

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

| | | | | | | |
|----------------------------|-------------------------|--------------------------|------------------------------------|----------------------------|-----------------------------|---------------------------|
| Date: 07/06/2020 | Time in: 1:44 | Time out: 2:34 | License/Permit # FS 9296 | Est. Type Coffee | Risk Category Low | Page <u>1</u> of <u>2</u> |
|----------------------------|-------------------------|--------------------------|------------------------------------|----------------------------|-----------------------------|---------------------------|

| | | | | | | | |
|--|--|--|---|-------------------|--|---|--------------------|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other | | | | | | | TOTAL/SCORE |
| Establishment Name: Starbucks 24180 Walmart parking lot | | | Contact/Owner Name: Starbucks | | * Number of Repeat Violations: _____ | | 10/90/A |
| Physical Address: I-30 | | | Pest control : 06/16/20- ecolab | Hood Na | Grease trap : 3/12/20les 500 | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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 in appropriate box for IN, NO, NA, COS Mark an 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 | Time and Temperature for Food Safety (F = degrees Fahrenheit) | R | OUT | IN | NO | NA | COS | Employee Health | R |
| | | <input checked="" type="checkbox"/> | | | 1. Proper cooling time and temperature | | <input checked="" type="checkbox"/> | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| 3 | | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) Bar 1 cooler | | <input checked="" type="checkbox"/> | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Policy and poster | |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 3. Proper Hot Holding temperature(135°F) | | Preventing Contamination by Hands | | | | | | |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 4. Proper cooking time and temperature | | <input checked="" type="checkbox"/> | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | <input checked="" type="checkbox"/> | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Utensils and gloves | |
| | | <input checked="" type="checkbox"/> | | | 6. Time as a Public Health Control; procedures & records | | Highly Susceptible Populations | | | | | | |
| | | | | | Approved Source | | <input checked="" type="checkbox"/> | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Precooked eggs etc | |
| | <input checked="" type="checkbox"/> | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | Chemicals | | | | | | |
| | <input checked="" type="checkbox"/> | | | | 8. Food Received at proper temperature Checking | | | | | <input checked="" type="checkbox"/> | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | | | | | Protection from Contamination | | <input checked="" type="checkbox"/> | | | | | 18. Toxic substances properly identified, stored and used Low | |
| | <input checked="" type="checkbox"/> | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | Water/ Plumbing | | | | | | |
| | <input checked="" type="checkbox"/> | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature | | <input checked="" type="checkbox"/> | | | | | 19. Water from approved source; Plumbing installed; proper backflow device City approved | |
| | | <input checked="" type="checkbox"/> | | | 11. Proper disposition of returned, previously served or reconditioned | | <input checked="" type="checkbox"/> | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |

| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days | | | | | | | | | | | | | |
|--|-------------------------------------|----|-------------------------------------|-----|--|---|---|----|----|----|-----|---|---|
| Compliance Status | | | | | Compliance Status | | | | | | | | |
| OUT | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel | R | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R |
| | <input checked="" type="checkbox"/> | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 6 | | 2 | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature One cooler | |
| | <input checked="" type="checkbox"/> | | | | 22. Food Handler/ no unauthorized persons/ personnel 14 | | <input checked="" type="checkbox"/> | | | | | 28. Proper Date Marking and disposition Great | |
| | | | | | Safe Water, Recordkeeping and Food Package Labeling | | <input checked="" type="checkbox"/> | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | |
| | <input checked="" type="checkbox"/> | | | | 23. Hot and Cold Water available; adequate pressure, safe See attached | | Permit Requirement, Prerequisite for Operation | | | | | | |
| | <input checked="" type="checkbox"/> | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | <input checked="" type="checkbox"/> | | | | | 30. Food Establishment Permit (Current/ insp sign posted) 2020 | |
| | | | | | Conformance with Approved Procedures | | Utensils, Equipment, and Vending | | | | | | |
| | | | <input checked="" type="checkbox"/> | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | <input checked="" type="checkbox"/> | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | | | | | Consumer Advisory | | 2 | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Galvanized | |
| | <input checked="" type="checkbox"/> | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label By request | | <input checked="" type="checkbox"/> | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | |

| 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 | Prevention of Food Contamination | R | OUT | IN | NO | NA | COS | Food Identification | R |
| 1 | | | | | 34. No Evidence of Insect contamination, rodent/other animals Flies | | <input checked="" type="checkbox"/> | | | | | 41. Original container labeling (Bulk Food) | |
| | <input checked="" type="checkbox"/> | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | Physical Facilities | | | | | | |
| | <input checked="" type="checkbox"/> | | | | 36. Wiping Cloths; properly used and stored Stored in solution | | 1 | | | | | 42. Non-Food Contact surfaces clean Minor | |
| | | <input checked="" type="checkbox"/> | | | 37. Environmental contamination Watch for condensation | | <input checked="" type="checkbox"/> | | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | | <input checked="" type="checkbox"/> | | | 38. Approved thawing method | | <input checked="" type="checkbox"/> | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| | | | | | Proper Use of Utensils | | 1 | | | | | 45. Physical facilities installed, maintained, and clean Minor | |
| | <input checked="" type="checkbox"/> | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used Watch | | <input checked="" type="checkbox"/> | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean Watch door | |
| | <input checked="" type="checkbox"/> | | | | 40. Single-service & single-use articles; properly stored and used | | <input checked="" type="checkbox"/> | | | | | 47. Other Violations | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|--|--------|--------------------------------|
| Received by: (signature) Christian Hollie | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly Kirkpatrick RS</i> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|---|----------------------------------|--------------------------------|------------------------------------|-------------|
| Establishment Name: Starbucks Walmart | Physical Address: I-30 | City/State: Rockwall | License/Permit # FS 9296 | Page 2 of 2 |
|---|----------------------------------|--------------------------------|------------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|---------------------|--------|-----------------|--------|---------------|--------|
| Wic 34/35 | | Cold bar fridge | 37 | | |
| Wif | -2 | | | | |
| Warming fridge | 33/36 | | | | |
| Lunch fridge | | | | | |
| 39-41 | | | | | |
| Bar 1 | 44/47 | | | | |
| Whipped cream | 44 | | | | |
| Bar 2 whipped cream | 39 | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| | |
|-------------|---|
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
| | Hot water 125 F in kitchen / hot water at 110 in restrooms |
| 34 | Flies observed |
| | Weekly cleaning of product ice machine |
| 32 | Shelving in wic is not SS and is therefore not easily cleanable etc .. galvanized shelving |
| | Good date marking |
| | Sink sanitizer - 200 ppm |
| | Dishmachine - 180 using a 160 strip |
| 02/27 | Will remove all items in reach in freezer bar 1 that is not holding good temps |
| 42 | Minor cleaning inside coolers |
| | Sanitizer for Wands 200 |
| | All foods are precooked and rethermalized when ordered |
| | Using ThermoWorks thermo |
| | Gloves and tongs used as needed |
| 45 | Minor cleaning under equipment as well |
| | Will address signage to request inspection from facility which is on permit |
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| Covid | Screening employees / masks / contactless- drive thru or walk up window / small amount of signage |
| | Same policy as always nothing returned into facility |

| | | |
|--|--------|--------------------------------|
| Received by: (signature) See above | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly Kirkpatrick RS</i> | Print: | Samples: Y N # collected |

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