

Retail Food Establishment Inspection Report

| | |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | First aid kit |
| <input checked="" type="checkbox"/> | Allergy policy |
| <input checked="" type="checkbox"/> | Vomit clean up |
| <input checked="" type="checkbox"/> | Employee health |

| | | | | | | |
|---------------------|------------------|-------------------|------------------------------|-----------|---------------|---------------------------|
| Date: 11/10/2020 | Time in: 2:58 | Time out: 4:00 | License/Permit # FOOD5073 | Est. Type | Risk Category | 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 Coffee (Ridge) 6259 | Contact/Owner Name: | * Number of Repeat Violations: _____ | 4/96/A |
| | | ✓ Number of Violations COS: _____ | |

| | | | | |
|--|-----------------------------------|-------------|--------------------------------|---|
| Physical Address: 2779 Ridge Rockwall, TX | Pest control : Ecolab/ monthly | Hood n/a | Grease trap : LES/75gal/6mo | Follow-up: Yes <input type="checkbox"/> No <input checked="" 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 '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X 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 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 1. Proper cooling time and temperature | | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 2. Proper Cold Holding temperature(41°F/ 45°F) | | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | | | | | |
| | | | ✓ | | | Preventing Contamination by Hands | | | | | |
| 3. Proper Hot Holding temperature(135°F) | | | | | | 14. Hands cleaned and properly washed/ Gloves used properly utensils used, gloves available | | | | | |
| | | | ✓ | | | | ✓ | | | | |
| 4. Proper cooking time and temperature | | | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) | | | | | |
| | ✓ | | | | | Highly Susceptible Populations | | | | | |
| 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | | | | | | ✓ | | | | |
| | ✓ | | | | | 16. Pasteurized foods used; prohibited food not offered pasteurized eggs | | | | | |
| 6. Time as a Public Health Control; procedures & records | | | | | | Chemicals | | | | | |
| Approved Source | | | | | | | ✓ | | | | |
| | ✓ | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | | | | | |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction corporate | | | | | | | ✓ | | | | |
| 8. Food Received at proper temperature checked at receipt | | | | | | Water/ Plumbing | | | | | |
| Protection from Contamination | | | | | | | ✓ | | | | |
| | ✓ | | | | | 18. Toxic substances properly identified, stored and used | | | | | |
| 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | ✓ | | | | |
| 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature | | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 11. Proper disposition of returned, previously served or reconditioned discarded | | | | | | 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 | R | OUT | IN | NO | NA | COS | R |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| | 2 | | | | | | ✓ | | | | |
| 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted | | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 22. Food Handler/ no unauthorized persons/ personnel | | | | | | 28. Proper Date Marking and disposition | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | | ✓ | | | | |
| | ✓ | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips probe and digital | | | | | |
| 23. Hot and Cold Water available; adequate pressure, safe | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | | | | | | 30. Food Establishment Permit (Current/insp report sign posted) 12/31/2020 | | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | | | | | |
| Consumer Advisory | | | | | | | ✓ | | | | |
| | ✓ | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | | |
| 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label | | | | | | | ✓ | | | | |
| 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 | R | OUT | IN | NO | NA | COS | R |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 34. No Evidence of Insect contamination, rodent/other animals | | | | | | 41. Original container labeling (Bulk Food) | | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | 1 | | | | |
| | ✓ | | | | | 42. Non-Food Contact surfaces clean | | | | | |
| 36. Wiping Cloths; properly used and stored | | | | | | | ✓ | | | | |
| | ✓ | | | | | 43. Adequate ventilation and lighting; designated areas used | | | | | |
| 37. Environmental contamination | | | | | | | ✓ | | | | |
| | ✓ | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | |
| 38. Approved thawing method | | | | | | | 1 | | | | |
| Proper Use of Utensils | | | | | | 45. Physical facilities installed, maintained, and clean | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 40. Single-service & single-use articles; properly stored and used | | | | | | 47. Other Violations | | | | | |

Retail Food Establishment Inspection Report

| | | |
|---|----------------------------|--------------------------------|
| Received by: (signature) <i>see below</i> | Print: see below | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>see below</i> | Print: see below | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|--|---------------------------------|-----------------------------|-------------------------------|-------------|
| Establishment Name: Starbucks Coffee (Ridge) 6259 | Physical Address: 2779 Ridge | City/State: Rockwall, TX | License/Permit # FOOD 5073 | Page 2 of 2 |
|--|---------------------------------|-----------------------------|-------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|---------------------------|--------|---------------|--------|---------------|--------|
| under counter/milk | 41 | | | | |
| under counter/milk | 41 | | | | |
| under counter/half n half | 38 | | | | |
| sandwich cooler ambient | 35 | | | | |
| 2 door freezer ambient | 7 | | | | |
| 2 door cooler ambient | 36 | | | | |
| front display ambient | 32-37 | | | | |
| | | | | | |

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: |
| | Line Hand sink 127 |
| 42 | Clean floor drains |
| 45 | Clean floors under equipment |
| 42 | Clean counters and around/on storage containers |
| | TPHC stickers 4 hours for whipped cream |
| | No carafes serve serve of creamers (due to Covid) |
| | Sani bucket 200 ppm quats |
| | Sani under equipment for milk frothers quats 200 ppm. Used after each order. |
| | All food commercially prepackaged. Only warming on site. |
| | Pitchers cleaned/sprayed after each use. WRS every 4 hours |
| 42 | Clean inside coolers, drawers, shelves |
| | Back hand sink 117 |
| | 3 comp sink 118 with sani sink setup to 200 ppm.quats |
| | Dishwasher sanitizing using temp strips |
| 21 | Must have certified food manager on duty during prep and service |
| | Maintenace to cabinets, front display metal guard is loose |
| W | Holiday cup boxes on floor in hallway. Store 6 inches off of floor. |
| 45 | Food debris under front counter and equipment. need to clean. |
| | RR sinks 100+ |
| 42 | Clean pastry display, food debris |
| | Allergen disclaimer on menu board |
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|--|---------------------------------|--------------------------------|
| Received by: (signature) <i>Kyle Majkszak</i> | Print: Kyle Majkszak | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Christy Cortez</i> | Print: Christy Cortez | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)