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

	ate: 2/ 0	3/2	20:	21	Time in: 3:26	Contact/Owner Name: * Number of Repeat Violations: Starbucks * Number of Repeat Violations: Y Number of Violations COS: Pest control: Hood Grease trap: Follow-up: Yes ✓									
					tion: 1-Routine					-Inve	estig	ation	ı [SCORE
E	stabli	shme	nt l	Nam		,	Contact/Ov	vner Name:						* Number of Repeat Violations:	
_		al Ado			I Gollad 51360	Pe		5	Но	ood		Gı	rease	e trap: Follow-up: Yes 7	37/B
N (Ğolia						provide at folk	•	Na			٠		ast pumping No ASAP	
M	ark tl	Compl ne appi	lian rop	riate	tatus: Out = not in co points in the OUT box for	ompliance IN = in each numbered i	item	NO = no Mark X in a						policable $COS = corrected on site R = repeat violation W-NA, COS$ Mark an in appropriate box for R	Watch
C	omnli	ance S	Stat	THC.	Prio	ority Items (3	Points) viole	tions Requ	_	<i>mme</i> Comp				ive Action not to exceed 3 days	
O		N	N A	C		nperature for F		R) I	N O	N A	C	Employee Health	R
Т				S	1. Proper cooling time a	legrees Fahrenhe and temperature			Т	Г			S	12. Management, food employees and conditional employees	
		~				-				/				knowledge, responsibilities, and reporting	
3					2. Proper Cold Holding Bar 1 cooler	g temperature(41	1°F/ 45°F)			/				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Screening at arrival	1
		ı	/		3. Proper Hot Holding to	temperature(135	5°F)							Preventing Contamination by Hands	
		·	/		4. Proper cooking time Rethermalizing only	and temperature	e			_				14. Hands cleaned and properly washed/ Gloves used proper	у
					5. Proper reheating proc Hours) Precooked	cedure for hot he	olding (165°F i	n 2						15. No bare hand contact with ready to eat foods or approved	,
	V				,									alternate method properly followed (APPROVED Y No hand food / using tongs tissues etc	_)
		/			6. Time as a Public Hea Not	alth Control; pro	ocedures & rec	ords						Highly Susceptible Populations	
					Ap	proved Source						'		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required Precooked	
	•				7. Food and ice obtaine good condition, safe, ar destruction			in						Chemicals	
	•				8. Food Received at pro	oper temperature	e					✓		17. Food additives; approved and properly stored; Washing F & Vegetables	ruits
					Protection	n from Contami				/				18. Toxic substances properly identified, stored and used	
٧					Food Separated & pr preparation, storage, dis Sneeze guards on way	splay, and tastin	ng							Water/ Plumbing	
3					10. Food contact surfact Sanitized at0	ces and Returnab ppm/temperatur	oles; Cleaned a re Three comp and b	nd uckets		/			ı	19. Water from approved source; Plumbing installed; proper backflow device City approved	
		/			11. Proper disposition of reconditioned No re	of returned, prev	viously served o	r		~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
		•				otal i i o									
			.,				ation Items				_			rective Action within 10 days	
O U T	I N	N O	N A	C O S	Pri			2 Points)		O I U N	Req N O	uire N A	Cor C O S	rective Action within 10 days Food Temperature Control/ Identification	R
	N	N O	N A		Pri	n of Knowledge	e/ Personnel	R	U	O I U N	N	N	C O		R
Т	N	N O	N A		Pri Demonstration 21. Person in charge pri and perform duties/ Cer	iority Founda n of Knowledge esent, demonstra rtified Food Man	e/ Personnel ation of knowle nager (CFM)	dge,	U	O I U N	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature See 2 28. Proper Date Marking and disposition	R
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Varinna Wright	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: UCKS NOrth	Physical Address: North Goliad		Tity/State: Rockwal	l	License/Permit # Pag FS 9459		ge of				
			TEMPERATURE OBSERVAT	IONS								
Item/Loca		Temp F	Item/Location	Temp F	Item/Locati	ion		Temp				
Uprigh	t milk in back room	38	Bar 1 cooler	52/54	Self	service ι	ınit	30's				
2	2nd cooler		Holding whipped cream	62/64								
,	3rd cooler	39	Remove all unopened that appear to be 44 or less									
New d	elivery of sandwiches		Cold bar 1	39								
	36-41		Nitro	39								
Sar	ndwich cooler	39	Drive thru	40								
	Bar 2	36/38										
(Cold bar 2	37/39										
		OB	SERVATIONS AND CORRECTIV	E ACTION	NS							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND											
	NOTED BLEOTT.											
	Hot water - 108 F slow to arrive to hand sink in drive thru and never arrived at hand sink near oven											
	Hot water at hand sink in kitchen behind door - 116 F Three comp sink hot water 120											
10	Three comp sink hot water 120 Sink sanitizer -none showing on strips											
	Sink sanitizer -none showing on strips Dishmachine to check with thermo label											
	All foods Tcs are precooked and rethermalized when ordered / not hold holding											
42/45												
45	General cleaning in back room - floor etc											
W	Watch old labels on trays - of sandwiches - hard to clean											
02	One cooler bar 1 not holding temps - to empty of everything except what willBe used in the hour											
	Whipped cream discarded at 60's											
	Avoid over stocking all reach in coolers											
	Sanitizer to be hand mixed until you know the dispenser is working properly											
10 / 33	3 All buckets tested were undetectable											
31	One hand sink without	hot wate	er - to NOT use this one and	use the	other 2 h	and sink a						
	Ingredients by request for all foods not labeled											
!!	COVID has uncovered the need to provide sneeze guards at hot bar											
	Followup tomorrow - cooler / sanitizer /											
	Hot water at ONE hand sink to be addressed											
Received (signature)	See abov	 ⁄e	Print:			Title: Person In Char	ge/ Owne	r				
Inspected (signature)	See abov Kelly Kirkpo	<u> </u>	Print:									
	кешу кіткро	urick	(KS			Samples: Y N	# collec	ted				