## Followup Inspection Cost is \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

| City of Rockwall |
|------------------|
|------------------|

| 8           | /1                                      | 0/           | /2                   | 3              | Time in: 1:45  | Time out: <b>3:05</b>  |   | Permit #<br><b>9459</b>        |   |                                       |               |                |                    |  | 7  | Food handlers 20   | Page 1   | of <u>2</u> |
|-------------|---|--------------|----------------------|----------------|--|--|---|--------------------------------|---|---------------------------------------|---------------|----------------|--------------------|--|--|--|--|-------------|
|             |   |              |                      |                | tion: 1-Routine  | 2-Follow Up  |   |                                | 4-  | Inve                                  | stiga         | atior          | ı                  | 5-CO/Const   |  | 6-Other  | TOTAL/S  | CORE        |
|             | tabli<br>arb                            |              |                      |                |  |  | Contact/Own<br>Renee Lero   |                                |   |                                       |               |                |                    | XNumber of<br>✓ Number of  | f Repeat Vio<br>f Violations   | olations:<br>COS:  | 5/95   | <b>5</b> /  |
| Ph<br>194   | iysic<br>45 N                           | al A<br>Goli | ddre<br>iad S        | ess:<br>St, Ro | ockwall, TX 75087  | EcoL   | t control :<br>_ab 6//30/23   |                                | Ho<br>N/A   |                                       |               |                |                    | e trap :/ waste oil<br>o City Hall   |  | Follow-up: Yes No  | 3/90   | )/ A        |
| Ma          | ark tl                                  | Com<br>he ap | <b>plia</b><br>pprop | nce S<br>riate | Status: Out = not in compoints in the OUT box for  | mpliance IN = in co  | ompliance<br>m Ma   | <b>NO</b> = not<br>rk '✓' a ch |   |                                       |               |                |                    | oplicable COS = ox for IN, NO, NA,   | corrected or   | n site $\mathbf{R}$ = repeat vio   | olation W= V   | Watch       |
| Co          | mpli                                    | iance        | Stat                 | fus            | Prio   | rity Items (3 F  | Points) violati   | ons Requi                      | _   | n <i>med</i><br>ompl                  |               |                |                    | tive Action not to   | exceed 3 d   | lays   |  |             |
| O<br>U<br>T | I<br>N                                  | N<br>O       | N<br>A               | C<br>O<br>S    |  | nperature for Foo  |   | R                              | O<br>U<br>T   | I<br>N                                | N<br>O        | N<br>A         | C<br>O<br>S        |  | Em   | ployee Health  |  | R           |
|             |   | ~            |                      | 5              | 1. Proper cooling time a   | and temperature  |   |                                |   | ~                                     |               |                | 5                  | 12. Management<br>knowledge, respo   |  | oyees and conditional<br>and reporting   | employees;   |             |
|             | ~                                       |              |                      |                | 2. Proper Cold Holding   | temperature(41°F   | F/ 45°F)  |                                |   | ~                                     |               |                |                    | 13. Proper use of eyes, nose, and r  |  | and exclusion; No dis  | charge from  |             |
|             |   |              | ~                    |                | See  3. Proper Hot Holding t   | temperature(135°I  | F)  |                                |   |                                       |               |                |                    | Posted at h  | <u>andsink</u>   |  | . J. a   |             |
|             |   | <b>V</b>     |                      |                | 4. Proper cooking time   | and temperature  |   |                                |   | ~                                     |               |                |                    |  |  | ontamination by Har<br>berly washed/ Gloves u  |  |             |
|             |   |              |                      |                | 5. Proper reheating prod   | cedure for hot hole  | ding (165°F in 2  |                                |   | ./                                    |               |                |                    |  |  | th ready to eat foods of   |  |             |
|             |   | _            |                      |                | Hours) 6. Time as a Public Hea   | alth Control; proce  | edures & record   | s                              |   |                                       |               |                |                    |  |  | ·  |  | ,           |
|             |   | ~            |                      |                |  |  |   |                                |   | l                                     |               |                |                    | 16. Pasteurized for  | oods used;   | prohibited food not of   |  |             |
|             |   |              |                      |                |  | proved Source  |   |                                |   | ~                                     |               |                |                    | Pasteurized eggs<br>Fully cooke  | used when d and fr   | required<br>OZEN   |  |             |
|             | ~                                       |              |                      |                | 7. Food and ice obtained good condition, safe, and destruction Starbuc   | nd unadulterated; i  |   |                                |   |                                       |               |                |                    |  | •  | Chemicals  |  |             |
|             | ~                                       |              |                      |                | 8. Food Received at pro<br>Check upon deliv  | oper temperature   |   |                                |   |                                       |               | ~              |                    | 17. Food additive & Vegetables   | es; approved   | d and properly stored;   | Washing Fru  | its         |
|             |   |              |                      |                | •  | r from Contamin  | ation   |                                |   | ~                                     |               |                |                    | 18. Toxic substar  | nces proper  | ly identified, stored ar   | nd used  |             |
|             | ~                                       |              |                      |                | 9. Food Separated & pr<br>preparation, storage, dis  |  |   |                                |   |                                       |               |                |                    |  | Wat  | ter/ Plumbing  |  |             |
|             | ~                                       |              |                      |                | 10. Food contact surfact Sanitized at 200  | es and Returnable<br>ppm/temperature   | es ; Cleaned and $160~\mathrm{S}$   | 1                              |   | ~                                     |               |                | Į.                 | 19. Water from a<br>backflow device<br>City appro  |  | urce; Plumbing install   | ed; proper   |             |
|             | ~                                       |              |                      |                | 11. Proper disposition of reconditioned Disp   |  |   |                                |   | ~                                     |               |                |                    | 20. Approved Se  | wage/Waste   | ewater Disposal Syste  | m, proper  |             |
|             |   |              |                      |                | ٦.٠٦   |  |   |                                |   |                                       |               |                |                    |  |  |  |  |             |
|             |   |              |                      |                | Pri  | ority Foundat  | tion Items (2   | Points) 1                      | riolat  | tions                                 | Req           | uire           | Cor                | No issues  |  | ys   |  |             |
| O<br>U<br>T | I<br>N                                  | N<br>O       | N<br>A               | C<br>O<br>S    | Demonstration  | of Knowledge/ I  | Personnel   | R                              | violat<br>O<br>U<br>T   | I<br>N                                | Req<br>N<br>O | uire<br>N<br>A | Cor<br>C<br>O<br>S | rrective Action wi   | thin 10 da   | ys<br>ure Control/ Identific   | cation   | R           |
| U           |   | N<br>O       |                      |                | Demonstration 21. Person in charge pro and perform duties/ Cer   | of Knowledge/ I  | Personnel   | R                              | O<br>U  | I<br>N                                | N             | N              | C<br>0             | rrective Action wi   | Temperatu  | ure Control/ Identific   |  | R           |
| U           | N                                       | N<br>O       |                      |                | Demonstration 21. Person in charge pro   | n of Knowledge/ I<br>esent, demonstrati<br>rtified Food Mana   | Personnel<br>ion of knowledg<br>ager (CFM)  | R                              | O<br>U  | I<br>N                                | N             | N              | C<br>0             | Food  27. Proper coolin Maintain Product  28. Proper Date II Great date m  | Temperature of the transfer of | ure Control/ Identific<br>used; Equipment Ade<br>ure<br>d disposition  | quate to   |             |
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## Retail Food Establishment Inspection Report

## City of Rockwall

| Received by: Renee Leroux  | Print: Renee Leroux | Title: Person In Charge/ Owner MOD       |
|----------------------------|---------------------|--|
| Inspected by: Richard Hill | Print: Richard Hill | Business Email:<br>1935837@starbucks.com |

Form EH-06 (Revised 09-2015)

| _                        |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|--------------------------|---|------------|------------------------------------|-----------------------|------------|-----------------------------|----------|----------------------|--|--|--|
|                          | ment Name:<br>Oucks North   | Physical A | ddress: C                          | City/State:<br>Rockwa | II, TX     | License/Permit #<br>FS-9459 | Page     | <u>2</u> of <u>2</u> |  |  |  |
|                          |   |            | TEMPERATURE OBSERVAT               | TIONS                 | _          |                             |          |                      |  |  |  |
| Item/Loc                 |   | Temp       | Item/Location                      | Temp                  | Item/Loca  |                             |          | Temp                 |  |  |  |
| DD Refr                  | rigerator 1   | 26         | Whip                               | 40                    |            | Whip                        |          | 39                   |  |  |  |
|                          | Milk  | 38         | Milk                               | 39                    | Gen        | merchandis                  | ser      | 35                   |  |  |  |
|                          | DD Freezer  | 8          | Keg cooler                         | 40                    |            |                             |          | <u> </u>             |  |  |  |
|                          | Fridge 1  | 34         | UC fridge 1 HB                     | 41                    |            |                             |          | <u> </u>             |  |  |  |
|                          | Fridge 2  | 36         | Milk                               | 38                    |            |                             |          | İ                    |  |  |  |
| l                        | UC Fridge   | 30         | Whip                               | 40                    |            |                             |          | İ                    |  |  |  |
| U                        | C Fridge DT   | 38         | UC Fridge 2 HB                     | 40                    |            |                             |          |                      |  |  |  |
| U                        | C Fridge CB   | 36         | Milk                               | 39                    |            |                             |          |                      |  |  |  |
| T.                       |   |            | SERVATIONS AND CORRECTIVE          |                       |            |                             |          |                      |  |  |  |
| Item<br>Number           | AN INSPECTION OF YOUR ES NOTED BELOW: all temperature   |            | NT HAS BEEN MADE. YOUR ATTENT<br>F | ION IS DIRE           | ECTED TO T | HE CONDITIONS OBSERV        | VED AN   | ĺD                   |  |  |  |
|                          | Restrooms equipped v  | vater ten  | np <101                            |                       |            |                             |          |                      |  |  |  |
|                          | 3 comp sink setup 134   | l, using C | uat Sani 200ppm, dishwash          | er confi              | med ST     | 160, strips onsite/         | curre/   | nt                   |  |  |  |
| 39                       | Store mop in upright position to allow proper drying in mop sink  |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          | Great chemical storage, dry storage dates in use ect.   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          | Handsink equipped throughout < 125  |            |                                    |                       |            |                             |          |                      |  |  |  |
| 32                       | Aggregate exposured in concrete floor, cold bar, hot bar  |            |                                    |                       |            |                             |          |                      |  |  |  |
| 40/45                    | All food prepackaged and rethermalized, condiments added by staff member  |            |                                    |                       |            |                             |          |                      |  |  |  |
| 42/45                    | Gerneral minor cleaning underneath, around, behind equipment on line  |            |                                    |                       |            |                             |          |                      |  |  |  |
| W                        | Drains throughout store look great  Keep lids closed on dumbsters at all times, dumpster area looks great otherwise |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          | respirate siesea en as  |            | at an innes, aampeter area         | To one gr             |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
|                          |   |            |                                    |                       |            |                             |          |                      |  |  |  |
| Received (signature)     |   | <u> </u>   | See abo                            | ve                    |            | Title: Person In Charge/    | Owner    |                      |  |  |  |
| Inspected<br>(signature) | d by:   |            | Print: Richard                     |                       |            |                             |          |                      |  |  |  |
|                          | 6 (Revised 09-2015)   |            | Ricilaiu                           |                       |            | Samples: Y N #              | collecte | :d                   |  |  |  |