| Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|-------------|--|--------------------|--------------|--|-------|---|---|--|--|---|--|---|--|--|
| | Date: Time in: Time out: License/P | | | | | | | ermit #)/need current/2019 display | | | | | 10 - | displayed Est. Type Risk Category Page 1 of 2 | | | | |
| 9/28/2022 3:04 3:40 FS-9360 Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai | | | | | | | | | | | | 5-CO/Construction 6-Other TOTAL/SCOR | | | | | | |
| Establishment Name: Contact/Owner | | | | | | | | | | | 40101 | | S-CO/Construction S-CO/Constructio | | | | | |
| Kroger #574 Starbucks Physical Address: Pest control : | | | | | | | | | | | | se trap : Follow-up: Yes / 8/92 | | | | | | |
| 1950 N Goliad Rockwall, TX w/main store inspect Compliance Status: Out = not in compliance IN = in compliance | | | | | | | tion n/a w/i | | | | 4 | | nain store inspection No | | | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Wat Mark the appropriate points in the OUT box for each numbered item Mark ' \checkmark ' a checkmark in appropriate box for IN, NO, NA, COS Mark an \checkmark in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | | |
| Compliance Status | | | | | | | | s) violations | R R R | 0 | Comp | lianc | e Sta | tus | | _ | | |
| O U T | I N | N O | N A | C O S | Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | JN | N O | N A | | | R | | |
| | < | | | | 1. Proper cooling time and temperature | | | | | | ~ | | | | 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 | | | |
| | ~ | | | | | | | | | | ~ | | | | eyes, nose, and mouth | | | |
| | | ~ | | | 3. Proper Hot Holding temperature(135°F) | | | | | | - | | | 1 | Preventing Contamination by Hands | | | |
| | | ~ | | | 4. Proper cooking time and temperature5. Proper reheating procedure for hot holding (165°F in 2 | | | | | | ~ | | | | 14. Hands cleaned and properly washed/ Gloves used properly15. No bare hand contact with ready to eat foods or approved | | | |
| | | ~ | | | Hours) | | iung (i | 105 F III 2 | | | ~ | | | | alternate method properly followed (APPROVED Y. N) | | | |
| | ~ | | | | 6. Time as a Public Hea | alth Control; proc | edures | & records | | | <u> </u> | <u> </u> | | I | Highly Susceptible Populations | | | |
| | | | | | An | proved Source | | | | | ~ | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | | | |
| | | | | | | - | source | Food in | | | | | | | | _ | | |
| | ~ | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | | | | | | Chemicals | | | | |
| | | State doin corporate Starbucks 8. Food Received at proper temperature | | | | | | ; | | | | | | | 17. Food additives; approved and properly stored; Washing Fruits | | | |
| | ~ | check at receipt | | | | | | | ~ | | | | & Vegetables | | | | | |
| | Protection from Contamination | | | | | | | 3 | | | | ~ | 18. Toxic substances properly identified, stored and used | | | | | |
| | ~ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | Water/ Plumbing | | | | | Water/ Plumbing | | | |
| | 2 | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>400</u> ppm/temperature | | | | | 19. Water from approved source; Plumbing backflow device | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | |
| | ~ | | | | 11. Proper disposition of returned, previously served or reconditioned discarded | | | | | | ~ | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | |
| | Priority Foundation Items (2 Po | | | | | ints) | viola | tion | s Req | uire | e Cor | rrective Action within 10 days | | | | | | |
| O U T | I N | N O | N A | C O S | Demonstration | n of Knowledge/ | Person | mel | R | U U T | JN | N O | N A | C O S | | R | | |
| | ~ | | | ~ | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 7 in store 22. Food Handler/ no unauthorized persons/ personnel | | | | | ~ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | |
| | ~ | | | | | | | | _ | ~ | | - | | 28. Proper Date Marking and disposition | | | | |
| | • | Safe Water, Recordkeeping and Food Package | | | | | | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ | | | | | | |
| | Labeling 23. Hot and Cold Water available; adequate pressure, safe | | | | | | | | | | Thermal test strips dial | | | | | | | |
| <u> </u> | ~ | 23. Hot and Cold water available; adequate pressure, sare 24. Required records available (shellstock tags; parasite | | | | | | 1 | | | | Permit Requirement, Prerequisite for Operation 30. Food Establishment Permit (Current/insp report sign posted) | | | | | | |
| | ~ | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | V | V | | | | 2019 displayed | | | | | | |
| | | | | 1 | Conformance w 25. Compliance with Va | with Approved I | | | | | <u> </u> | | | | Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly | | | |
| | ~ | | | | HACCP plan; Variance processing methods; ma | obtained for spe | cialized | | | | ~ | | | | supplied, used | | | |
| | | | | | Cons | sumer Advisory | | | | 2 | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | |
| | ~ | | | | 26. Posting of Consume foods (Disclosure/Remi | | | | | | ~ | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | |
| | - | | | | Core Items (1 Poin | nt) Violations I | Require | e Corrective | | | | | | | ays or Next Inspection , Whichever Comes First | | | |
| O U T | I N | N O | N A | C O S | Prevention of | of Food Contam | inatior | 1 | R | U U T | J N | N O | N A | C O S | Food Identification | R | | |
| 1 | | | | | 34. No Evidence of Inse animals | ect contamination | n, roder | nt/other | | | ~ | | | | 41.Original container labeling (Bulk Food) | | | |
| | ~ | | | | 35. Personal Cleanlines | | | acco use | | | | | | | Physical Facilities | | | |
| | ~ | Ī | | | 36. Wiping Cloths; prop | | ored | | | 1 | | | | | 42. Non-Food Contact surfaces clean | | | |
| | ~ | | | | 37. Environmental contamination | | | | | | ~ | | | | 43. Adequate ventilation and lighting; designated areas used | | | |
| | 38. Approved thawing method | | | | | | ~ | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | | |
| | Proper Use of Utensils | | | | | 1 | | | | | 45. Physical facilities installed, maintained, and clean | | | | | | | |
| | ~ | | | | 39. Utensils, equipment dried, & handled/ In us | | | | | | ~ | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | |
| | ~ | | | | 40. Single-service & sin and used | ngle-use articles; | properl | y stored | | | r | | | | 47. Other Violations | | | |
| i | | | | | | | | | 1 | | | 1 | | | | | | |

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| Received by: (signature) Morgan Creveling | ^{Print:} Morgan Creveling | Title: Person In Charge/ Owner Manager |
|---|------------------------------------|---|
| Inspected by: (signature) Christy Cortez, RS | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

| | er #574 Starbucks | Physical A 1950 | N Goliad | City/State: Rockwa | all, TX | License/Permit # Page 2 of 2 need current | | | | |
|-------------------------------------|--|--------------------|---|-----------------------|---------------|--|--------|--|--|--|
| Item/Loc | ation | Temp F | TEMPERATURE OBSERV | ATIONS Temp F | Item/Locat | ion | Temp F | | | |
| | | | | тетр г | Ttem/Locat | 1011 | тетр г | | | |
| | mbient | -7 | | | | | | | | |
| | IC ambient | 32 | | | | | | | | |
| under o | counter cooler/sweet cream | 39 | | | | | | | | |
| | milk | 40 | | | | | | | | |
| under co | ounter sandwich cooler ambient | 35 | | | | | | | | |
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| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | | | | | | |
| Item Number | AN INSPECTION OF YOUR ES NOTED BELOW: | TABLISHME | ENT HAS BEEN MADE. YOUR ATTE | NTION IS DIRE | CTED TO TH | IE CONDITIONS OBSERVED A | ND | | | |
| | Hand sink hot water at 100+Fwith soap and paper towels | | | | | | | | | |
| | 3 comp sink at 114 | | | | | | | | | |
| | Display case with dummy TCS foods | | | | | | | | | |
| 18 | | Corrected on s | site to 400 ppm quats. Employee said they | were hand mixing. | Need to use t | est strips every time if hand mixing. | | | | |
| 34 | Fruit flies | od oftor | ovory uso with conitiz | or opprov | od wipo | e/quate 200 400pp | m | | | |
| | Milk frothers sanitized after every use with sanitizer approved wipes/quats 200-400ppm Using sanitizer wipes approved for food contact/quats 200-400 ppm | | | | | | | | | |
| W | | | | | | | | | | |
| ~ ~ ~ | Blenders and mixer cups rinsed after every use and discussed to wash, rinse, sanitize at least every 4 hours All TCS foods commercially prepared and packaged | | | | | | | | | |
| 45 | | | ors, some food debris | 104 | | | | | | |
| 32 | Rusty step stool | 0 | , | | | | | | | |
| 42 | Clean outside of cabinets. Replace tape and paper regulations where frayed and peeling | | | | | | | | | |
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| | | | | | | | | | | |
| Received | · | | Print: | | | Title: Person In Charge/ Owne | r | | | |
| (signature) | Morgan Creveli | <i>(g</i> | Morgan | Creve | ling | Manager | | | | |
| Inspected (signature) | | tez, 1 | RS Christy C | cortez, | RS | Samples: Y N # collec | ted | | | |
| Form EH-00 | 6 (Revised 09-2015) | | | | | | | | | |