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: 5/29/24			Time in: 8:35	Time out: 9:25		License/Permit # FS-9459						CPFM <b>5</b>		Food handlers 13	Page 1	of <u>2</u>			
Purpose of Inspe					tion: 1-Routine	2-Follow U		Complaint 4-Investigation			ation	1	5-CO/Construction	on	6-Other	TOTAL/	SCORE		
Establishment Name: Contact/Owner N Starbucks Laguna Jennifer Knig						Vame						Number of Repeat Violations: Number of Violations COS:			1 /0	9/A			
Physical Address:  1699 Laguna Dr Rockwall, TX  Pest control:  Ecolab 5/2/24  Compliance Status: Out = not in compliance IN = in compliance							Ho N/a	ood				e trap :/ waste oil 4/24 850g		ollow-up: Yes 🗌 o 🗾	1/3	<i>91</i> A			
Mari					Status: Out = not in co points in the OUT box for Prio	each numbered i	item	Mark '	√' a o		nark in	appı	opria	te bo	plicable COS = correct ox for IN, NO, NA, COS ive Action not to exceed		$\mathbf{R} = \text{repeat vio}$ an $\mathbf{X}$ in appropriat	lation W= e box for R	Watch
Compliance Status						R	(	Complian O I N U N O		N C						R			
T									Γ			S	12. Management, food	employee	es and conditional	employees;			
	2. Proper Cold Holding temperature(41°F/ 45°F)							-				knowledge, responsibil  13. Proper use of restric			charge from	ı			
					See						~				eyes, nose, and mouth Have state hand				
	3. Proper Hot Holding temperature(135°F)									JI I			Prevention 14. Hands cleaned and	_	washed/Gloves i		v		
	-	<b>/</b>			Proper cooking time and temperature  5. Proper reheating procedure for hot holding (165°F in 2)						<b>/</b>				15. No bare hand conta	ct with re	eady to eat foods o	r approved	
	•	/			Hours)										alternate method proper Gloves	rly follow	ved (APPROVED	YN.	.)
•					6. Time as a Public Health Control; procedures & records										Highly Susceptible Populations  16. Pasteurized foods used; prohibited food not offered				
					•	proved Source									Pasteurized eggs used when required				
•					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Penske										Chemicals				
					8. Food Received at proper temperature Checking						/				17. Food additives; app & Vegetables	proved an	d properly stored;	Washing Fr	uits
					Protection from Contamination						~			П	N/A  18. Toxic substances properly identified, stored and used  Stored low and separate				
	/				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting										0.0.00.10.11 0.110		Plumbing		
•	/				10. Food contact surfact Sanitized at _200_			ned and			~				19. Water from approve backflow device City approved		; Plumbing install	ed; proper	
	/				11. Proper disposition of returned, previously served or reconditioned <b>Discard</b>						/	,			20. Approved Sewage/disposal	Wastewa	ter Disposal System	m, proper	
•						a. a									•				
							ation Ite	ems (2 Po		_	_	_			rective Action within 1	0 days			
	I N	N O	N A	C O S	Pri Demonstration	ority Founda	e/ Personn	el	ints)	ī	utions  D I U N	Req N O	uire N A	Cor.			Control/ Identific	ation	R
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Gaye Ganter	Print: Gaye Ganter	Title: Person In Charge/ Owner MOD
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Na Starbucks		Physical A		City/State: Rockwal	l. Tx	License/Permit # FS-9459	Page <u>2</u> of <u>2</u>					
	2 _uguu	1000	TEMPERATURE OBSERVAT		.,							
Item/Location		Temp	Item/Location	Temp	Item/Loca		Temp					
Cold bar 1			Oat milk	40	Ref	frigerator D/1	39					
Almo	ond milk	40	Whip	41	Se	If serve amb	34					
Cold bre	ew/nitro amb	45	Hot bar 2									
Col	d bar 2		Skim milk	37								
Wh	ile milk	39	Fresh cream	39								
Но	t bar 1		Almond milk	38								
Wh	ole milk	39	Cold holding 1	39								
Coco	onut milk	40	Cold holding 2	40								
		OB	SERVATIONS AND CORRECTI	VE ACTION	IS							
NT 1	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F											
Res	trooms equipped to	emp grea	ater than 100 in each room									
Han	d sinks equipped,	temps gr	eater than 104 throughout	kitchen								
3 co	mp sink set up, 13	4, quat s	ani 200ppm, strips current									
Dish	Dishwasher confirmed 160 st, need test strips											
45 Nee	Need to address ceiling vents throughout kitchen, rusty											
Clea	Cleaning expresss wands with sani towel											
San	Sani buckets filled at 3 comp sink											
All fo	All food arrived frozen, thawed in fridge, heated to desire temp per order, no hot holding											
Usir	Using tongs to transfer from oven to sleeve packaging and handed directly to customer											
	All tongs and utensils w/r/s every 4 hours or as needed											
	Digital thermapen thermo, sani strips current											
	dishwasher test strips onsite											
•		• •	discarded at end of days o									
Tras	sh dumpster looks	wonderfi	ıl, keep up by doing your p	art								
P			l n · ·			ma p x cv /-						
Received by: (signature)	See abov	'e	See ab	ove		Title: Person In Charge/ Ov	vner					
Inspected by:	.) -		Print: Richard									
(signature)												