

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: 02/11/2022 | Time in: 10:30 | Time out: 11:39 | License/Permit # FS 9459 | Food handlers Working on all | Food managers 5 | 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 (North Goliad) 51380 | Contact/Owner Name: Starbucks | * Number of Repeat Violations: _____ | 7/93/A |
| | | ✓ Number of Violations COS: _____ | |

| | | | | |
|--|-----------------------------------|------------|-----------------------------|---|
| Physical Address: 1945 North Goliad | Pest control : Ecolab 02/01/22 | Hood Na | Grease trap : To provide | 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 | R | OUT | IN | NO | NA | COS | R |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | | ✓ | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | | | ✓ | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | | | ✓ | | |
| | | ✓ | | | | ✓ | | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| | ✓ | | | | | W | | | | | |
| | | ✓ | | | | ✓ | | | | | |

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

| Compliance Status | | | | | | Compliance Status | | | | | |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| | ✓ | | | | | | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| | ✓ | | | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | ✓ | | | | | |
| Consumer Advisory | | | | | | 2 | | | | | |
| | ✓ | | | | | | | | | | |

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 | R | OUT | IN | NO | NA | COS | R |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| W | ✓ | | | | | | | ✓ | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| 1 | | | | | | ✓ | | | | | |
| | | ✓ | | | | 1 | | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| | ✓ | | | | | 1 | | | | | |
| | ✓ | | | | | | | ✓ | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|--|--------|--------------------------------|
| Received by: (signature) Kailey Mason | 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: Starbuck North | Physical Address: 1945 North Goliad | City/State: Rockwall | License/Permit # FS 9459 | Page 2 of 2 |
|--|---|--------------------------------|------------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|---------------|--------|-------------------|---------|---------------|--------|
| Customer case | 30's | Hot bar 1 | 40.9-41 | | |
| Cold brew | 38 | Whipped | 40 | | |
| Cold bar 1 | 37 | Sandwich unit | | | |
| Whipped cream | 41 | 37-40 | | | |
| ColdBar 2 | 39 | Upright milk unit | 30's | | |
| Hot bar 2 | 39 | Upright freezer | 7 | | |
| Whipped | 42 | RTD&E cooler | 39-41 | | |
| Drive thru | 37 | Sandwich | 34 | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Observations and Corrective Actions |
|-------------|---|
| | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
| | Employees continue to check in at table / temps taken / and logged |
| | Discussed sneeze guards / metal panels are being used - to confirm 60 inches above floor |
| W | Hot water at hand sinks took over 2 mins to Arrive at the hand sinks in the prep area at time mid morning |
| | Hot bar 1 cooler is beginning to freeze up and fan guards should be cleaned - check all others as fan guards in others could use cleaning etc |
| | All sandwiches etc are precooked and rethermalized when ordered |
| W | Watch cutting boards |
| | Using tongs to dispense pastries handed e wry 4 hrs |
| 32 | Again the white large stickers on sandwich plastic trays makes them not washable to some degree and unsanitary for handling |
| | No direct hand food contact for any drinks etc ... |
| 45 | Need to clean under cabinets and front area |
| | Confirmed thermo labels for testing the high temp Dishmachine |
| 45 | Need to clean under ice machine |
| | Confirmed Dishmachine hot sanitizing using 160 SE labels |
| | Temps taken 3 times per day - staff is educated on taking temps - using themopen |
| | Watch boxes in freezer as they may allow for gaskets not to seal and ice to accumulate due to size of boxes |
| 42 | RTD&E fridge - to clean thoroughly especially bottom pan |
| | Allergy posting on menu |
| 37 | To address floor storage of wiping cloths - in box - |
| | No customer self service of creamers etc |
| | Minor cleaning around dumpster |
| | |
| | |
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| | |
| | |
| 46 | Hot water in restrooms not reaching hot temp- currently at 57-64f should be 100 - to adjust mixing valves |

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

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