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
Vomit clean up Employee health
Employee health

Date: 02/23/2022	Time in: 2 10:06	Time out: 3:14	FS 8	030							Food handlers	Food managers 4	Page 1	of <u>2</u>
Purpose of Inspec	ction: 1-Routine	2-Follow Up	3-Compla Contact/Owner N		4-]	Inves	tiga	tion		5-CO/Constr * Number of I		6-Other	TOTAL/S	CORE
Kroger 575 Sta		K	roger / Starl							✓ Number of	Violations CO	OS:	08/9	2/Δ
Physical Address: Ridge road		See sto			Hoo Na	od			se traj grocery			Follow-up: Yes 🖊 No 🗌		
Compliance S Mark the appropriate	e points in the OUT box for	each numbered item	Mark •	$O = not o$ $\int in ap$	propr	iate b	ox fo	r IN, I		A, COS	corrected on s Marl	k an in appropria		Watch
Compliance Status	Prior	rity Items (3 Poi	ints) violations	Requir	_			<i>Corre</i> Status		Action not to e	xceed 3 day	S		
O I N N C U N O A O T S		nperature for Food egrees Fahrenheit)	Safety	R	O U T	I N	N	N C A O Employee Health				R		
	1. Proper cooling time a	and temperature				/		12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				employees;		
	2. Proper Cold Holding	temperature(41°F/ 2	45°F)			•			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
	3. Proper Hot Holding to	temperature(135°F)							To post at hand sink					
	4. Proper cooking time a	and temperature				✓			Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly					
	5. Proper reheating proc Hours)	cedure for hot holding	ng (165°F in 2			<u> </u>						ready to eat foods o		
	6. Time as a Public Hea No customer self service	alth Control; procedu	ires & records						alternate method properly followed (APPROVED Y. N. Gloves			**		
										. Pasteurized fo	ods used; pro	ptible Populations ohibited food not off	ered	
		proved Source	F. 1.				9		Pas Al	steurized eggs u I precooke	ised when re	quired		\perp
	7. Food and ice obtained good condition, safe, an destruction Comme	nd unadulterated; par ercial									Ch	emicals		
	8. Food Received at pro At Receiving	per temperature						/	17. Food additives; approved and properly stored; Washing F & Vegetables			_	its	
		from Contaminati				/				. Toxic substand Vatch and st		identified, stored an	d used	
	Food Separated & propreparation, storage, dis		uring food								Water	/ Plumbing		
'	10. Food contact surface Sanitized at _200_	ppm/temperature			3				bac A	ckflow device Air gap ne	eded at	ce; Plumbing installer ice machine	е	
	11. Proper disposition or reconditioned Disca					/			dis	. Approved Sew sposal Vatch dra	•	rater Disposal Syster	n, proper	
O I N N C		ority Foundation	•	ints) v	iolati O	ions I	N	N (tive Action with	hin 10 days			R
U N O A O S	Demonstration 21. Person in charge pre	esent, demonstration			T T	N	0	A C				e Control/ Identific		
	and perform duties/ Ĉer	rtified Food Manager	r (CFM)			/			Ma	aintain Product	Temperature		quate to	
	22. Food Handler/ no ur	nauthorized persons/	/ personnel			~				. Proper Date M			adı Chamical	1/
	Safe Water, Recor	rdkeeping and Food Labeling	d Package		2			29. Thermometers provided, accurate, and calibrated; Chem Thermal test strips Digital / need additional in reach ins			eu; Chemicai	1		
									l D	igital / nee	ed additio	onal in reach	ins	
	23. Hot and Cold Water	r available; adequate	pressure, safe							Permit Re	equirement,	Prerequisite for O	peration	
	23. Hot and Cold Water 24. Required records av destruction); Packaged	vailable (shellstock ta				✓			30.	Permit Re	equirement, hment Pern		peration	
	24. Required records av destruction); Packaged Conformance w	vailable (shellstock to Food labeled with Approved Proc	ags; parasite			✓			30. T (Permit Re Food Establis O POST NE	equirement, shment Pern eW ensils, Equip	Prerequisite for O nit (Current/ insp sa pment, and Vendin	peration ign posted)	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Josh Hayes	Print:	Title: Person In Charge/ Owner Manager
Inspected by: Kelly kirkpatrick	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: er 575 Starbucks	Physical A Ridge			y/State: lockwall	License/Permit # FS 8030	Page 2 of 2
			TEMPERATURE				
Item/Loc	ation	Temp F	Item/Location		Temp F Item/I	<u>Location</u>	Temp I
Sandv	vich unit	38/40					
	Cold box						
	Cold bar	38					
Cold bar 2		36					
	Cold brew	39					
Wh	nipped cream	39					
	tomer case Tcs						
	1011101 0400 100	00/00					
		OP	SERVATIONS AND	CODDECTIVI	FACTIONS		
Item	AN INSPECTION OF YOUR ES					O THE CONDITIONS OBSE	ERVED AND
Number	NOTED BELOW: all temps F	- LIGHT	The best makes. I	THE LETTER			
	Hot water 112						
	Hand sink equipped						
	Wipes for espresso ma	achine W	ands 200 ppm				
	Air gap confirmed at id	ce bin - s	ee below for ice r	machine			
45	Minor detailed cleanin	g under d	abinets —- arour	nd hot water	heater etc		
	Sink sanitizer 200 ppn						
	Test strips on site	-					
	All sandwiches are pre	ecooked :	and rethermalized	d when orde	red		
39	Discussed storing kniv					t to paper pouches	
	Allergy posting on me			nor to proto	<u> </u>	t to paper peaches	
	Washing pitchers betv						
	Using a different produ		nat allows it to be	dated on th	ne carton		
29	Need additional therm				10 0411011		
45	Need to clean under it						
19	Need to establish air g						
42	Keep an eye on inside	•					
72	Watch over stocking of						
	Water Over Stocking C	ustoniei	cases				
Received	by:		Print:			Title: Person In Charg	e/ Owner
(signature)	See abov Kelly kirkpo	/e					
Inspected	l by:		Print:				
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