Follow-upfeed equired a Followup		Retail	Food Esta City of I				In	spe	ecti	ion Report First aid kit Allergy policy/trainin Vomit clean up Employee health	וg					
Date: 01/28/2025	Time in: 4:16	Time out: 6:04	License/P							Food handlers Food managers All within 30 days 5 Page 1 of _	2					
Purpose of Inspect Establishment Nam	tion: 🖌 1-Routine	2-Follow Up	3-Compla	-	4-	Inve	stiga	atior	1	5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:	RE					
Starbucks (wall		5	Contact/Owner M Starbucks	vame:				1		✓ Number of Violations COS:	Δ					
Physical Address: 778I E I-40		Ecolab	control : 01/12/2025 no g	infings	Hoo Mav					se trap/ waste oil: Follow-up: Yes V 50Gals /12/3/24 3 mos No Wif						
Compliance S Mark the appropriate	tatus: Out = not in points in the OUT box t	$\frac{IN}{IN} = in constraints compliance}$	npliance N Mark	O = not o in ap						pplicable $COS = corrected on site R = repeat violation W-with O, NA, COS Mark an \sqrt{n} in appropriate box for R$	atc					
Compliance Status	Pr	iority Items (3 Po	oints) violations	Requir		<i>nmed</i> ompli				tive Action not to exceed 3 days	T					
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $					O U T	Î	N O	N A	С	Employee Health	R					
T S C(1 - degrees running) 1. Proper cooling time and temperature						~			5	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting						
2. Proper Cold Holding temperature(41°F/45°F)										13. Proper use of restriction and exclusion; No discharge from						
	See attache					~				eyes, nose, and mouth Posted at one to post at all						
3. Proper Hot Holding temperature(135°F)						1 1				Preventing Contamination by Hands						
	 Proper cooking tin Proper reheating p 	•	ng (165°E in 2			~			-	14. Hands cleaned and properly washed/ Gloves used properly Utensils used						
	Hours)		lig (105 F lii 2				~			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N. Tongs, gloves and grill / washed every 4 hrs						
	6. Time as a Public Health Control; procedures & records Ptep only					<u> </u>				Highly Susceptible Populations						
Approved Source								~		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Precooked						
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										Chemicals						
	8. Food Received at p On iPad temp							~		17. Food additives; approved and properly stored; Washing Fruits & Vegetables						
		on from Contaminat				~				18. Toxic substances properly identified, stored and used RestroomLow						
~	 9. Food Separated & preparation, storage, 10. Food contact surf 	display, and tasting				<u> </u>				Water/ Plumbing 19. Water from approved source; Plumbing installed; proper						
	10. Food contact surf Sanitized at <u>200</u> 11. Proper disposition	ppm/temperature	160'sr			~				 ackflow device Air gap confirmed 20. Approved Sewage/Wastewater Disposal System, proper 						
	reconditioned Dis	carded /nor	teturns			~				disposal						
O I N N C U N O A O		riority Foundation	· · ·	ints) vi R	iolat 0 U	Ι	Req N O	n N A	Cor C C		R					
T S	21. Person in charge	present, demonstratio	n of knowledge,		Ť		-		s	27. Proper cooling method used; Equipment Adequate to						
	and perform duties/ C In binder	C C	· /			~				Maintain Product Temperature						
	22. Food Handler/ no unauthorized persons/ personnel In binder by date					28. Proper Date Marking and disposition Using 6 days 29. Thermometers provided, accurate, and calibrated; Che										
Safe Water, Recordkeeping and Food Package Labeling						~	Thermal test strips 2026/ thermo works / thermon									
	23. Hot and Cold Wa	ter available; adequat	e pressure, safe			<u> </u>				Permit Requirement, Prerequisite for Operation						
	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled				W		30. Food Establishment Permit (Current/ insp sign posted) To post so public can read insp report Comment	Γ								
		e with Approved Pro								Utensils, Equipment, and Vending						
	25. Compliance with HACCP plan; Varian processing methods; Taking temps	ce obtained for specia	lized ions			~				31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped						
		onsumer Advisory	,		W					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Replace as needed						
	26. Posting of Consu foods (Disclosure/Re Posting on menu						~			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Confirmed						
O I N N C	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	•	Action R	0	Ι	Ν	Ν	С	ays or Next Inspection , Whichever Comes First	R					
U N O A O T S	Preventio 34. No Evidence of I	n of Food Contamin			U T	N	0	A	O S	Food Identification 41.Original container labeling (Bulk Food)						
W	animals Mouse was	s captured					~									
	35. Personal Cleanlin To Move to 36. Wiping Cloths; p	bottom she	lf d	$\left - \right $	-					Physical Facilities 42. Non-Food Contact surfaces clean						
	Discussed 37. Environmental co			$\left - \right $	Ľ					Serv 43. Adequate ventilation and <u>lighting; designated areas used</u>	┢					
	38. Approved thawin	g method	<i>ب</i> 4	$\left - \right $	W					44. Garbage and Refuse properly disposed; facilities maintained	┢					
_ _ _ _		ONTCS RI ON CA	<u></u>		1	1-	—	_	—	KeepAn eye on dumspters/ 3 times weekly 45. Physical facilities installed, maintained, and clean	┢					
	39. Utensils, equipme dried, & handled/ In Watch	ent, & linens; properly			ľ	~	_			See 46. Toilet Facilities; properly constructed, supplied, and clean	+					
	40. Single-service &						_		-	47. Other Violations	┢					
	and used Sleev	ved straws	only				V			Watch						

Retail Food Establishment Inspection Report

City of Rockwall

Received by: Rainlin Worland	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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Establishment Name: Starbucks (walmart)	Physical A 778 e	fm 30	City/State: Rockwal	I	License/Permit # Page 2 of FS 9296'				
Item/Location	TEMPERATURE OBSER Temp F Item/Location		TIONS Temp F	Item/Location		Temp			
Temporary freezer #z1	28-33								
(product HTT.)		Whipped	40 f c						
Temp freezer 2	14-18'	Cold bar	38'						
(Product HTT)		Whipped cream	n 41						
Sandwich cooler	36								
Rtde	32								
Hot bar bar z1	35-36								
Bar 2 hot									
Item AN INSPECTION OF YOUR ES		SERVATIONS AND CORRECT							
Number AN INSPECTION OF YOUR ES NOTED BELOW: All temps F	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	IE CONDITIONS OBSE	ERVED AND			
Hot water 112 and up									
Allergy warning at me	nu /inside	and outside ingredients b	y request	/					
Restroom equipped -		r. 114							
Dry storage looks grea									
Working on mop sink a		• •							
	Water hose under rack removed to clean								
· · ·	Wic to move employee foods to bottom shelf								
-		from Penske / they have an extra			-				
• •	Wif if is currently being worked on to address the condensation issue that has. Been On going for years / condenser on ground outside								
· •	Evaporator goes inside / and will be installed to prevent further problems								
• • • • • • • • • • • • • • • • • • •	Using 24 hrs on whipped cream / sweet cream 48 hrs								
	Hot water at hand sinks 100 plus								
	Hot water at three comp sink 123!								
	Using Hobart unit Dishmachine- currently leaking / unit was repaired for that reason								
	To add employee poster to all hand sinks missing at one								
	Sandwiches rte and received semi frozen and thawed in cooler / per order are heated								
	rethermalized -not at a required temp - as is a rte								
	Pr Need thermo in warmest location / of coolerin all others - identified earlier and ordered already								
	Using dot thermo labels for Dishmachine								
* *	Using thermo works the apron and alcohol swabs								
	New dumpster enclosure doors								
42/ General cleaning of fa	•		obe fet er						
	Sanitizer in buckets 200 ppm - strips in fate and using swabs formthermosn								
45 To clean under equipn	To clean under equipment along wall								
Received by:		Print:			Title: Person In Charg	ge/ Owner			
(signature) See abov Inspected by: (signature) Kelly Kirkpo	/e				· · · · · · · · · · · · · · · · · · ·				
Inspected by:		Print:							
^(signature) Kelly Kírkpa	ıtríck	'RS			Samples: V N	# aplicated			
Form EH 06 (Povised 09 2015)					Samples: Y N	# collected			