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

Date:			/O 1	Time in: Time out: License/Permit # Est. Type Risk Category 11:30							Page 1 of	_{f_} 2_				
02/19/20/21 11:30 12:08 Food Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai						_	Invoci	inat	tion		5-CO/Construction	LOW 6-Other	TOTAL/SCO			
Establishment Name: Contact/Owner N							Vame:	ne:				_	* Number of Repeat Violati	TOTALISC	OKE	
Starbucks Target 1065 Starbucks / tarbucks /							arget	Нос	vd.	- 1	Gree	200	✓ Number of Violations CO	OS: Follow-up: Yes	5/95/	/A
Steger towne Store								Na	<i>-</i>		Targe			No .		
Mark	Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site Mark the appropriate points in the OUT box for each numbered item NO = not observed NA = not applicable COS = corrected on site Mark of in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R												itch			
		11 1						re Im	medi	ate (Corre	ectiv	ve Action not to exceed 3 days			
0	Î	nce Sta	С	Time and Ten	nperature for Food S	Safety	R	О	I	N						R
U T	N O A O Finite and Temperature for Produsarcty (F = degrees Fahrenheit)						U T	N	О	A C		Employee Health 12. Management, food employees and conditional employees;				
	Proper cooling time and temperature								/				knowledge, responsibilities, and		employees;	
	2. Proper Cold Holding temperature(41°F/ 45°F)					H						13. Proper use of restriction and exclusion; No discharge from			+	
•	✓ See							eyes, nose, and mouth								
	3. Proper Hot Holding temperature(135°F)										Preventing Contamination by Hands					
	4. Proper cooking time and temperature All precooked										14. Hands cleaned and properly washed/ Gloves used properly					
				5. Proper reheating products	cedure for hot holding	g (165°F in 2							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)			
	Hours) 6. Time as a Public Health Control; procedures & records											Utensils	wed (ATTROVED	, II)		
	•			6. Time as a Public Hea	aith Control; procedul	res & records	Ш							ptible Populations		
				Ap	proved Source				/				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
	Ī			7. Food and ice obtaine	ed from approved sour	rce; Food in							Yes			
·	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										Che	emicals				
				8. Food Received at pro	oper temperature								17. Food additives; approved at & Vegetables	nd properly stored;	Washing Fruits	
				At receiving									18. Toxic substances properly is	dantified stored an	nd usad	_
					n from Contaminatio			3					Spray bottles in back ro			
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											Water/ Plumbing				
·	10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature 180						/			+	19. Water from approved source backflow device	e; Plumbing install	led; proper			
				11. Proper disposition of			+					T	City approved 20. Approved Sewage/Wastewa	ater Disposal Syste	m, proper	_
				reconditioned Disc	arded								disposal			
												_				
0		N N	C	Pri	iority Foundation	Items (2 Po				_			rective Action within 10 days			P
	I N	N N O A	C O S		iority Foundation n of Knowledge/ Pers		ints) vi	iolati O U T	I	N	N C A C	C O	rective Action within 10 days Food Temperature	Control/ Identific	cation	R
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Retail Food Establishment Inspection Report

City of Rockwall

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

Form EH-06 (Revised 09-2015)

Establish	ment Name:	Physical A	ddress:	City/State:		License/Permit #	Page 2 of 2				
	et Starbucks	Stege	Rockwa	Rockwall Food 5075							
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA Item/Location	TIONS Temp F	Item/Loc	ation	Temp I				
	counter cooler				Item/Eoc	auon	Temp 1				
		36	2 door freezer	-1							
	nipped cream	40	Empty at this time	-							
2	door cooler		Front juice unit	39							
	35/36										
Sar	ndwich cooler										
	Empty	39/40									
		OF	SERVATIONS AND CORRECT	IVE ACTIC	NS						
Item			ENT HAS BEEN MADE. YOUR ATTEN			THE CONDITIONS OBSER	VED AND				
Number	NOTED BELOW: all temps F										
	Hot water at hand sink 102 F										
45	Sani wipes are QUAT				1 1						
45			er soap dispenser that is e	xposea s	neet roci	∢.					
	Always avoid over sto										
42	Minimal cleaning need		e cabinets								
	Sink sanitizer at 200 p	•									
45	Minor cleaning of wall		•								
18	Hot water at three con			nelvina u	nit						
18 Avoid storing paper towels next to chemicals on back shelving unit Would be good idea clean out coolers that are empty Door to 2 door cooler in back is difficult to close and was left partially open											
	Confirmed Dishmachi	ne workir	g with 160 label for surface	 e							
			rd that impeded moping flo								
	Using digital thermos										
	Watch norma Maint to	counters	s etc								
Trace. Home to obtaine to obtaine to the manufacture of the manufactur											
Received (signature)	by:		Print:			Title: Person In Charge/	Owner				
	See abol	/e									
Inspected (signature)	See abou	atrick	Print:								
	Rowy Rui Mpc		100			Samples: Y N #	t collected				