

# The Town of Cross Roads Retail Food Establishment Inspection Report

Date: <b>5-9-22</b>	Time in: <b>0910</b>	Time out: <b>1000</b>	License/Permit #	Est. Type <b>Rest</b>	Risk Category <b>Low</b>	Page <u>1</u> of <u>3</u>	
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	<b>Total Score</b>
Establishment Name: <b>Baker's Dozen Donuts</b>			Contact/Owner Name:		* Number of Repeat Violations: <u>0</u>		<b>97</b>
Physical Address: <b>12000 Hwy 380 # 112</b>			City/County: <b>Town of Cross Roads</b>		✓ Number of Violations COS: <u>0</u>		
Zip Code:				Phone:		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. 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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
<b>Approved Source</b>						<b>Preventing Contamination by Hands</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
<b>Protection from Contamination</b>						<b>Highly Susceptible Populations</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
<b>Demonstration of Knowledge/ Personnel</b>						<b>Chemicals</b>					
		<input checked="" type="checkbox"/>									
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Water/ Plumbing</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
<b>Conformance with Approved Procedures</b>						<b>Food Temperature Control/ Identification</b>					
<b>Consumer Advisory</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
		<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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
		<input checked="" type="checkbox"/>									
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
<b>Consumer Advisory</b>						<b>Food Identification</b>					
		<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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									
<b>Proper Use of Utensils</b>						<b>Physical Facilities</b>					
		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>									

Received by: 	Print: <b>Marcus Jung</b>	Title: <b>Person In Charge/ Owner</b>
Inspected by: <b>John Glover Sr. A.</b>	Print: <b>John Glover</b>	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)

Establishment Name: *Baker's Dozen Donuts* Physical Address: *1200 Hwy 390 #112* City/State: *Town of Cross Roads* License/Permit #  Page 3 of 3

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (Beach Tw)</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>31</i>	<i>Hand washes up without soap.</i>
<i>42</i>	<i>Clean non food contact surfaces: Floors, walls, shelving in kitchen</i>

Received by: *[Signature]* Print: *Marcus Jung* Title: Person In Charge/ Owner  
Inspected by: *John Glover, B.A.* Print: *John Glover* Samples: *YN* # collected *0*