Inspection performed on behalf of:

Town of Cross Roads

https://www.crossroadstx.gov/permits-development/pages/health-inspection



Roads ssroad		. <u>go\</u>		rmits-development/pages/h);	N: N:	SF	ГА РЕ	C	τc	DR FI-4008				
Date: 03/		20	24	Time in: 08:12	License/P O	ermit	#					Est. Type Risk Category SD SD Page <u>1</u> of <u>2</u>	2			
Purp Estab				tion: X 1-Routine 2-Follo	w Up 3-Compla Contact/Owner I	_		4-In	vesti	gatio	n	5-CO/Construction 6-Other TOTAL/SCOP	RE			
Burg	jer l	King		IC.	Debra Hein	Name						V Number of Violations COS:				
	Physical Address: Pest control : 11881 US-380 Ecolab 2-14-24											e trap : d Environmental 3-1 No	<u> </u>			
Mark				tatus: Out = not in compliance points in the OUT box for each numbe Priority Items		'√'ac	hecki	mark	in ap	oropr	iate b	plicable $COS = corrected on site R = repeat violation W = Watcoox for IN, NO, NA, COS Mark an in appropriate box for Rive Action not to exceed 3 days$	ch			
0 1	Compliance Status Time and Temperature for Each Sofety I N N C					R		Com O 1	ıplian	ce St	Status N C					
U N T	N O A O Finite and Temperature for Food Satety K O S (F = degrees Fahrenheit) (F = degrees Fahrenheit) I Proper cooling time and temperature (F = degrees Fahrenheit) (F = degrees Fahrenheit)					U I T	S 12. Management, food employees and conditional employees:									
X)	×			knowledge, responsibilities, and reporting					
х				2. Proper Cold Holding temperature(41°F/45°F))	ĸ			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth				
x			3. Proper Hot Holding temperature(135°F)					Preventing Contamination by Hands								
Х		4. Proper cooking time and temperature		ature)	X 14. Hands cleaned and properly washed/ Gloves used prop								
х		5. Proper reheating procedure for hot holding (165°F in 2 Hours)		\square)	ĸ	15. No bare hand contact with ready to eat foods or approve alternate method properly followed								
x				6. Time as a Public Health Control;	procedures & records	+				Highly Susceptible Populations						
	Approved Source)	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required									
x	7. Food and ice obtained from approved source; Food in rood condition safe, and unadulterated paracite					1			<u> </u>	Chemicals						
x				8. Food Received at proper tempera	ature					x		17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
		<u> </u>		Protection from Cont	tamination)	x			18. Toxic substances properly identified, stored and used				
x	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting				Water/ Plumbing				Water/ Plumbing							
х				10. Food contact surfaces and Retu Sanitized at (see below) ppm/temp)	ĸ			19. Water from approved source; Plumbing installed; proper backflow device				
х				11. Proper disposition of returned, previously served or reconditioned)	ĸ			20. Approved Sewage/Wastewater Disposal System, proper disposal				
0 1	N	- N	С	Priority Fou	ndation Items (2 Po	ints)	1		ns Re	-	e Cor	rective Action within 10 days	R			
U N T	1		~	Demonstration of Knowle	dge/Personnel		1	UI	N C	A		Food Temperature Control/ Identification				
	0	A N	o s				H	Т	_		o s					
х			O S	21. Person in charge present, demo and perform duties/ Certified Food	nstration of knowledge,				ĸ		s	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
x x			0 S	21. Person in charge present, demo	nstration of knowledge, Manager (CFM))	x x		s					
			0 S	21. Person in charge present, demo and perform duties/ Certified Food	nstration of knowledge, Manager (CFM) persons/ personnel))			S	Maintain Product Temperature				
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Establishment Name:		Physical A		City/State:		License/Permit #	Page of					
Burger King		11881 US-380		Cross Road	ds, TX	0	2 of 2					
Item/Loc	ation	Temp	TEMPERATURE OBSERV. Item/Location	ATIONS Temp	Item/Loca	tion	Temp					
Front cooler		34°F										
Sausag		144°F										
Eggs		152°F										
Small c	ooler	36°F										
Walk in		39°F										
Juice co	Juice cooler											
Hash bi	Hash browwns											
		OB	SERVATIONS AND CORRECT	TIVE ACTION	NS		L					
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTE	NTION IS DIRE	CTED TO T	HE CONDITIONS OBSI	ERVED AND					
29	Digital probe. QAC											
42	Clean under cabinet that h		p dispenser.									
45	Clean drain by bacon oven											
46	Employee wash hand sign in men's restroom											
Received (signature)	by:		Print:			Title: Person In Char	ge/ Owner					
(signature)			Debra Hein			Rgm						
Inspected (signature)	iby: my MCMa	shan,	R.S Print: Tammy McMaha	an, RS. C	PO		# collected N/A					
Form FH-06	6 (Revised 09-2015)		www.instantinspector.c			Samples: Y N	# collected IN/A					

www.instantinspector.com

This report was emailed to: Bkcrossroads28313@dossaniparadise.com