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:			~ <i>4</i>		Time in:		me out: License/Permit								CPFM	Food handlers	Page 1	of 2	
3/14/24					7:40	1:15		FS-9							8	All 6-Other			
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla Establishment Name: Contact/Owner										4-Investigation					5-CO/Construction Number of Repeat Viola	TOTAL/S	CORE		
Kroger 574 Starbucks Mark Jordan															✓ Number of Violations Co	1/99	Δ/Δ		
Physical Address: 1950 N Goliad Rockwall, Tx Pest control: See grocery insp										Ho N/a					e trap :/ waste oil	Follow-up: Yes ☐ No 🗹	1/33		
Compliance Status: Out = not in compliance IN = in compliance NO										t obser					plicable COS = corrected on s	ite R = repeat vio	lation W=	Watch	
Ma	ırk th	e app	prop	riate	points in the OUT box for										ive Action not to exceed 3 day	k an X in appropriate	e box for R		
Compliance Status							R		ompl		Statu			<u> </u>		R			
O U T	N O A O Time and Temperature for Food Safety							U	N	o	A O S		Employee Health						
		Π,	/		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				
	~				2. Proper Cold Holding temperature(41°F/ 45°F) See						~				eyes, nose, and mouth	enarge from			
			/		3. Proper Hot Holding temperature(135°F)										Preventing Con	ds			
		-	·		Proper cooking time and temperature					/				14. Hands cleaned and proper	sed properly				
				5. Proper reheating procedure for hot holding (165°F in 2										15. No bare hand contact with ready to eat foods or approved					
		(~		Hours)										alternate method properly followed (APPROVED Y. N. Gloves				
	6. Time as a Public Health Control; procedures & records									Highly Susceptible Populations									
					An	proved Source					/				16. Pasteurized foods used; prohibited food not offered				
					•			D 4							Pasteurized eggs used when required N/A				
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite										Chemicals				
					destruction Kroger														
	8. Food Received at proper temperature Checking							/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables							
						- f Ct	•			-	•				N/Ă 18. Toxic substances properly	d used			
	1	Protection from Contamination 9. Food Separated & protected, prevented during food											Stored low	·					
	~	preparation, storage, display, and tasting											Water	·/ Plumbing					
					10. Food contact surfac			ned and						-	19. Water from approved source backflow device	ce; Plumbing installe	ed; proper		
	Sanitized at 200 ppm/temperature										City approved 20. Approved Sewage/Wastew	. D: 10 .							
	11. Proper disposition of returned, previously served or reconditioned Discard						/				20. Approved Sewage/Wastew disposal	ater Disposal Syster	n, proper						
		_									lacksquare								
					Pri	ority Founda	ation Ite	ems (2 Po	ints)	viola	tions	Requ	uire (Cori	rective Action within 10 days				
O U	I N	N O	N A	C O	Demonstration				ints)	U	I N	Requ N O	N A	C O	•	e Control/ Identific	ation	R	
O U T	I N				Demonstration 21. Person in charge pro	of Knowledge	e/ Personr	nel nowledge,	_	0	I N	N	N A	С	Food Temperature	e Control/ Identific		R	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Mark Jordan	Print: Mark Jordan	Title: Person In Charge/ Owner ASST GM
Inspected by: Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A	address:	City/State:		License/Permit #	Page of					
Kroge	er 574 Starbucks		TEMPERATURE OBSERV	ATIONS								
Item/Loc	eation	Temp	Item/Location	Temp	Item/Locat	ion	Temp					
Expre	sso Cooler amb	37	Self serve bev	/ 38								
	Oat milk	38										
	HWC	38										
	Half & Half	38										
1	Whole Milk	39										
	Whip	40										
Sand	lwich Cooler amb	40										
		OI	SERVATIONS AND CORREC	TIVE ACTIO	NS							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
	Hand sink equipped greater than 102											
	3 comp sink set up, 114, quat sani 150-200ppm											
	Ice machine looks great, ice bucket stored correctly											
W	Please check Starbucks specs on brown cutting board, not marked NSF certified											
	Display case only for visual appeal only and items are discarded at end of day											
	All food arrives frozen, thawed in refrigerator, cooked to order, no hit golding											
	Utensils and cutting board w/r/s once every 4 hours or as needed											
	Using sani wipes to clean Espresso wand between orders and for clean all food contact surfaces											
45	General detail cleaning	g u see e	expresso cooler and pos s	tation								
	Oven is spotless, looks amazing											
W	Need updated current permit, need to post for each department											
	Using tongs or gloves to transfer hot foods to sleeved packaging											
	Self service items are all Rte items with manufacturer labels on back											
	Using digital thermo, test strips current											
	Condensation pipe from ice machine confirmed air gap											
Received (signature)		e	See ak	ove		Title: Person In Charg	e/ Owner					
Inspected (signature)		ς _τ	Richar Richar	d Hill		Samples: Y N	# collected					
	(0) 100 2045)		.			Samples, 1 IV	" conceed					