Retail Food Establishment Inspection Report First aid kit 2nd Followup \$50.00 City of Rockwall Metail Food Establishment Inspection Report														
Employee health														
	Date: Time in: Time out: License/P 01/08/2021 11:51 12:30 FS 6												$\begin{array}{c c} Est. Type \\ \hline Coffee \\ \hline LOW \end{array} Page \underline{1} of \underline{2} \\ \hline \end{array}$	-
Purpose of Inspection: 2-Follow Up 3-Compla Establishment Name: Contact/Owner							_	4-I	nves	tiga	tior	1 [5-CO/Construction 6-Other TOTAL/SCORE * Number of Repeat Violations:	2
TA Starbucks TA									1		0		✓ Number of Violations COS: 7/02/∧	
Physical Address: I-30 Pest control : Eclbal 12/14/2020							N	Hoo la	d		Se	e BK		
								ropri	ate bo	ox fo	or IN	I, NO	$ \begin{array}{c c} \textbf{COS} = \textbf{corrected on site} \\ \textbf{O, NA, COS} & \textbf{Mark an} \end{array} \begin{array}{c} \textbf{R} = \textbf{repeat violation} & \textbf{W-Watch} \\ \textbf{V} \text{ in appropriate box for } \textbf{R} \end{array} $	
Priority Items (3 Points) violations I								Co		R				
O U T	J N O A O				R		O U T	I N	N O	N A	C 0 5	Employee Health		
							(~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting Screening at arrival		
3		2. Proper Cold Holding temperature(41°F/45°F) Sandwich unit product temp					-		~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
Ĕ		3. Proper Hot Holding temperature(135°F)											Screening al arrival Preventing Contamination by Hands	_
		4. Proper cooking time and temperature					-		~				14. Hands cleaned and properly washed/ Gloves used properly	
		5. Proper reheating procedure for hot holding (165°F in 2					-		~ ~				No hand food contact / gloves tongs etc 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 Not used Currently 					-		-					
							ŀ						Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered	
					Approved Source			[Pasteurized eggs used when required AllPrecooked	
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Starbucks											Chemicals	
	~				8. Food Received at proper temperature To always check						~		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
	Protection from Contamination					-		~				18. Toxic substances properly identified, stored and used Low and away		
	~	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			-	~				19. Water from approved source; Plumbing installed; proper backflow device Air gaps present	
		~	11. Proper disposition of returned, previously served or reconditioned Discarded never returned					(~				20. Approved Sewage/Wastewater Disposal System, proper disposal Watch drains	
0	I	Priority Foundation Items (2 Po				oints R) vio	0	Ι	N	Ν	С	rrective Action within 10 days	R
U T	N	N O	A	C O S	S T S T S									
	~	and perform duties/ Certified Food Manager (CFM) 1 Cfm						W					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature See above product temp / sandwich units ambient temps	
	22. Food Handler/ no unauthorized persons/ personnel Née employees within 60 days						(~				28. Proper Date Marking and disposition Good		
	Safe Water, Recordkeeping and Food Package Labeling						(~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips		
	23. Hot and Cold Water available; adequate pressure, safe See										Permit Requirement, Prerequisite for Operation			
	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled							30. Food Establishment Permit (Current/ insp sign posted) Need 2021						
				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 Logs taken							~				31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped	
					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/Buffet Plate)/ Allergen Label								Watch condition 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	
	Ľ				Posting Core Items (1 Point) Violations Require Corrective	e Acti	ion N	Not t	to Ex	cee	d 90) Da	Equipped	
O U T	I N	N O	N A	C O S	Prevention of Food Contamination	R	\square	O U T	I N	N O	N A	C O S		R
1	~			3	34. No Evidence of Insect contamination, rodent/other animals Watch for fruit Flies			1		/		0	41.Original container labeling (Bulk Food)	
	~				35. Personal Cleanliness/eating, drinking or tobacco use								Physical Facilities	
	~				36. Wiping Cloths; properly used and stored Stored in sanitizer			1					42. Non-Food Contact surfaces clean See 42. Advantation and lighting designed design	
1					37, Environmental contamination Wif condensation 38. Approved thawing method				/				43. Adequate ventilation and lighting; designated areas used44. Garbage and Refuse properly disposed; facilities maintained	
\vdash		~					╽┝	1	~				45. Physical facilities installed, maintained, and clean	
-					Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored,					_			See 46. Toilet Facilities; properly constructed, supplied, and clean	
					dried, & handled/ In use utensils; properly used Watch 40. Single-service & single-use articles; properly stored			1					47. Other Violations	
	~				and used									

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Margaret Christian	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: arbucks	Physical A	ddress:	City/State: Rockwal		License/Permit # Page 2		<u>2</u> of <u>2</u>			
			TEMPERATURE OBSERVA								
Item/Loc	ation	<u>Temp F</u>	Item/Location	<u>Temp F</u>	Item/Location			<u>Temp F</u>			
Wic		33-37	Rtd case	34/36							
Mi	k near door	33									
Up	oright cooler	35									
Up	right freezer	8									
Sand	wich unit holding	49									
	Bar 1	37									
Wh	ipped cream	39									
	CBS	35/39									
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item Number	AN INSPECTION OF YOUR ES	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	NTION IS DIRE	CTED TO TH	E CONDITIONS OBSE	RVED AI	ND			
	Hot water at hand sink 120										
42/45/37											
45	Clean under ice machine and inside Drain pipe										
46	Restroom - low pressu	ure water									
	Customers are not add	ding conc	liments - staff only								
	Sink sanitizer - 200 pp	m ecolab	0 146								
	Allergy posting										
	Watch drain hose in rear of Wif										
	0.	, ,	uats 146 for food contact								
	•		and rethermalized when or			•					
02											
	Sanitizer at 200 ppm Washing pitchers between uses - allergy policy										
42/45											
42/43											
37/02	Watch fan guards in coolers keep clean 7/02 Found block of ice in rear of sandwich warmer - impeding air flow										
	Until unplugged at insp										
	· ·										
	-										
Received (signature)	See abov	/e	Print:			Title: Person In Charg	ge/ Owner				
Inspected (signature)			Print:								
(κειιν κίνκρο	trick	(KS			Samples: Y N	# collect	ed			