temp				
Milk fri	idge	39 Whole milk		39	(	Cold bar 1					
F	RTE fridge	38	Half½	39		38					
F	reezer 1 htt	Def-18.2	Oat	39		37					
F	reezer 2 htt	2.3	Hot Bar 2		(	Cold Brew	44				
UC thaw Fridge main		40	Skim	39	Drive thru fridge amb		37				
UC th	aw Fridge overflow	40	Whip	39		Whip	38				
	Hot Bar 1		Cold bar 2		Se	elf serve wall	34-37				
	UC fridge		Milk 38								
		OB	SERVATIONS AND CORRECTI	VE ACTION	NS						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
	Restrooms equipped temp was greater than 106 in both rooms										
	Hand sinks equipped greater than 105 throughout kitchen										
	3comp sink not set up, 112, using quat sani tested 200ppm										
	Red sani buckets filled at 3 comp sink										
	Dishwasher confirmed 160st										
	Rte UC refrigerators both holding defrosted prepackage foods										
	All food items are precooked, arrive frozen, thawed in refrigerator, using tongs to xfer in oven and xfer to										
	paper sleeve. Hand directly to customer. Thermalized to corporate approved temp, not hot holding, cooked to order										
	Digital thermapen, strips current, gloves available and using hair restraints										
37	Freezer 1 - frozen condensation on wall and bottom of freezer, need to address										
	Pastries, breads and cookies not self served / discard daily										
	Rear service door air curtain confirmed operational										
	Ice machine confirmed air gap, very clean in ice bin										
	Using sani wipes for guest tables and touching points in restrooms tested 200ppm										
	Using sandwich board vs no long displaying sandwiches in display case										
	Using Quats sani towel in solution to wipe wand between orders - 200ppm										
W	Remove shipping liner off lower portion of prep sink shelf										
	Ovens are very clean and well maintained										
Received			Print:			Title: Person In Charge/ Owner	r				
(signature)	See abov	<u>/e</u>	See ab	ove							
Inspected (signature)		ς <sub>τ</sub>	Richard	Hill		Samples: Y N # collec					