

Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: 02/12/26	Time in: 9:20	Time out: 10:27	License/Permit # Fs9296	Food handlers 10	CFM 5	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint 4-Investigation 5-CO/Construction 6-Other **TOTAL/SCORE**

Establishment Name: Starbucks walmart parking	Contact/Owner Name: Cirra	Number of Repeat Violations: 0	1/99/a
Physical Address: 778 e i30	Pest control : Eclb/2/26	Grease trap : Les 2325wrty	

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch
 Mark the appropriate points in the OUT box for each numbered item Mark with a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days											
Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>			Preventing Contamination by Hands					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>			Highly Susceptible Populations					
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					Chemicals					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
							<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					Water/ Plumbing					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days											
Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
						Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					Utensils, Equipment, and Vending					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First											
Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
1							<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					Physical Facilities					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
						Proper Use of Utensils					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				

