

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 5-3-22	Time in: 0948	Time out: 1020	License/Permit #	Est. Type C.G.	Risk Category LOW	Page 1 of 3	
Purpose of Inspection:		1-Compliance <input checked="" type="checkbox"/>	2-Routine <input type="checkbox"/>	3-Field Investigation <input type="checkbox"/>	4-Visit <input type="checkbox"/>	5-Other <input type="checkbox"/>	Total Score
Establishment Name: 29 Acres			Contact/Owner Name:		* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0		
Physical Address: 3000 Moseley Road		City/County: Town of Cross Roads		Zip Code:	Phone:	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	98

Compliance Status: **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site R = repeat violation
 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 asterisk * 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					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
Approved Source						Preventing Contamination by Hands					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Protection from Contamination						Highly Susceptible Populations					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>										
		<input checked="" type="checkbox"/>									
Chemicals						Water/ Plumbing					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									

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					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>										
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Consumer Advisory						Food Identification					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					

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						Physical Facilities					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
Proper Use of Utensils						Other Violations					
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>										

Received by: <i>S. Bagley</i>	Print: Sean Bagley	Title: Person In Charge/Owner
Inspected by: <i>John Blower, A.A.</i>	Print: John Blower	Business Email:

Corrective Actions to Ensure Safe Food

Item No.

- 1 Cooling**
 - TCS* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:
Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours

- 2 Cold Hold**
 - TCS food held above 41° F (45° F) more than 4 hours:
Action: Voluntary destruction

 - TCS food held above 41° F (45° F) less than 4 hours:
Action: Rapid cool (e.g. ice bath)

- 3 Hot Hold**
 - TCS food held below 135° F more than 4 hours:
Action: Voluntary destruction

 - TCS food held below 135° F less than 4 hours:
Action: Rapid reheats to 165° F or more

- 4 Cooking**
 - TCS food undercooked:
Action: Re-cook to proper temperature

- 5 Rapid Reheating**
 - TCS food improperly reheated:
Action: Reheat rapidly to 165° F

- 7 Approved Source/Sound Condition**
 - Foods from unapproved sources/unsound condition:
Action: Voluntary destruction

- 9 Cross-Contamination of Raw/Cooked Foods**
 - Ready-To-Eat food contaminated by raw TCS food:
Action: Voluntary destruction of ready-to-eat foods

- 14 Handwashing**
 - Food employees observed not washing hands:
Action: Instruct employees to wash hands as specified in the Rules.

- 15 Proper Handling of Ready-to-Eat Foods**
 - Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:
Action: Voluntary destruction

- 19, 23 Water Supply**
 - Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils:
Action: Voluntary suspension of food preparation

* Time/Temperature Control for Safety (TCS)

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Establishment Name: <i>29 Acres</i>	Physical Address: <i>3000 Moseley Road</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <u>2</u> of <u>2</u>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (Freezer)</i>	<i>0-32</i>				
<i>TCS foods (Frig)</i>	<i>41-45</i>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
<i>30</i>	<i>Current and valid food establishment permit is not conspicuously displayed. Directed Sean Bagley to secure a food establishment permit from the Town and to conspicuously display the permit within 10 days</i>

Received by: (signature) <i>Sean Bagley</i>	Print: <i>Sean Bagley</i>	Title: <i>Person In Charge/ Owner</i> <i>Property Manager</i>
Inspected by: (signature) <i>John H. Glover, P. A.</i>	Print: <i>John Glover</i>	Samples: <i>Y</i> <input type="checkbox"/> <i>N</i> <input type="checkbox"/> # collected <i>0</i>