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: 3/3/25			5		Time in: 12:45	Time out: <b>1:34</b>		FS-9397 CPFM All Food handlers All							Page 1	of <u>2</u>				
Purpose of Inspection: 1-Routine 2-Follow Up								3-Complaint 4-Investigation					ation	n	5-CO/Construction	TOTAL/SCORE				
Establishment Name: Contact/Owner Target Starbucks Alisha Strah								a Straha							Number of Repeat Viola Number of Violations Co	0/10	Λ/A			
Physical Address:  850 Steger Towne Rd Rockwall, Tx  Pest control: Refer to store									N/a	ood 1				e trap :/ waste oil	Follow-up: Yes ☐ No 🔽	0, 10	<i>011</i> (			
Ma					otatus: Out = not in co points in the OUT box for	each numbered it		Mark '	√' a c		nark ii	n appi	opria	ate bo		k an 🗙 in appropriat	lation W= e box for R	Watch		
Priority Items (3 Points) violations							R	(	Comp	lianc	Sta N	tus				R				
U T	N O A O S (F = degrees Fahrenheit)							Ţ		0	A	O S								
		/			Proper cooling time and temperature						~	1			knowledge, responsibilities, ar	nd reporting				
	•				2. Proper Cold Holding <b>See</b>	temperature(41°	°F/ 45°F	)			~	,			13. Proper use of restriction are eyes, nose, and mouth		charge from			
		/			3. Proper Hot Holding t	temperature(135°	°F)							l	Employee health form posted  Preventing Contamination by Hands					
		/			4. Proper cooking time						/	•			14. Hands cleaned and properly washed/ Gloves used properly					
		/			5. Proper reheating prod Hours)	cedure for hot ho	olding (1	65°F in 2			•				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N Gloves & Utensils					
					6. Time as a Public Hea	alth Control; prod	cedures	& records							Highly Susceptible Populations					
					Approved Source						/	•			16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Target													Chemicals					
	~				8. Food Received at pro	oper temperature	;				~	,			17. Food additives; approved a & Vegetables	Washing Fru	its			
						from Contami					/	,			18. Toxic substances properly	d used				
	~				9. Food Separated & pr preparation, storage, dis			g food							Water					
	~				10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature 160st						/	,			19. Water from approved sour backflow device City approved	ce; Plumbing install	ed; proper			
	~				11. Proper disposition of reconditioned Disc	erved or			~	,			20. Approved Sewage/Wastew disposal	vater Disposal System	m, proper					
	Ļ				Pri	ority Founda	tion It	ems (2 Po	ints)	viola	tions	Req	uire	Cor	rective Action within 10 days					
O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Personnel					T T	J N		N A	C O S	Food Temperature	e Control/ Identific	ation	R		
	/				21. Person in charge pro and perform duties/ Cer 3			/	,			27. Proper cooling method use Maintain Product Temperature		quate to						
	22. Food Handler/ no unauthorized persons/ personnel All before first shift					sonnel			~	•			28. Proper Date Marking and of Good date kabels	•						
					Safe Water, Recordkeeping and Food Package Labeling						•	•			29. Thermometers provided, a Thermal test strips  Digital thermo, strip	ŕ	ed; Chemical			
	/	23. Hot and Cold Water available; adequate pressure, safe 126, good pressure											Permit Requirement,	Prerequisite for O						
	•				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled <b>Commercial</b>					٧	١				30. Food Establishment Perr Posted and expire	_		ted ★		
					25. Compliance with V HACCP plan; Variance		zed Prod	cess, and			Τ	,			Utensils, Equip 31. Adequate handwashing fac supplied, used	pment, and Vendin cilities: Accessible a				
					processing methods; ma Temps recorded Cons	anufacturer instruction of the desired and the	ogs				•				Equipped  32. Food and Non-food Contact	ct surfaces cleanable	. properly			
											•	,			designed, constructed, and use	d				
	<b>'</b>				26. Posting of Consume foods (Disclosure/Remi Display case						•				33. Warewashing Facilities; in Service sink or curb cleaning f Dishwasher confi	acility provided				
0	I	N	N	С	Core Items (1 Poin	nt) Violations I	Require	Corrective	Actio	on No		Exce	ed 90 N	0 Da	ys or Next Inspection , Which	never Comes First		R		
U T	N	0	A	o s		of Food Contan			K	Ţ	JN	o	A	o s		dentification		K		
	~				34. No Evidence of Instantials 35. Personal Cleanlines						<b>'</b>				41.Original container labeling	(Bulk Food)				
	<b>'</b>					-		acco use				.		1	Physic 42. Non-Food Contact surface	cal Facilities				
	<b>/</b>				36. Wiping Cloths; proj Stored in solut 37. Environmental cont		m			-	<b>/</b>	,			43. Adequate ventilation and li		areas used			
	•				38. Approved thawing in	method			$\vdash$	$\vdash$	\(\bullet \)	,			44. Garbage and Refuse prope	rly disposed; faciliti	es maintained	i		
	_				Refrigerator	er Use of Utensi	ils			$\vdash$	<b>/</b>	,			45. Physical facilities installed	, maintained, and cl	ean			
					39. Utensils, equipment dried, & handled/ In us			l, stored,		-	+	1			46. Toilet Facilities; properly of	constructed, supplied	d, and clean			
						se utensils; prope						~			Refer to store rep					

## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: (signature) Ariana Santiago	Print: Ariana Santiago	Title: Person In Charge/ Owner
Inspected by: Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	ddress:	City/State:		License/Permit #	Page	<b>1</b> of <b>2</b>		
	et Starbucks	-		Rockwall, Tx		FS-9397	1 age	_ u		
			TEMPERATURE OBSERVAT	TIONS						
Item/Loc		Temp	Item/Location	Temp	Item/Loc			Temp		
	erve cooler	35	Cold Bar Firdge		Н	ot bar fridge				
	ck freezer htt	3.4	Whole milk	39		2% Milk		38		
	refrigerator amb	39	Coconut milk	40	Half & Half			41		
S	weet cream	38	Whip	40		Whip		41		
Sar	ndwich cooler	39								
T.			SERVATIONS AND CORRECTIV							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F									
	Front hand sink equipped temp greater 107									
	Kitchen hand sink equipped temp greater than 108									
	3 comp sink set up, 126, using quat sani 200ppm									
	Dishwasher confirmed st160									
	All food arrives frozen, thawed in refrigerator, warmed to company specs per order, No hot holding									
	Using spray bottle for sani, Quat tested 200ppm									
	Using quat wipes 200ppm for steam wand on expresso machine									
	Using spray bottle only for front service line									
	Using utensils to transfer hot food to sleeved packaging									
	Utensils and cutting board W/R/S every 4 hours or as needed									
	Food allergens posted on display case and identity all 9 allergens									
	Observed bug light operational in kitchen									
	Self service items are all Rte items with manufacturer labels on back									
	Using gloves & utensils to touch Rte foods									
	Deltatrax Digital thermo onsite, strips are current									
	Confirmed air gap at ice machine									
	Oven is clean and well taken care of									
	Creamers are not self serve at this location, stored in UC refrigerator									
	Display items now have a day sticker to confirm freshness									
W	To post expired health permit asap in view of consumers									
	, ,	'	,							
Received (signature)		'e	See abo	ove		Title: Person In Charge	/ Owner			
Inspected (signature)	d ly:	$\subset \tau$	Print: Richard			Samples: Y N	# collecte	ad		