## \$50.00 reinspection fee 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 <b>03</b> .		/20	22	Time in: 12:39	Time out: 1:16	FS 9							Food handlers Food Managers All employees 1 main Page 1 of 2	_	
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complaint							nint _	4-Investigation			atior	1	5-CO/Construction 6-Other TOTAL/SCOR	TOTAL/SCORE	
Establishment Name: Contact/Owner N Tom Thumb 2964 Starbucks Tom Thumb					Name:						* Number of Repeat Violations: ✓ Number of Violations COS:				
	Physical Address: Pest control: N Goliad See grocery					Hood Na			Grease trap See grocery			<b>L</b>			
	Con	mplia	nce S	Status: Out = not in co	ompliance IN = in o	compliance N	$\mathbf{O} = \text{not}$		ved	N.	-	Ť	pplicable COS = corrected on site R = repeat violation W-Watch		
Marl	the a	approp	riate	points in the OUT box for	r each numbered ite	em Mark							D, NA, COS Mark an V in appropriate box for R tive Action not to exceed 3 days		
	ompliance Status				R	_	ompl		Status		are recon not to exceed 5 days	R			
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				U	N	0			Employee Health					
	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					
·	2. Proper Cold Holding temperature (41 17 4.5 1)					/				eyes, nose, and mouth Need at hand sink					
	3. Proper Hot Holding temperature(135°F)									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 Hours)									15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N )					
				6. Time as a Public Hea	alth Control: proc	edures & records		alternate method property followed (APPROVED YN.					antennae medica property ionowed (ATTROVED 1, 34, 5)		
		/		No self serve	ann Control, proc	edures & records			1		1 1		Highly Susceptible Populations  16. Pasteurized foods used; prohibited food not offered		
				Ap	proved Source				/				Pasteurized loods used; profilohed food not offered Pasteurized eggs used when required Precooked		
Т				7. Food and ice obtaine									Fiecooked		
·				good condition, safe, and destruction	nd unaduiterated;	parasite							Chemicals		
	8. Food Received at proper temperature						/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
	Protection from Contamination					<b>✓</b>				18. Toxic substances properly identified, stored and used					
П	9. Food Separated & protected, prevented during food														
•				preparation, storage, di	• •								Water/ Plumbing		
	/			10. Food contact surfact Sanitized at 150 /2	es and Returnable ppm/temperature	es; Cleaned and Okay per label		3				•	19. Water from approved source; Plumbing installed; proper backflow device		
				11. Proper disposition of	of returned, previo	ously served or							See attached for three comp  20. Approved Sewage/Wastewater Disposal System, proper		
	V			reconditioned Disc	arded				~				disposal		
0	I N	N	С	Pri	iority Foundat	tion Items (2 Po	oints) v	iolar O		N		Cor	rrective Action within 10 days	R	
U T	N O	A	O S		n of Knowledge/			U T		0	A	o s	Food Temperature Control/ Identification		
·	/			21. Person in charge pr and perform duties/ Ce					/				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		
	/			22. Food Handler/ no u	nauthorized perso	ons/ personnel			/				28. Proper Date Marking and disposition		
				Safe Water, Reco	ordkeening and F	Food Package							Good 29. Thermometers provided, accurate, and calibrated; Chemical/	_	
					Labeling				V				Thermal test strips Good	_	
L	1			23. Hot and Cold Wate									Permit Requirement, Prerequisite for Operation		
•	/			24. Required records at destruction); Packaged Or ingredient	Food labeled	-			<b>'</b>				30. Food Establishment Permit (Current/ insp sign posted ) Posted		
		1		25. Compliance with V	with Approved F				Τ				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly		
		~		HACCP plan; Variance processing methods; m	e obtained for spe	cialized			~				supplied, used Equipped		
				Con	sumer Advisory			$\vdash$	+				32. Food and Non-food Contact surfaces cleanable, properly		
									~				designed, constructed, and used Watch condition		
				26. Posting of Consum- foods (Disclosure/Rem					/				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided		
				Posting  Core Items (1 Point	nt) Violations I	Require Corrective	a Action	No	t to E	real	ed Q(	) Da	Set up  ys or Next Inspection, Whichever Comes First		
	I N		C O		of Food Contam	_	R	O	I	N O		C O	Food Identification	R	
Ť			S	34. No Evidence of Ins				T				š	41.Original container labeling (Bulk Food)		
H				animals Watch 35. Personal Cleanlines			+			•					
H							+						Physical Facilities  42. Non-Food Contact surfaces clean		
H				36. Wiping Cloths; pro Stored in sanit 37, Environmental control	IZÉr tamination		H	1					See 43. Adequate ventilation and lighting; designated areas used		
<b>-</b>				Watch  38. Approved thawing			+	-	~				44. Garbage and Refuse properly disposed; facilities maintained		
	~			50. 73pproved mawnig	curou				~				Main store  45. Physical facilities installed, maintained, and clean		
				<u> </u>	er Use of Utensil			1					See  46. Toilet Facilities; properly constructed, supplied, and clean		
1				39. Utensils, equipmen dried, & handled/ In us See					~				Using grocery		
				40. Single-service & single and used	ngle-use articles;	properly stored				_			47. Other Violations		
				0.000			1 1		1						

## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Mary Paulin	Print:	Title: Person In Charge/ Owner Manager
Inspected by: Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical Ac	ldress:	City/State:	License/Permit #	Page 2 of 2						
Tom T	humb 2964 Starbucks		Goliad	Rockwall	FS 9058							
Itom/I -	ation	Torre E	TEMPERATURE (		om/I ogotion	т						
Item/Loc	ich rte cooler (cold bar)	Temp F	Item/Location	Temp F Ite	em/Location	Temp I						
Sandw	ich ne cooler (cold bar)	37/38										
	Hot bar	38										
Wh	nipped cream	39										
	In the second second											
		OB	SERVATIONS AND C	ORRECTIVE ACTIONS								
Item Number					D TO THE CONDITIONS OBSE	ERVED AND						
39 / COS	NOTED BELOW: all temps F											
397003	Best to store plastic cups inverted  Hot water 119											
	Hand sink equipped											
	Tes display only in cas											
	All stored inside coole		ermalized when o	rdered ( all ready to a								
	Using tongs etc to tou	rdered ( all ready to e	<del>za</del> i									
			ce machine - look	ring horderline								
45	Keep an eye on air gap under ice machine - looking borderline  Minor cleaning under equipment and behind etc											
W	Keep an eye on deflect				dav)							
	Sanitizer for espresso			•	aay)							
19	Will need air gap at th				or drain at least 1 inch	1						
	Store tong and knife p											
	If used for sandwich w	vashed an	d sanitizer after u	se								
42	Time to dust on top of	f oven										
42	Clean small metal car	t under co	unter in corner									
	Allergy posting on me	nu and in	gredients by reque	est								
	All employees with foo	od handle	r card									
	Watch areas around espresso unit and areas next to — keeping customers away with baskets in front											
	If moving to add sneeze guard											
Received	by:		Print:		Title: Person In Charg	ge/ Owner						
(signature)	See abou	/e										
Inspected	l by:		Print:									
(signature)	Kelly kirkpo	atríck	RS		Samples: Y N	# collected						