

# The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 5-6-22	Time in: 1444	Time out:	License/Permit #:	Est. Type: Rest	Risk Category: Low	Page 1 of 3		
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	Total Score
Establishment Name: Bottle cap Alley			Contact/Owner Name:		* Number of Repeat Violations: 0		9899	
Physical Address: 11990 Hwy 380			City/County: Town of Cross Roads		✓ Number of Violations COS: 0			
			Zip Code:	Phone:	Follow-up: Yes <input checked="" type="checkbox"/>			

Compliance Status: **OUT** = not in compliance; **IN** = in compliance; **NO** = not observed; **NA** = not applicable; **COS** = corrected on site  
 Mark the appropriate points in the **OUT** box for each numbered item. Mark "✓" a checkmark in appropriate box for **IN, NO, NA, COS**. R = repeat violation. Mark an asterisk "\*" in appropriate box for **R**.

Compliance Status						R	Description
OUT	IN	NO	NA	COS			
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>							
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)							
							1. Proper cooling time and temperature
							2. Proper Cold Holding temperature (41°F/45°F)
							3. Proper Hot Holding temperature (135°F)
							4. Proper cooking time and temperature
							5. Proper reheating procedure for hot holding (165°F in 2 Hours)
							6. Time as a Public Health Control; procedures & records
<b>Approved Source</b>							
							7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction
							8. Food Received at proper temperature
<b>Protection from Contamination</b>							
							9. Food Separated & protected, prevented during food preparation, storage, display, and tasting
							10. Food contact surfaces and Returnables: Cleaned and Sanitized at _____ ppm temperature
							11. Proper disposition of returned, previously served or reconditioned

Compliance Status						R	Description
OUT	IN	NO	NA	COS			
<b>Employee Health</b>							
							12. Management, food employees and conditional employees, knowledge, responsibilities, and reporting
							13. Proper use of restriction and exclusion: No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>							
							14. Hands cleaned and properly washed/ Gloves used properly
							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N)
<b>Highly Susceptible Populations</b>							
							16. Pasteurized foods used; prohibited food not offered, Pasteurized eggs used when required
<b>Chemicals</b>							
							17. Food additives: approved and properly stored; Washing Fruits & Vegetables
							18. Toxic substances properly identified, stored and used
<b>Water/ Plumbing</b>							
							19. Water from approved source; Plumbing installed; proper backflow device
							20. Approved Sewage Wastewater Disposal System, proper disposal

Compliance Status						R	Description
OUT	IN	NO	NA	COS			
<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 16 days</b>							
<b>Demonstration of Knowledge/ Personnel</b>							
							21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
							22. Food Handler/ no unauthorized persons/ personnel
<b>Safe Water, Recordkeeping and Food Package Labeling</b>							
							23. Hot and Cold Water available; adequate pressure, safe
							24. Required records available (shellshock tags; parasite destruction); Packaged Food labeled
<b>Conformance with Approved Procedures</b>							
							25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions
<b>Consumer Advisory</b>							
							26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure Reminder/Buffer Plate/ Allergen Label)

Compliance Status						R	Description
OUT	IN	NO	NA	COS			
<b>Food Temperature Control/ Identification</b>							
							27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
							28. Proper Date Marking and disposition
							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
<b>Permit Requirement, Prerequisite for Operation</b>							
							30. Food Establishment Permit (Current & Valid)
<b>Utensils, Equipment, and Vending</b>							
							31. Adequate handwashing facilities: Accessible and properly supplied, used
							32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
							33. Warewashing Facilities: installed, maintained, used/ Service sink or curb cleaning facility provided

Compliance Status						R	Description
OUT	IN	NO	NA	COS			
<b>Core Items (1 Point) Violations: Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</b>							
<b>Prevention of Food Contamination</b>							
							34. No Evidence of Insect contamination, rodent/other animals
							35. Personal Cleanliness/eating, drinking or tobacco use
							36. Wiping Cloth; properly used and stored
							37. Environmental contamination
							38. Approved thawing method
<b>Proper Use of Utensils</b>							
							39. Utensils, equipment, & linens; properly used, stored, dried, & handled In use utensils; properly used
							40. Single-service & single-use articles; properly stored and used

Compliance Status						R	Description
OUT	IN	NO	NA	COS			
<b>Food Identification</b>							
							41. Original container labeling (Bulk Food)
<b>Physical Facilities</b>							
							42. Non-Food Contact surfaces clean
							43. Adequate ventilation and lighting; designated areas used
							44. Garbage and Refuse properly disposed; facilities maintained
							45. Physical facilities installed, maintained, and clean
							46. Toilet Facilities; properly constructed, supplied, and clean
							47. Other Violations

Received by: <i>[Signature]</i>	Print: Joel Licea	Title: Person In Charge/ Owner GM
Inspected by: <i>[Signature]</i>	Print: John Glover	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)

The Town of Cross Roads Retail Food Establishment Inspection Report

Establishment Name: <i>Bottlecap Alley</i>	Physical Address: <i>11990 Hwy 380</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <i>3</i> of <i>3</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (Produce, meats, marketables, and walk-in)</i>	<i>41-45</i>				
<i>TCS foods (Hot holding units)</i>	<i>135-150</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:
<del>37</del>	<i>Scoop with handle is required when dispensing foods (flour, sugar, etc.) JB</i>
42	<i>clean non food contact surfaces; wall surfaces</i>

Received by: <i>[Signature]</i> (signature)	Print: <i>Joel Licea</i>	Title: Person In Charge/ Owner <i>GM</i>
Inspected by: <i>John Glover Sr. A.</i> (signature)	Print: <i>John Glover</i>	Samples: Y_N # collected <i>0</i>