



FI-3373

Date: 10/09/2023	Time in: 07:46	License/Permit # 0	Est. Type SD	Risk Category SD	Page <u>1</u> of <u>2</u>																																																																																																																																																																																																																		
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other		TOTAL/SCORE		97																																																																																																																																																																																																																			
Establishment Name: Circle K (HWY380)		Contact/Owner Name: Arel Hernandez				Number of Repeat Violations: <u>0</u> Number of Violations COS: <u>0</u>																																																																																																																																																																																																																	
Physical Address: 6500 US-380		Pest control : NA				Grease trap : NA																																																																																																																																																																																																																	
Follow-up: No																																																																																																																																																																																																																							
<p>Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch 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 <input checked="" type="checkbox"/> in appropriate box for R</p>																																																																																																																																																																																																																							
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																																																																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>N</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Time and Temperature for Food Safety (F = degrees Fahrenheit)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>1. Proper cooling time and temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>2. Proper Cold Holding temperature(41°F/ 45°F)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>3. Proper Hot Holding temperature(135°F)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>4. Proper cooking time and temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>5. Proper reheating procedure for hot holding (165°F in 2 Hours)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>6. Time as a Public Health Control; procedures & records</td> </tr> <tr> <td colspan="5" style="text-align: center;">Approved Source</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>8. Food Received at proper temperature</td> </tr> <tr> <td colspan="5" style="text-align: center;">Protection from Contamination</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>9. Food Separated & protected, prevented during food preparation, storage, display, and tasting</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>11. Proper disposition of returned, previously served or reconditioned</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	Time and Temperature for Food Safety (F = degrees Fahrenheit)									<input checked="" type="checkbox"/>		1. Proper cooling time and temperature		<input checked="" type="checkbox"/>				2. Proper Cold Holding temperature(41°F/ 45°F)		<input checked="" type="checkbox"/>				3. Proper Hot Holding temperature(135°F)		<input checked="" type="checkbox"/>				4. Proper cooking time and temperature		<input checked="" type="checkbox"/>				5. Proper reheating procedure for hot holding (165°F in 2 Hours)		<input checked="" type="checkbox"/>				6. Time as a Public Health Control; procedures & records	Approved Source							<input checked="" type="checkbox"/>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction		<input checked="" type="checkbox"/>				8. Food Received at proper temperature	Protection from Contamination							<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting		<input checked="" type="checkbox"/>				10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature		<input checked="" type="checkbox"/>				11. Proper disposition of returned, previously served or reconditioned	<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>N</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Employee Health</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth</td> </tr> <tr> <td colspan="5" style="text-align: center;">Preventing Contamination by Hands</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>14. Hands cleaned and properly washed/ Gloves used properly</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>15. No bare hand contact with ready to eat foods or approved alternate method properly followed</td> </tr> <tr> <td colspan="5" style="text-align: center;">Highly Susceptible Populations</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required</td> </tr> <tr> <td colspan="5" style="text-align: center;">Chemicals</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>17. Food additives; approved and properly stored; Washing Fruits & Vegetables</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>18. Toxic substances properly identified, stored and used</td> </tr> <tr> <td colspan="5" style="text-align: center;">Water/ Plumbing</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>19. Water from approved source; Plumbing installed; proper backflow device</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>20. Approved Sewage/Wastewater Disposal System, proper disposal</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	Employee Health							<input checked="" type="checkbox"/>				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		<input checked="" type="checkbox"/>				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	Preventing Contamination by Hands							<input checked="" type="checkbox"/>				14. Hands cleaned and properly washed/ Gloves used properly		<input checked="" type="checkbox"/>				15. No bare hand contact with ready to eat foods or approved alternate method properly followed	Highly Susceptible Populations							<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	Chemicals							<input checked="" type="checkbox"/>				17. Food additives; approved and properly stored; Washing Fruits & Vegetables		<input checked="" type="checkbox"/>				18. Toxic substances properly identified, stored and used	Water/ Plumbing							<input checked="" type="checkbox"/>				19. Water from approved source; Plumbing installed; proper backflow device		<input checked="" type="checkbox"/>				20. Approved Sewage/Wastewater Disposal System, proper disposal
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Time and Temperature for Food Safety (F = degrees Fahrenheit)																																																																																																																																																																																																																							
			<input checked="" type="checkbox"/>		1. Proper cooling time and temperature																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				2. Proper Cold Holding temperature(41°F/ 45°F)																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				3. Proper Hot Holding temperature(135°F)																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				4. Proper cooking time and temperature																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				5. Proper reheating procedure for hot holding (165°F in 2 Hours)																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				6. Time as a Public Health Control; procedures & records																																																																																																																																																																																																																		
Approved Source																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				8. Food Received at proper temperature																																																																																																																																																																																																																		
Protection from Contamination																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				11. Proper disposition of returned, previously served or reconditioned																																																																																																																																																																																																																		
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Employee Health																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth																																																																																																																																																																																																																		
Preventing Contamination by Hands																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				14. Hands cleaned and properly washed/ Gloves used properly																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				15. No bare hand contact with ready to eat foods or approved alternate method properly followed																																																																																																																																																																																																																		
Highly Susceptible Populations																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required																																																																																																																																																																																																																		
Chemicals																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				17. Food additives; approved and properly stored; Washing Fruits & Vegetables																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				18. Toxic substances properly identified, stored and used																																																																																																																																																																																																																		
Water/ Plumbing																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				19. Water from approved source; Plumbing installed; proper backflow device																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				20. Approved Sewage/Wastewater Disposal System, proper disposal																																																																																																																																																																																																																		
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days																																																																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>N</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Demonstration of Knowledge/ Personnel</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>22. Food Handler/ no unauthorized persons/ personnel</td> </tr> <tr> <td colspan="5" style="text-align: center;">Safe Water, Recordkeeping and Food Package Labeling</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>23. Hot and Cold Water available; adequate pressure, safe</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled</td> </tr> <tr> <td colspan="5" style="text-align: center;">Conformance with Approved Procedures</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions</td> </tr> <tr> <td colspan="5" style="text-align: center;">Consumer Advisory</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	Demonstration of Knowledge/ Personnel							<input checked="" type="checkbox"/>				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)		<input checked="" type="checkbox"/>				22. Food Handler/ no unauthorized persons/ personnel	Safe Water, Recordkeeping and Food Package Labeling							<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe		<input checked="" type="checkbox"/>				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	Conformance with Approved Procedures							<input checked="" type="checkbox"/>				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	Consumer Advisory							<input checked="" type="checkbox"/>				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>N</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Food Temperature Control/ Identification</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>28. Proper Date Marking and disposition</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips</td> </tr> <tr> <td colspan="5" style="text-align: center;">Permit Requirement, Prerequisite for Operation</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>30. Food Establishment Permit (Current and Valid)</td> </tr> <tr> <td colspan="5" style="text-align: center;">Utensils, Equipment, and Vending</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>31. Adequate handwashing facilities: Accessible and properly supplied, used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	Food Temperature Control/ Identification							<input checked="" type="checkbox"/>				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		<input checked="" type="checkbox"/>				28. Proper Date Marking and disposition		<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	Permit Requirement, Prerequisite for Operation							<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current and Valid)	Utensils, Equipment, and Vending							<input checked="" type="checkbox"/>				31. Adequate handwashing facilities: Accessible and properly supplied, used		<input checked="" type="checkbox"/>				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used		<input checked="" type="checkbox"/>				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided																																																
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Demonstration of Knowledge/ Personnel																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				22. Food Handler/ no unauthorized persons/ personnel																																																																																																																																																																																																																		
Safe Water, Recordkeeping and Food Package Labeling																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled																																																																																																																																																																																																																		
Conformance with Approved Procedures																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions																																																																																																																																																																																																																		
Consumer Advisory																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label																																																																																																																																																																																																																		
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Food Temperature Control/ Identification																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				28. Proper Date Marking and disposition																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips																																																																																																																																																																																																																		
Permit Requirement, Prerequisite for Operation																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current and Valid)																																																																																																																																																																																																																		
Utensils, Equipment, and Vending																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				31. Adequate handwashing facilities: Accessible and properly supplied, used																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided																																																																																																																																																																																																																		
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First																																																																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>N</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Prevention of Food Contamination</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>34. No Evidence of Insect contamination, rodent/other animals</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>35. Personal Cleanliness/eating, drinking or tobacco use</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>36. Wiping Cloths; properly used and stored</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>37. Environmental contamination</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>38. Approved thawing method</td> </tr> <tr> <td colspan="5" style="text-align: center;">Proper Use of Utensils</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>40. Single-service & single-use articles; properly stored and used</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	Prevention of Food Contamination							<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals		<input checked="" type="checkbox"/>				35. Personal Cleanliness/eating, drinking or tobacco use		<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored		<input checked="" type="checkbox"/>				37. Environmental contamination		<input checked="" type="checkbox"/>				38. Approved thawing method	Proper Use of Utensils							<input checked="" type="checkbox"/>				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used		<input checked="" type="checkbox"/>				40. Single-service & single-use articles; properly stored and used	<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>N</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Food Identification</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>41. Original container labeling (Bulk Food)</td> </tr> <tr> <td colspan="5" style="text-align: center;">Physical Facilities</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>42. Non-Food Contact surfaces clean</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>43. Adequate ventilation and lighting; designated areas used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>44. Garbage and Refuse properly disposed; facilities maintained</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>45. Physical facilities installed, maintained, and clean</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>46. Toilet Facilities; properly constructed, supplied, and clean</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>47. Other Violations</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	Food Identification							<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)	Physical Facilities							<input checked="" type="checkbox"/>				42. Non-Food Contact surfaces clean		<input checked="" type="checkbox"/>				43. Adequate ventilation and lighting; designated areas used		<input checked="" type="checkbox"/>				44. Garbage and Refuse properly disposed; facilities maintained		<input checked="" type="checkbox"/>				45. Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean		<input checked="" type="checkbox"/>				47. Other Violations																																																												
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Prevention of Food Contamination																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				35. Personal Cleanliness/eating, drinking or tobacco use																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				37. Environmental contamination																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				38. Approved thawing method																																																																																																																																																																																																																		
Proper Use of Utensils																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				40. Single-service & single-use articles; properly stored and used																																																																																																																																																																																																																		
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Food Identification																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)																																																																																																																																																																																																																		
Physical Facilities																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				42. Non-Food Contact surfaces clean																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				43. Adequate ventilation and lighting; designated areas used																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				44. Garbage and Refuse properly disposed; facilities maintained																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				45. Physical facilities installed, maintained, and clean																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean																																																																																																																																																																																																																		
	<input checked="" type="checkbox"/>				47. Other Violations																																																																																																																																																																																																																		



FI-3373



Establishment Name: Circle K (HWY380)	Physical Address: 6500 US-380	City/State: Cross Roads, TX	License/Permit # 0	Page <u> </u> of <u> </u> 2 of 2
--	----------------------------------	--------------------------------	-----------------------	---------------------------------------

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Taquito	135°F				
Walk in cooler	35°F				

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:
21	CFM on site at time of inspection,
42	Clean counter tops under drink stations of food/debris build up.
43	Clean ventilation in walk in cooler of dust accumulation
45	Orangish storage rooms to allow for proper cleaning, remove all non commercial equipment, repair missing ceiling tiles above walk in coolers.

Received by: (signature) <i>[Handwritten Signature]</i>	Print: Areli Hernandez	Title: Person In Charge/ Owner CFM
Inspected by: (signature) <i>Bradley Strange</i>	Print: Bradley Strange, REHS/RS/C...	Samples: Y <input checked="" type="radio"/> # collected N/A