Follow-up fee of \$50.00 is required after 1st Followup

## Retail Food Establishment Inspection Report City of Rockwall

✓ First aid kit
Allergy policy/training
Allergy policy/training Vomit clean up Employee health
Employee health

Date: 03/08/2021		21	Time in: <b>9.45</b>	Time out: 10:25	-	ense/Permi S 936					Coffee Low Page 1 of 2	2_			
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain								4-Ir	ıvesti	gatio	n	5-CO/Construction 6-Other TOTAL/SCOR	RE	
	Establishment Name: Contact/Owner Na Kroger 574 Starbucks Kroger / Starbu												* Number of Repeat Violations:  Vumber of Violations COS:		
	Physical Address: Pest control:						Starbuc		Ноос	1	G	reas	e trap :   Follow-up: Yes   1/99/A	4	
N Goliad See grocery Na See grocery										<u> </u>					
Mark	Compliance Status: Out = not in compliance IN = in compliance  Mark the appropriate points in the OUT box for each numbered item  NO = not observed NA = not applicable COS = corrected on site Mark vi in appropriate box for IN, NO, NA, COS  R = repeat violation W- Watch vi in appropriate box for R												h		
Com	Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days  Compliance Status Compliance Status												T		
0 1	I N O A O Time and Temperature for Food Safety						R	_	0	I N N O	N	C			
T	(F = degrees Fahrenheit)  1. Proper cooling time and temperature							T			S	12. Management, food employees and conditional employees;			
	V								•				knowledge, responsibilities, and reporting		
V	2. Proper Cold Holding temperature(41°F/ 45°F) See							•	/	13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
	3. Proper Hot Holding temperature(135°F)						Policy / s				Policy / screening at arrival  Preventing Contamination by Hands				
	4. Proper cooking time and temperature				-					14. Hands cleaned and properly washed/ Gloves used properly					
	5. Proper reheating procedure for hot holding (165°F in 2			in 2	-					15. No bare hand contact with ready to eat foods or approved					
	Hours)										alternate method properly followed (APPROVED Y N. )				
	6. Time as a Public Health Control; procedures & records Not using at this time			cords						Highly Susceptible Populations					
				Am	proved Source								Pasteurized foods used; prohibited food not offered     Pasteurized eggs used when required		
	1						d in						Precooked		
L	1			7. Food and ice obtained good condition, safe, an destruction Approve	nd unadulterated		a in						Chemicals		
-				8. Food Received at pro		e							17. Food additives; approved and properly stored; Washing Fruits & Vegetables		
	At receiving  Protection from Contamination					_	ľ				18. Toxic substances properly identified, stored and used Good				
·	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting				d				Water/ Plumbing						
·	10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature				and	backflow device									
	11. Proper disposition of returned, previously served or reconditioned No returns				or						City approved  20. Approved Sewage/Wastewater Disposal System, proper disposal				
				1101											
		L		Pric		ation Items	(2 Points	) vio	latio	ons Re	quire	e Cor	rrective Action within 10 days		
O I		N NO A	C O	Prio Demonstration	ority Founda		(2 Points	) vio	O U	ons Re	N	C 0	rective Action within 10 days  Food Temperature Control/ Identification	R	
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## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Lance Sayen store manager	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: er 574 Starbucks	Physical A		City/State:	all	License/Permit # Page 2 of 3 FS 9360						
raoga	or or a oran buons	14 00	TEMPERATURE OBS		<u> </u>	1 0 0000						
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loc	cation	Temp I					
Milk co	ooler whipped cream	39	Ambient	35								
Sar	ndwich cooler	37										
	n deli for thawing											
	<u></u>											
		O	BSERVATIONS AND COR	RECTIVE ACTION	ONS							
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW: all temps F	TABLISHM	ENT HAS BEEN MADE. YOUR	ATTENTION IS DIR	ECTED TO	THE CONDITIONS OBSE	ERVED AND					
	Allergy posting at men	111										
	All sandwiches are rte		nalized when ordering	/ received fro	zen and	thawed in wic in o	 deli /					
45	Watch clutter of broom											
	No self service cream											
	Air gap confirmed at ice machine Sink sanitizer - 150-200, npm											
	Sink sanitizer - 150-200 ppm  Milk received from grocery											
	Hot water at hand sink 100/ three comp -120 F											
	Sanitizer wipes for wands 200 ppm											
45	General cleaning under equipment / cabinets / sinks /											
	Watch and Sanitizing pitcher and Wands between drinks to separate for any know. Allergens											
	Ingredients by request	•				,						
	Gloves / tongs / no co											
	Washing tongs every 4 hrs or less and extras on site											
					make the	em difficult to kee	n clean					
	Keep an eye on yellow trays and reminder that excessive stickers make them difficult to keep clean											
Received (signature)	See above	/e	Print:			Title: Person In Charg	ge/ Owner					
Inspected (signature)	d by:	. <del> </del>	Print:									
	Kewy Kurpo	uruk	~ K3			Samples: Y N	# collected					